

Listening to the Call
By Kelly Campbell

*Then I heard the voice of the Lord saying, "Whom shall I send? And who will go for us?"
And I said, "Here am I. Send me!" Isaiah 6:8 (NIV)*

As a long-time follower of Christ and nearly graduated Doctor of Pharmacy, I was more than excited to have the opportunity to travel to Honduras as part of an indigent care rotation during my clinical year of pharmacy school. Local missions and community volunteering was a regular interest of mine and many of my fellow classmates through Wingate University's Christian Pharmacy Fellowship International chapter, but never had I traveled outside the United States.

The seed was planted during September of my final year through a faculty preceptor, Dr. Robert Ashworth, who had traveled to Central America numerous times and was interested in setting up a rotation where students could travel, learn, and serve internationally. I knew I would be too late to participate, as my schedule was set for the remainder of the year, and a formal rotation would have to be planned and approved by the curriculum committee and our Dean. I encouraged him, however, as I knew students in CPMI had a great interest in international missions from personal experience on the executive board. What an opportunity that would be for our students. To my surprise, in just a few short weeks, an informal conversation ensued, and the idea of me attending a spring trip to Honduras seemed possible!

By October, we found out I would be able to attend, but there were still many unanswered questions: logistical ones—would this experience be approved and credited toward graduation, or would I have to delay graduating? Then, the personal ones: who would be traveling with me, how would I afford it, and would I be safe in a country of political, social, and economic turmoil? After all, Honduras has the highest homicide rate worldwide. Regardless of the uncertainties, I was determined to go. Missions was a passion of mine, and traveling to participate in medical missions to a country with so much widespread need was undoubtedly an opportunity I could not and would not refuse, so I discussed it with my husband and family and paid the non-refundable holding fee. A dream and passion was obviously placed in my hands, so I decided to heed the call.

Christmas quickly came and passed, and my husband and I were blessed to discover we were expecting our first child. The departure date was just six weeks away, and we had some major decisions to make. I needed vaccinations and medications to travel to Honduras, and then I would be traveling in a foreign country, all during the critical first trimester. *Was this the best idea?* My doctor and husband thought absolutely not; this was the *most* inopportune time to go, but I felt called and was not wavering. I knew the risks and sought expert opinions. We told my team our news months before we told our parents! I trusted the Lord led me to this place at this time. My decision remained the same—I was going.

Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight. Do not be wise in your

own eyes; fear the Lord and shun evil. This will bring health to your body and nourishment to your bones. Proverbs 3: 5-8 (NIV)

February came, and it was finally time to travel. I would embark on my first trip with my preceptor and three family medicine practitioners. The seasoned travelers told me this would be a small, but mighty brigade. We were scheduled to spend a week in Intibucá Honduras, in the small village of Guachipilincito, home to roughly 500 people where we would see patients of all ages with mostly chronic conditions.

We traveled together, and nearly 36 hours after our plane departed from North Carolina, we arrived in Guachipilincito. Our plane first landed in the capital city, Tegucigalpa, where the airstrip is so short the pilot warned us to brace for a rocky landing. Applause ensued as we touched town. After claiming our luggage and suitcases packed with medications brought from home, we met with staff from *Shoulder-To-Shoulder*, the non-profit, non-governmental health organization set up to implement grassroots health and wellness initiatives in Honduras since the early 1990's. We were paired with three translators and a bus driver for the entirety of our week to ensure both safe travel and effective communication and health delivery. All six of us exchanged about \$50.00-\$75.00 of U.S. money into lempiras, at a rate of about 1:20, plenty for us to use throughout the week for food items or gifts. Finally, we were ready to begin the bus journey from the big city to our small village.

As I stepped outside for the first time in this foreign country, I was surprised at all the familiar sites. There were multiple fast-food restaurants, gas stations, paved streets full of bustling cars and busses, crowded sidewalks not too different from a busy Monday morning in a large U.S. city, and even a shopping mall right next door. This picture was nothing like what I imagined from previous missionaries' stories and what I had read about our week to come. Once loaded on the bus, we began the trek to the remote village. Having native translators and veteran brigade members as co-travelers for the week (in addition to our day-long bus ride) gave me personal insight into the economic, political, and health concerns in this country. The total population of the country as a whole is just over 8 million, and it is divided into 18 departments, much like our states. According to the World Health Organization, in 2010, almost 60% of Hondurans were living under poverty level, and over 36% were in extreme poverty. I was shocked to learn that only 60% of school-aged children reach the 6th grade, and over 20% of teenage girls age 15-19 become pregnant, mostly due to sexual assault. Violence is another social concern, with increasing homicides, at an estimated rate of 87 per 100,000. The government is elected every four years. The latest election was last year, but the country is still recovering from the political crisis of 2009, the co .¹ The translators told personal stories of social and political corruption amongst governmental leaders embezzling money from hard-working Hondurans that will likely never be recovered. Newspapers were covered with headlines from the previous week's infant and child homicides, where bodies would be left in the street for days where no one would claim them. They spoke of crooked law-enforcement agents and told us the only trustworthy city leaders are military-appointed men who are armed at all times.

Needless to say, as a first-time traveler to Honduras, I was nervous about our safety for the week, but everyone reassured me that most crime occurs in larger cities, and we would be nowhere near a large city. I started to believe them as we continued to drive. We spent the night in another much smaller town, La Esperanza, on our way to the village, in a hotel with hot water and an even hotter breakfast. After re-loading our bus, we left what I thought was a small village, and headed for what I came to know as a remote village. Soon we left the luxuries of paved roads, entering gravel, then dirt-covered trails. Along the way, there were beautiful mountainsides, covered in hills of coffee beans and tropical fruits—papayas, bananas, and mangoes. Green hills met beautiful blue skies with puffy white clouds; despite the social and economic turmoil, it was genuinely a breathtaking view of the Lord's work and starkly different from the noise and crowds of Tegucigalpa the previous day.

In the beginning, O Lord, you laid the foundations of the earth, and the heavens are the work of your hands. Hebrews 1:10 (NIV)

As we drove, we saw fewer and fewer trucks, meeting the occasional golf-cart sized mobile, which was the only type of motorized transportation. Most people walked or rode horses. We passed through a few villages with residents selling fruits or homemade treats from whatever they grew on their family's property. Mid-afternoon, we arrived in Guachipilincito, where the driver parked our bus because it was too treacherous to drive the last half-mile to the clinic.

As soon as we stepped off the bus, residents greeted us kindly and immediately recognized one of our primary care doctors, Dr. Emily Harrison, who has been serving in this village for over a decade. She comes to serve in the clinic she helped fund-raise and build through *Shoulder-To-Shoulder* at least twice per year. I was so impressed with our clinic; it was a firmly-built brick building with intact roofing, tiled flooring, multiple exam rooms, a small pharmacy, and an attached bunking and bathing facility with a built-on kitchen situated on roughly a half-acre. We were surrounded on one side by farmland with grazing cattle, and neighbors on the other side had a small concrete home complete with an outdoor stove and a yard full of chickens, a true sign of prosperity in this village.

After unpacking that Sunday afternoon, Dr. Ashworth and I got to work in the pharmacy. Brigades come to this clinic a few times per year, so there was inventory on the shelf from the previous trip. We organized, took stock, removed expired items, and unloaded our donated medications stuffed in our large checked luggage. There were anti-hypertensives—one beta-blocker, one ACE-inhibitor, and few diuretic tablets left, H₂ blockers and antacids, a few antibiotics, lots of anti-parasitic medications, both liquid and tablet single doses, rescue inhalers and oral steroids, two classes of inexpensive anti-diabetic agents, topical analgesic and anti-fungal creams, over-the-counter pain medications, lubricant eye drops, and shelves of multi-vitamins. We had all the basics, and formulary management was very straightforward! Of my moments in Honduras thus far, this was by far my most comfortable. Based on research and Dr. Harrison's experiences, we were prepared to treat common acute complaints such as pain, upper respiratory infections, fungal

skin infections, and parasitic infections as well as chronic conditions including, hypertension, diabetes, malnutrition, GERD, and visual and dental disease.²

I awoke Monday morning around 6am to a wonderful, traditional Honduran breakfast prepared by two local women employed by *Shoulder-To-Shoulder*. Without clean drinking water, the women were trained to prepare our food with techniques to ensure our safety. I was sure to be extra careful of everything I ate, using caution for water-born bacterial food illness and steering clear of the wonderful unpasteurized cheeses served with almost every meal—keeping me and my little one free from listeria! My rule of thumb was no street food, no raw fruit or vegetables, no runny eggs, only one cup of delicious coffee per day, and absolutely no water (even to brush my teeth). I had packed almost a suitcase full of granola bars and dried fruit, but was able to eat almost everything that was so carefully prepared for us the entire week. As we ate, the line began forming. The benches were full, and patients spilled out onto the clinic porches. We headed down to the pharmacy to begin the process of seeing Monday's patients—children ages 5-7 years in the morning and walk-in patients in the afternoon. They started checking in, and we measured height and weight as a growth indicator of nutrition. They moved through stations, with both visual checks and dental clinics where I attempted to teach them about proper brushing techniques with the help of our puppet, *Diego Dentes*, who had a furry mouth full of over-sized teeth, and one of our patient translators. Despite the language barrier, a child's laugh is easy to observe, and I knew they were appreciative of both the entertainment and the toothbrush they received.

They moved through exam rooms where stations were set up to see multiple children at once. They were given hand-written prescriptions with their recorded diagnoses, height, and weight, and they marched promptly over to our closet-sized room and proudly handed me the paper. I worked to count, measure, and label each prescription using pre-made Spanish labels where I, with the help of my translator, would fill in the blanks with patient and drug names, directions, and indications. Then came the hard part—counseling the patient about the medicine and using teach-back mechanisms to gauge how much they understood. In the U.S., this can be difficult to accomplish, but adding in both language and literacy components heightened the barrier. We used donated prescription bottles and zip-top bags for dispensing, and kept the prescriptions for our records. There were no computers for entry, no insurance companies to bill, and no co-pays or cash registers. For me, it was one of the most obvious encounters of appreciation for my role in this profession. Residents were so patient to wait in the humid, never-ending line in front of the pharmacy, and they were genuinely grateful for what we were doing. Multivitamins were worth the wait, and I was thanked the entire day.

Tuesday, we saw older children, and the remainder of the week the clinic filled with adults coming on a walk-in basis. I continued educating, dispensing, and had the opportunity to do point-of-care glucose monitoring for patients. I was able to travel with our primary care doctors for home visits to see those patients that were unable to make the trek to our clinic during the week. I observed a patient laboring, and visited the home of an elderly couple where the husband had suffered a stroke and hemi-paralysis. We had the opportunity to interview an elderly

diabetic woman about her struggles with peripheral neuropathy and medication adherence and were able to deliver a few medications for her. It was amazing to witness the kindness and generosity of these families as they insisted we sit and offered us a cool beverage, knowing they might do without as a result. It proved to me that love and appreciation can overcome economic and cultural differences—an important, basic lesson often far from our daily, comfortable lives at home.

Keep on loving one another as brothers and sisters. Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it. Hebrews 13:1-2 (NIV)

As the week drew to a close and we prepared for our departure, we had time as a group to reflect on the week's work and discuss global health initiatives in our efforts. Through the experiences of our team and Greg Seager's work, *When Healthcare Hurts*, I gained a new perspective into appropriate goals of global short-term missions. First, initiatives should integrate the community so they feel they are contributing to problem resolution. The last thing a health mission team wants to do is take a paternalistic approach in a close-knit community and have residents and patients resent the efforts made. Another lesson we practiced, unaware until our session wrap-up, was ensuring continuity of care through communicating with local providers in the area and dispensing months of medications to bridge time between medical brigades. We met with physicians and dentists to discuss current and emerging health concerns in order to best treat and prepare for future brigades.³ There was a great deal of planning and organization taken by the brigade leaders, and I learned so much about global missions and international healthcare through their experience and leadership.

Working as part of an interdisciplinary team was beneficial not only for me as a pharmacy student, but also for the providers. They praised our work and appreciated our opinions and contributions and are excited to work with future students. Fortunately, our school will be able to provide six students the same opportunity each year. With future trips planned, areas for improvement and expansion include better accommodation for literacy barriers, more patient education, and more efficient, safer labeling systems.

The trip certainly fulfilled my desire to serve internationally and sparked an initiative of missionary health service in my heart. Despite the initial reservations and medical warnings, the Lord was faithful, and I returned feeling healthy and rewarded. I gained a sense of professional fulfillment, service, and respect for those who lack social and economic resources yet live with such dedication to family, faith, and community. It proves to me that God's love exceeds all human expectations, and my goal as a parent will be to instill this in my child's heart. We are His children and are designed in His image to serve Him. We must listen when he calls and show our love and devotion to Him through our love and actions to others.

Above all, love each other deeply, because love covers over a multitude of sins. Offer hospitality to one another without grumbling. Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various

forms. If anyone speaks, they should do so as one who speaks the very words of God. If anyone serves, they should do so with the strength God provides, so that in all things God may be praised through Jesus Christ. To him be the glory and the power for ever and ever. Amen. 1 Peter 4: 8-11 (NIV)

References

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