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iGive Guyana & Ecuador

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Andrew Boodhan
PharmD candidate 2018

Doris Glasu
PharmD candidate 2018

Anthony Alonso
PharmD candidate 2018

University of Kentucky College of Medicine

Shoulder to Shoulder Ecuador
Hombro a Hombro

H.E.R.O.
Health and Educational Relief Organization

LIU Pharmacy

Shoulder-to-Shoulder Global is an organization that partners with universities to provide healthcare services to underserved communities in Latin America. This trip is a longstanding 10-year partnership with University of Kentucky and the community of Santo Domingo, Ecuador. Three brigades a year in March, June, and August, offer a variety of cultural and service-learning opportunities while providing services such as basic medical and dental care, health education, school health screenings, women's health, home visits, and community-based learning. For more information, visit: http://international.uky.edu/stsg

University of Kentucky College of Medicine

H.E.R.O. Health and Educational Relief Organization

Shoulder to Shoulder Ecuador
Hombro a Hombro

HERO (Health and Education Relief Organization) is a U.S. based international humanitarian aid organization providing high-quality medical care, educational support and related services to communities of need throughout the Caribbean and Latin American region. The organization is entirely staffed by volunteer doctors, educators and allied mission specialists, including pre-professional as well as professional students over 10 years ago. HERO Guyana has expanded to providing medical, surgical and educational support in Georgetown & Linden. For more information, visit http://www.heroglobal.org

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Meet the Team

My name is Anthony Alonso, I am 23 years old and I am half Colombian and half Ecuadorian. I first heard about International APPE rotations from members of Phi Delta Chi, the professional pharmacy fraternity, when they went to Sierra Leone during their P6 year. When I went to their presentation about their experience, I knew it was something I would love to do when I had reached my APPE year. I am the type of person that enjoys helping others and using my free time to help change the lives of others. When I was younger, I spent a lot of time with my grandfather, who always enjoyed helping others. Whenever he saw someone in need of help, he would always do what he could to help that person. His beliefs were instilled in me, and it is because of him why I always like to help those in need. When I heard there was a chance that one of the APPE locations this year would be Ecuador, I jumped at the chance to do it. To visit the country where my mother's side of the family came from and help give back to the country where she was born would be such an amazing experience. Normally, I do not like to travel, but when a rare opportunity presents itself, you just have to take the risk and do it. If not, you might regret not taking the opportunity later in life.

Doris Glasu is my name, a 27 year old female born in Ghana-West Africa who immigrated to the U.S.A in 2010. Thanks to my very good friend, Victoria Poku, I joined iGIVE in 2016 and soon after became the secretary for the 2016/2017 E-board. I love to work and interact with people, knowing in one way or the other that I have made an impact on their lives no matter how small it may be. Growing up in a developing country, I have seen friends and family suffer and die due to the insufficiency of our healthcare system. It saddens my heart to know that scarcity of well-trained health personnel and lack of resources, among many others, are the major factors that contributed to this problem. This concern fueled my developing interest to be a part of the pharmacy profession. With my determination, willingness and preparedness to research, discover and learn new things that the pharmacy profession has to offer, I am confident I will make a difference in the lives of many people after pharmacy school. I will contribute my quota by continuing to volunteer on mission trips, creating awareness programs towards improving healthcare systems in Africa, other parts of the world and underserved communities in the USA.

My name is Andrew Boodhan. I am a 6th year Pharmacy student. I grew up in Guyana and migrated here at the age of 33. Having spent most of my life in Guyana, I have seen a great need for quality healthcare in a developing country such as Guyana. I have seen lots of instances in Guyana where lack of proper healthcare have resulted in negative outcomes. I hoped and prayed that Guyana can be assisted in its healthcare needs. This is the reason why I decided to pursue an education as a pharmacist. When LIU's iGIVE in collaboration with HERO (Health and Relief Organization) presented the opportunity for me to go on an International APPE Rotation to my homeland, I grabbed the opportunity since Guyana is a part of me. This experience has reinforced why I decided to be a Pharmacist, and I look forward to other opportunities to give back to Guyana and similar countries.

COUNTRY PROFILES

Ecuador

By Anthony Alonso

Ecuador got its name because is located on the equator, making it the only country in the world to be named after a geological feature. The yellow color of the country's flag represents the country's diversity, the blue for its sea and sky, and the red for the blood of the fighters who won their independence.The bird atop the shield is the Andean Condor, and his outstretched wings symbolize the power, greatness and strength of Ecuador. The shield is flanked by the four flags of Ecuador. The capital of Quito has a population of 16.39 million people, and the primary spoken language is Spanish.

In 2008, they declared that nature has constitutional rights, making it the first country to state that nature should not be treated as property. Before this law was passed the Galapagos islands ecosystems were being affected by human interaction in a negative way, such as increase of certain species death. Some protected interests the law gives to nature are the right to continue natural cycles free from human alteration, the right to clean air and clean water, the right not to be polluted, and the to be free of genetic modification. Its currency was previously Sucres, but in the year 2000, it was changed to the U.S. dollar.

Santo Domingo de los Colorados, Ecuador is located approximately 133 km west of Quito at an altitude of 625 m and lies in the foothills west of the Andes. It has a tropical monsoon climate and the temperature ranges around 71 degrees Fahrenheit. The red triangle of the Santo Domingo Providence flag represents a Red Indian, the green triangle represents the tropical vegetation, and the middle of the flag is the shield of the town of Santo Domingo. It is also called Santo Domingo de Los Colorados, which is home to the native indians, the Tsachila, also called Los Colorados due to the red dye they put in their hair. The red dye is a mixture of grease and achiote seeds, and the reason they dyed their hair was because in the past the leader asked the gods to provide a remedy to ward off the death-dealing European illnesses brought to the area by the Spanish invaders. When the leader awoke one morning, the sun was shining on the achiote plan and, to this day, the Tsáchila men continue to paint their hair red in this unusual way. Traditionally, both men and women of the Tsáchila tribe wear distinctive striped skirts. The Tsáchila are well known throughout Ecuador as herbalists and shamans.

Guyana

By Doris Glasu

Georgetown is the capital city Guyana. Guyana has a population of about 796,000 people and is the only South American country where English is spoken as their official language. It is a diverse nation, 39.8% of the population is of East Indian origin (Indo-Guyanese), 30% Black African (Afro-Guyanese), 19.9% multiracial (almost all part African), 10.5% Amerindian and 0.5% other, mostly Chinese and whites (most notably Dutch people, Portuguese and English).

Guyana gained independence in 1966 and became a republic within the British Commonwealth in 1970. In 1978, 900 members of a cult called "the Peoples' Temple," led by Jim Jones, committed mass suicide.

The Golden Arrowhead, Guyana's National Flag has five symbolic colors. Green represents the agricultural and forested nature of Guyana, White symbolizes the rivers and water potential of the country, a Golden arrow represents Guyana's mineral wealth, Black portrays the endurance that will sustain the forward thrust of the Guyanese people, and Red represents the zeal and dynamic nature of nation-building which lies before the young and independent Guyana.

The shield is decorated with the Guyana's national flower, the Victorian Lily. The three blue wavy lines represent the three main rivers of Guyana. The shield also include the national bird, the Canje Pheasant. The national motto, "One people, One Nation, One Destiny," appears on the scroll below the shield.

WORKING TOGETHER

INTERDISCIPLINARY TEAM

by Andrew boodhan

HERO offers a unique opportunity to collaborate with members from other disciplines. The volunteers included members from various professions. It was the first time that I collaborated with nurses to manage a pharmacy. It was a great experience hearing from the nurses' perspective of managing a pharmacy. At the clinics, an experience I think is memorable is that the prescriber will come over and ask us which drug we had available for a particular indication. We discussed what we had available and in some cases would mutually agree on using a drug substitution. This was a classic example of inter-professional collaboration to achieve the best result for a patient. At the clinics the various professions that were represented are as follows:

9 Physicians (some of which were on the surgical team)
2 Nurse Practitioners
3 Certified Nurse Anesthetist
6 Registered Nurses
1 Licensed Practical Nurse
1 Certified Nurse Aide
2 Pharmacists
2 Pharmacy students
3 Nursing Students
4 Pre-med students
1 Surgical Technician

LIU NURSING JOINS HERO

by Towshana Adams

Hello there! My name is Toshawna Adams and I am a senior nursing student at Long Island University- Brooklyn Campus and a proud Guyanese. Embarking on the Guyana mission trip with H.E.R.O. was a profound personal and academic experience for me. I have always despaired at the lack of adequate medical provisions my country has and, consequently, often worry about the welfare of my family and the people who reside there. As a result of this experience, I have hope that a better medical and environmental future is possible for Guyana. Seeing Guyana through the lens of a health professional was heartbreaking but the positive reactions we received from the patients at various clinics was empowering. At each clinic, I did not merely assess patients. I assessed adults and children who wanted to learn and who needed basic medical care that they, unfortunately, could not afford. I saw mothers who sacrificed their daily bread and found creative ways to provide joy, beauty and sustenance for their bountiful children with what little they had. But more importantly, I encountered people whose experience I empathize with through my own experiences and through familial anecdotes. This experience renewed my passion for community service. Working with such a vibrant, jovial and experienced multidisciplinary team who were eager to answer my questions further motivates to continue on my pursuit of higher education and service to the public. Being able to give back to my country was an absolute pleasure and a valuable learning experience.

ITINERARY

	Guyana	Ecuador
SATURDAY MARCH 10	Organization of supplies and medications inventory	
SUNDAY MARCH 11	HERO Orientation, introduction of 3 teams: Linden Medical Team; Georgetown Medical Team; Surgical Team (Georgetown Public Hospital)	Leave to Santo Domingo, Supermarket visit, Attend orientation, introduction of 3 teams: Team 1, team 2, Home visits Team
MONDAY MARCH 12	Clinic Days Linden Team: Health Fair Georgetown Team: Sophia	Clinical Days Team 1 and Team 2: Plan de Vivienda
TUESDAY MARCH 13	Clinic Days Linden Team: Christianburg Georgetown Team: Yarrowkabra	Clinical Days Team 1: Tsáchila community: El Búa Team 2: Tsáchila community: Los Naranjos Home Visits Team: Congoma, Los Naranjos
WEDNESDAY MARCH 14	Clinic Days Linden Team: Amelia's Ward Georgetown Team: Lusignan	Clinical Days Team 1 and Team 2: Centro de Salud HOMBRO A HOMBRO
THURSDAY MARCH 15	Clinic Days Linden Team: One Mile Clinic Georgetown Team: Victoria	Clinical Days Team 1: Laura Flores Team 2: 9 de Marzo
FRIDAY MARCH 16	Arrow Point Amerindian Nature Resort; Dinner and closing ceremony	Free time in Mindo (suggested activities: tubbing, canopy, butterfly farm, orchid farm, chocolate tour)
SATURDAY MARCH 17		Depart to Quito (7:30 AM) Pululahua (10:30 AM) Basilica church visit (2:20 PM) Artisinal market (3:30 PM) Departure (7:00 PM)

DAILY FLOW OF THE CLINIC

BY DORIS GLASU

A student volunteer assigns each patient a number and registers their demographics

Nurses/other pre-med students assess patient, checks and records vital signs, uses finger sticks to check for glucose and cholesterol levels

Patient is assessed, examined and diagnosed by doctor, and a prescription is written on a form

Patient brings the form to the pharmacy where the prescription is filled and dispensed and patient is counselled about their medication

FORMULARY

Guyana

by Andrew boodhan

In clinics we saw patients with both acute and chronic illnesses. Most acute cases presented include: fever in children, cough/cold, UTI, otitis media, vaginosis, pain, constipation,tinea capitis and corporis etc. We gave out lots children's tylenol/ibuprofen and cough syrups.

The chronic illnesses presented included diabetes, hypertension, hyperlipidemia, GERD and asthma.We dispensed lots of metformin,glyburide, glipizide,hydrochlorothiazide, irbesartan/hctz, aspirin, atorvastatin, pravastatin, amlodipine, esomeprazole,albuterol and montelukast. We also dispensed multivitamins for all adults and children who attended our clinics. The medications dispensed were 6 months supply since the next time these patients will be seen again by HERO will be in August this year.

By dispensing 6 months supply of medications for chronic illnesses, the healthcare team on the next mission can pick up from where this mission left off and thus there is a continuum of care. This continuum of care is also enabled by an EMR (Electronic Medical Record) that is being used to keep track of the patient's past medical history and medications used in the past. This system seeks to provide optimum care for the patient, minimizing medication errors and provides medication that is free of cost to the patient.

Ecuador

By Anthony Alonso

The clinics in Ecuador that I was a part of focused mostly on acute care rather than chronic disease management. If a patient needed any chronic medications or a follow-up about their chronic disease, they were given a referral slip by the physician. This slip provides the information of the clinic they will have to visit to receive the appropriate treatment and medications for their chronic disease state. Majority of the problems we saw from the patients were headaches, joint pain, constipation and possible parasites in their stomach. We gave these patients, either ibuprofen, acetaminophen or naproxen for the joint pain/headache, docusate or bisacodyl for constipation, and albendazole for the parasites. Also majority of the patients at these clinics were either children or women, and they received either children's vitamins or prenatal vitamins for the women, since these were the only adult vitamins we had at the clinic.

A SPECIAL CASE

By Anthony Alonso

Reviewed by Rebecca Cope, PharmD

During the third day of clinic, I had a complicated patient that required many professions to collaborate together to determine the best course of treatment using our limited resources. The patient was a 34-year-old female who was thought to have Pelvic Inflammatory Disease (PID) and was breastfeeding her child. PID can be caused by bacteria from chlamydia and/or gonorrhea, N. gonorrhoeae and C. trachomatis, in which antibiotic therapy is based on the effectiveness against these and other bacteria. First line treatment for PID is ceftriaxone 250 mg IM x 1 dose, doxycycline 100 mg PO twice a day for two weeks, and metronidazole 500 mg PO twice a day for two weeks. [1] Although we had all of these medications available to us, our concern was that doxycycline and metronidazole are not recommended to be taken if the patient is breastfeeding, since a portion of the drug is transferred through the milk. Doxycycline should be avoided in children <8 years old because it has the potential for tissue hyperpigmentation, tooth enamel hypoplasia, or permanent tooth discoloration, which is why it is not recommended in women breast-feeding.[2] Breastfeeding is generally considered acceptable when the relative dose transferred to the infant is <10%, however, an estimated 13.7% to 22.9% of metronidazole is transferred through the breastmilk. The manufacturer warns of the risk of carcinogenicity in patients exposed to metronidazole based on animal studies; theoretically, this risk is also present in breastfeeding infants exposed to metronidazole via breast milk.[3]

An alternative option we considered if the patient was unable to safely discontinue breastfeeding was to administer ceftriaxone 250 mg IM x1 dose with azithromycin 2 gm PO x1 dose (1 gm PO weekly x 2 weeks), as this would provide adequate coverage against the sexually transmitted bacteria. After talking to the mother, we discovered that the child she was breastfeeding was 22 months old, and she was not routinely nursing him. As she did not have a problem discontinuing breastfeeding for a two week period, we decided to continue with the first-line treatment. To administer the medication, we reconstituted the Ceftriaxone 1 gm vial with 2.8 mL of Lidocaine 1% solution, as per the package insert. We then drew out 0.7 mL of the solution (equivalent to 250 mg of the drug) and collaborated with our nursing staff to inject the drug. We then counseled the patient on her other two medications, informing her to avoid drinking milk (due to a potential chelation reaction with doxycycline) and alcohol (to avoid a disulfiram-like reaction with metronidazole) while completing her antibiotic courses.

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ADAPTING TO CHALLENGES

by Doris Glasu

Most aspects of the trip ran very smoothly except for a small hiccup with the acquisition of medications we had shipped to Guyana instead of bringing them from the US as check-in luggage. Since we were trying this for the first time, we encountered some delays. We had planned to acquire the medications by Friday, however due to the delays we were unable to receive the medications until Tuesday. This was problematic as we had scheduled clinics starting Monday. To account for this, Dr. Gim reviewed the medications we currently had to see what medications we would need to buy urgently for the Georgetown clinics. The Linden Team arranged to have a Health Fair on the first day so that they would not need medications to distribute. The Linden Team managed without the medications by documenting all the meds they needed and once the meds arrived, to be delivered to the patients or picked up.

EXPERIENCING THE CULTURE

HOME COUNTRY EXPERIENCE

By Anthony Alonso

It was the first time I have ever been to Ecuador in my life, but I have heard so many things about it from my mother's side of the family. I have heard about how beautiful it was and how sweet, caring and thoughtful the people are. When I got to the clinics and started to help the people that came, they were extremely thankful, saying that without these clinics they would not have been able to get the medications they need for themselves and for their children. When speaking to my grandmother about how she took care of her children, she told me she used to go to the kind of clinics I was participating in. She said, "I will try to be one of the first people on line to get seen by the doctors, and I would bring about 2 to 3 of your aunts and uncles with me so that they can be seen. They use to give us a number when we registered and then an appointment date of when to come in to be seen by the doctors." She would do this with all of her 10 children. She said at the time the clinics never really gave out vitamins to the children, but that she would pay for the vitamins herself at the pharmacy to make sure that all of her children were getting the important vitamins they needed. Back then, the people were firm believers of using herbs to help treat many things and the vitamins they needed. They would try to obtain enough vitamins from eating certain foods such as liver, herbal teas and vegetables.

It is nice to see how the clinics being run today have changed from the past. Now when the patients register they are seen that day by the physician. If somehow they are not able to treat the problem at that particular clinic, they are given a referral to another clinic that is better suited to treat the problem the patient is having. Now, we are able to give all the children and also pregnant women the appropriate vitamins they need to stay healthy, whether it is a 6-month supply or a 3-month supply, because of how much support the organization has offered to these clinics.

Overall, this trip allow me to become closer to my Ecuadorian heritage, by allowing me to observe and also take part of the culture my mother grew up in when she was a child. I also had the pleasure to experience the culture of the Tsachila people by taking part of the spiritual cleansing blessing they did for us and try a local Ecuadorian delicacy dish known as Cuy Asado (Guinea pig), that really tasted amazing.

I spent most of my life in Guyana. My upbringing and all the culture and way of life that comes with a particular culture was influenced by my time spent in Guyana. I am presently living and studying in the US, but I am 100% Guyanese at heart. While I was living in Guyana, I experienced first hand the challenges of poverty and not being able to acquire healthcare or medications. I remember times when myself or family members would go to the hospital for treatment, however, there would be no physician present. The nurse would administer in most cases an over-the-counter pain medication until the physician arrives. This wait is usually determined based on the severity of the illness. Emergent might take an hour. Urgent needs patients will have to endure hours of wait time. Growing up in Guyana and seeing the conditions and challenges we are faced with makes every Guyanese wish that one day there can be a change for us and that better days are ahead. My wish for a change in Guyana has motivated me to pursue an education as a pharmacist.

As a pharmacy student, I was very excited to work with iGIVE and HERO to give back to Guyana. HERO was founded and is being run mostly by Guyanese who had the same wish like myself. I am very thankful to HERO and iGIVE for going to Guyana and providing such an invaluable service to my fellow Guyanese. This is my second trip with iGIVE and HERO to Guyana and I am very impressed and humbled by the sacrifice made by these Healthcare Professional and students from the U.S.

HERO surgical team has been doing a lot of surgeries that are not being performed in Guyana. One particular surgery of note that HERO performs routinely is cleft lip/palate surgery. To me, this surgery is symbolic of what HERO does in Guyana, by enabling a smile while transforming the life of an individual. This tells me that there is hope for Guyana.

Growing up in Guyana, I was a boy from a little village who was nurtured with the thought that, "it takes a village to raise a child!" In the future I hope that I can go back to the villages and take care of the healthcare needs of the villagers. If I am able to do this, I would be happy with my choice of being a pharmacist.

HOME COUNTRY EXPERIENCE

by Andrew boodhan

I spent most of my life in Guyana. My upbringing and all the culture and way of life that comes with a particular culture was influenced by my time spent in Guyana. I am presently living and studying in the US, but I am 100% Guyanese at heart. While I was living in Guyana, I experienced first hand the challenges of poverty and not being able to acquire healthcare or medications. I remember times when myself or family members would go to the hospital for treatment, however, there would be no physician present. The nurse would administer in most cases an over-the-counter pain medication until the physician arrives. This wait is usually determined based on the severity of the illness. Emergent might take an hour. Urgent needs patients will have to endure hours of wait time. Growing up in Guyana and seeing the conditions and challenges we are faced with makes every Guyanese wish that one day there can be a change for us and that better days are ahead. My wish for a change in Guyana has motivated me to pursue an education as a pharmacist. As a pharmacy student, I was very excited to work with iGIVE and HERO to give back to Guyana. HERO was founded and is being run mostly by Guyanese who had the same wish like myself. I am very thankful to HERO and iGIVE for going to Guyana and providing such an invaluable service to my fellow Guyanese. This is my second trip with iGIVE and HERO to Guyana and I am very impressed and humbled by the sacrifice made by these Healthcare Professional and students from the U.S.

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Faculty Spotlight: Dr. Rebecca Cope

One of the main reasons I have always been passionate about academia is because it provides me with the opportunity to introduce students to the field of global health. I often think about global health in terms of "micro" and "macro" levels. Taking students on short-term brigades to treat people in a developing country is operating on a micro level. For example, Anthony and I traveled to Ecuador to spend four days with a team of health care providers, where we evaluated over 700 patients and dispensed at least that many medications. Some of these interventions were likely life-saving, as we treated infections and malnutrition which may have caused long-term, or even fatal, complications if left undiagnosed. For these individual patients, the impact may be tremendous. Despite operating at the "micro" level of impacting one patient's life at a time, there is great value in this experience, for both those who serve and those who were served.

In my opinion, the primary value of working on the micro level is that without this experience, it is not possible to impact a community or country on a "macro" level. You must first know who it is you are impacting. You must be familiar with the individual patients and their families. You must know how life works, how legislature works, where funding will go, and how it will make its way there. The only way to know this is by starting at the roots and working your way up towards the treetops. Similarly, the only way for a student to know that global health is something they would like to make a regular part of their lives is to experience a small dose of it. For me, the most fulfilling part of this trip was having Anthony tell me on one of the last days that he would like to come on this trip (or one like it) again. And he would like to precept a student. In this way, the roots continue to grow outward, providing more opportunities for trees to grow and long-term impact to occur.

I love to work with the organization we attended this trip with, Shoulder-to-Shoulder (or Hombro-a-Hombro in Spanish) because they seek to build sustainable models of health care in the communities they work with. Although Anthony and I were only in Ecuador for a week, part of our funding goes towards the operational cost of a year-round primary care clinic, staffed by an Ecuadorian physician and nurse. Patients can come here for the management of their chronic disease states, such as hypertension or diabetes, in addition to acute concerns. Knowing that patients will have access to medical care even after the brigade leaves makes me feel comfortable participating in short-term care solutions, which also serve as a vacation for an often overworked Ecuadorian medical staff.

In the United States, we refer to pharmacists as the "most accessible health care provider," and I find this to be even more true in developing countries. Since pharmacies do not typically require patients to have a prescription like they do here, people often seek treatment without having seen a physician. One project I would love to do in the future would be to focus on training the individuals operating these pharmacies (some of them may be pharmacists, but often they are lay people) on how to appropriately triage symptoms of infection and utilize antibiotics in a step-wise fashion to prevent emerging resistance. Another project I think would be interesting would be to create an antibiogram to catalog the current level of antibiotic resistance in the Santo Domingo community where the brigade operates. This is an example of how participation on the micro level can lead to changes on the macro level – by determining exactly what would be useful for that community to make a lasting impact on the quality of the health care available to them.

On a personal note, during this trip I was introduced to "cuy" (Spanish for…wait for it…guinea pig!) by Anthony. Cuy is an Ecuadorian delicacy and was actually very expensive! I almost spit it out because I couldn't stop thinking of how cute these little guys are, but I managed to get it down. I met some great and like-minded people, as I always do on these kinds of trips. Nothing like throwing a bunch of strangers together into not-so-great living conditions without much access to wifi to create long-lasting bonds. I hope all those reading this article will consider joining myself and/or Dr. Gim (or maybe even Anthony!) on a future APPE so you can have these experiences first-hand.

THANK YOU for all those who donate for our missions!

To donate online you may go to the following link and follow the instructions below:
1) Go to https://community.liu.edu/donate
2) For Designation select "Other" and in the Comments section type "International Pharmacy Fund."

If you would like to write a check, please write it to "Long Island University" and in the memo section write "International Pharmacy Fund" and mail to LIU Pharmacy, 75 Dekalb Ave, Brooklyn, NY 11201.

IGIVE CONTACT INFO:

PRESIDENT
Rania Ayad
(rania.ayad@my.liu.edu)
VICE PRESIDENT
Niahve Rivera
(niahve.rivera@my.liu.edu)
SECRETARY
Elena Khachaturyan
(elena.khachaturyan@my.liu.edu)
TREASURER
Aileen Axelrod
(aileen.axelrod@my.liu.edu)

Alumni Corner

Nadine Dandan, LIU Pharmcy '17

PGY1 Community Resident,

Kings Pharmacy

As a student, I was lucky enough to have very diverse rotation opportunities. Being able to travel to Thailand as my International Pharmacy Practice and Public Health elective and see the impact that pharmacists have in both inpatient and outpatient care was an eye opener. After my trip to Thailand, I knew this was something I could see myself doing, and make an effort to continue doing, throughout my life.

Khalil Gibran once said "You give but little when you give of your possessions. It is when you give of yourself that you truly give." This year, I was fortunate enough to be invited to travel to Guyana and join the H.E.R.O Family and be a part of something so truly rewarding and life changing. Mission trips are a compassionate practice that go beyond donating money to a good cause, they provide us with the opportunity to be hands on and directly aid underserved communities. I had the honor of not only meeting new people, but learning the country, their culture and the way they practice pharmacy.

I am currently completing my PGY-1 Community residency at Kings Specialty pharmacy in Brooklyn, NY. I'm excited to announce that next year I will be Brookdale University Hospital's Ambulatory Care PGY-2 Resident. Following residency I plan to go back to school and get my Masters in Public Health.

My heart is full but still so hungry for more, and I truly cannot wait to be a part of more mission trips. I am forever thankful for this opportunity my profession has provided for me. Having the ability to make an impact continues to fulfill my passion for pharmacy.

Special Thanks to Continued Support from
Prof. Gonzalez
&
NYU Langone Health Center

iGIVE

LIU Pharmacy