

St. Anthony's Pharmacy

Winter 1996

A Message from the Founder

by James Tryon, M.D.

Five years ago this Christmas I was preparing for my first "Relief" trip to Bosnia / Hercegovina. Actually, the war in Croatia was still going on and, while things were tense in Bosnia, it wasn't clear if the upcoming Bosnian elections would offer an alternative solution to civil war. We know the history since then, of course. It's hard to imagine that we've been involved for five years! Thankfully, 1996 has been a peaceful year and hopefully the seeds of reconciliation will take root.

Reconstruction is a slow and painful process. As I have mentioned earlier, the availability of humanitarian aid typically falls off substantially after a disaster is thought to be "over". Unfortunately, we are seeing that pattern in Bosnia/Hercegovina, now that the crisis of war is thought to be over. Of course, the needs of the people remain. The large international governmental and non-governmental organizations must step in and help rebuild the infrastructure. The Bosnian government itself must start trying to deal with the complexities of prioritizing needs and utilizing their very finite resources.

Part of our founding principles acknowledged the problems of reconstruction, so St. Anthony's has remained committed to providing medicine through our now-established network of clinics ranging from the Mostar Hospital to smaller outlying clinics and even into Sarajevo. Interestingly, the process is more subtle than I thought it would be. There is an understanding by some people that they must start taking responsibility for themselves and, at some point, stop relying on foreign help. For them, it is not easy to be in this position. There are

others, however, who see the opportunity for profit during these times of confusion. For example, much of the medicine that St. Anthony's provides is available in local retail pharmacies. The problem is that most of the people don't have any money, and unemployment is high.

size, although it is still small by any measurable standard. Success isn't measured by size, however. Our contribution has been in the true consistency with which we have done what we said we would do.

St. Anthony's is an exciting organization. There are only 500 of us

"Perhaps your greatest contribution to us is that you came back when others did not. You have always come back and for this we are thankful."

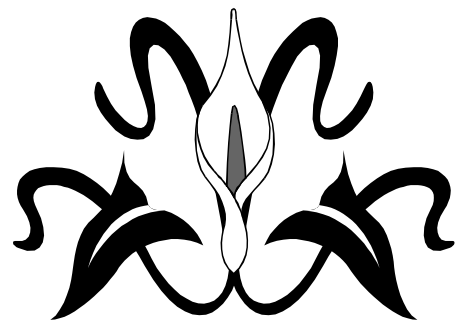
Our physician consultant, Dr. Branka Sivric, has had the difficult task of deciding what medicine is needed and who needs it. This year she actually withheld shipments for several months until areas of clear need emerged.

I think her conservative approach has paid off. None of our shipments of medicine have been "lost". All have been safely delivered to their destinations. There are still many people who continue to benefit from our medicine for their diabetes, seizure disorders, heart disease, hypertension, asthma, glaucoma, and so forth...adults and children. And, she continues to receive requests for medicine. The true need is still there.

Fr. Svetozar Kraljevic has helped St. Anthony's since its inception in 1992. His comments this year echoed Dr. Sivric's caution. "St. Anthony's has done marvelous things" he said. "But keep doing as you are. You are being guided properly. Perhaps your greatest contribution to us is that you came back when others did not. You have always come back, and for this we are thankful."

So, my friends, I we will continue to meet an important need within the network we have established, in 1997. St. Anthony's has grown to an effective

and yet we have multiplied our individual contributions immeasurably. Every time I speak about what we do people comment to me "How does it feel to make a difference?"



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Back to the Future

by James Tryon, M.D.

An interesting phenomenon has occurred with St. Anthony's Pharmacy. Basically, It appears that we (all of us) have formed a Relief Co-op. We never called it that, but really that's what St. Anthony's has become. Furthermore, we've accidentally discovered a "niche" in the humanitarian relief arena. Our system of identifying local physicians or other trustworthy people in a needy area, having them identify their needs, and then establishing relationships with local pharmaceutical wholesalers and banks to provide the medicine in country, as we are doing in Bosnia, appears to be unique. We've discovered that, more often than not, the medicine and supplies that are needed usually are present in a country. The real problem seems to be the mismatch between supplies and the financial resources to acquire them. The local professionals can be remarkably resourceful and trustworthy when they are properly identified and empowered. Our operation in Bosnia has gained some notoriety, and consequently we have received requests for similar help from

clinics or groups in Cuba, Haiti, Nicaragua, Byelorussia, and Guatemala, (not counting individual requests from many more places). At our most recent Board meeting, we discussed these possibilities at length, pondering the questions of the future and came to the

based on their collective success, to continue the process in other places equally as needy. We have matured in a difficult arena, and have gained experience which we can successfully transplanted elsewhere. We are excited about the future of our organization and

St. Anthony's has discovered a niche in the humanitarian relief arena. We have matured in the difficult arena of Bosnia and have gained experience which we can now successfully transplant to other needy areas of the world.

following conclusions: first of all, we will, of course, continue the St. Anthony's operation in Bosnia. We also decided that we would like to continue the St. Anthony's system after Bosnia. We should therefore explore these new areas and identify places where we can continue to make a significant impact. In order to do this, we rightfully should seek your opinions, comments, suggestions, personal interests and other concerns. We know that your support is for a very specific area and time, Bosnia. It's possible, though, that the St. Anthony's experience has identified a group of like-minded individuals who would be willing,

hope you will come back to the future with us.



Guatemalan Adventure

I recently had the privilege of traveling to Guatemala with a group known as "Healing the Children." We went to perform reconstructive surgery on children suffering from congenital malformations. We worked in conjunction with the Fundacion Pediatrica Guatemalteca, a Guatemalan organization dedicated to the care of indigent children. We undertook thirty-five procedures during our week-long stay, helping children who would not otherwise have ever had the opportunity to have their problems corrected. Unfortunately, we had to turn away hundreds of patients, as we simply didn't have the time nor materials to help them

all. Some had walked for days to be seen by us. The magnitude of the problem of untreated congenital disease seemed to be enormous for such a small country.

I asked one of the Fundacion physicians, Dr. Ludwig Ovalle, about medical care in Guatemala in general, and congenital malformations in particular. It seems that medical care in Guatemala is two-tiered--There is a large government-run public system which attempts to serve most of the population, and a costly private system for the elite. The Government system pays physicians only \$250.00 per month for half-time work--a low wage even by Guatemalan standards. Those physicians working in public hospitals must therefore supplement their income by extensive private practices, leaving the government hospitals

understaffed---in fact, many facilities have no physicians at all, leaving much of the remote and impoverished rural countryside without any medical services. It is not uncommon to see people dying of such easily preventable diseases as tetanus and diphtheria.

The lack of basic medical services may be partially to blame for the high observed incidences of congenital malformations observed throughout Central America. Far less than ten percent of pregnant women receive any prenatal medical care. The corn-based diet of the rural population is woefully inadequate in nutritional value. Then it struck me---how many more birth defects could be prevented by something as simple as prenatal vitamins than by

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Medicine Shipments to Bosnia in 1996

<u>SHIPMENT DATE</u>	<u>AMOUNT</u>	<u>DESTINATION</u>
02/02/96	\$9,190.00	Mostar area
03/18/96	\$9,989.10	Mostar area
05/06/96	\$9,190.00	Mostar area
<u>12/04/96</u>	<u>\$13,749.88</u>	Mostar area
TOTAL 1996:	\$42,118.98	

Options for Future Sites



Molokuku, Nicaragua.

This is a medical clinic with numerous needs. The clinic is staffed by Dorothy Granada, a volunteer American nurse who has dedicated herself to running this clinic and helping the women's co-op of the village, which started the clinic about 6 years ago. It serves many surrounding villages and there are about 200 clinical encounters each day, mostly obstetrical, gynecologic and pediatric. Many people get turned away daily. Popular promoters - local women health educators - try to teach basic sanitation, and health care issues. Medicine needs are great. Dorothy came to Albuquerque this summer, and we discussed her clinic at length. Later, she was robbed of a substantial amount of her cash while heading back to Molokuku from Managua. Nicaragua is the second poorest country in this hemisphere. (Haiti is the poorest.)



Minsk, Byelorussia.

A children's hospital with many medicine needs. Many of the children are from Chernobyl. An American nurse who works there has made an inquiry to us. The logistics here are uncertain. This would be very difficult project.



Haiti.

St. Boniface Hospital in Fon des Blancs, Haiti. it has many medicine needs. its executive director, Ms. Sarah Ann Hackett, has been working there for three years. She oversees several projects in the village as well as attending to clinic needs. She has been a personal supporter of St. Anthony's Pharmacy.



Panajachel, Guatemala.

Recently, two of St. Anthony's Board members went there with an organization called "Healing the Children". They performed surgery on a group children and gained valuable insight into the medical needs in this beautiful, but needy area. (see associated articles)



Santa Clara, Cuba.

A Franciscan Friar, Fr. Patrick Sullivan, read about St. Anthony's Pharmacy in an article written in *Radical Grace*, the publication of the Center for Action and Contemplation. He contacted us to consider working with him in providing medicine for the physicians in his town. The political situation in Cuba has made this kind of operation very difficult in the past, but recent events may conceivably make it easier. I have tried unsuccessfully to send a small shipment of medicine once, but without success.

I left my Heart in Guatemala

I tried to tell myself not to expect anything so that I would be prepared for anything that might happen. Still Sunday afternoon on a crisp, clear, brilliantly sunny day in November when we arrived at the Hospital Naccional de Solola and saw the line of people waiting to see us disappearing around the corner of the building, I realized no amount of preparation would have been sufficient. There were dark, chiseled faces of the men whose Mayan ancestry is clearly apparent, women and children clothed in a symphony of colorful dress. Some had walked for days to be seen for screening, children slung on their backs in brightly colored hammocks. Thus began our first memorable day in the State of Solola, Guatemala with the medical mission sponsored by the local Albuquerque Chapter of Healing the Children and the Fundacion Pediatrica Guatemalteca.

The untenable task that lay ahead was to screen some one hundred and thirty children this Sunday afternoon for possible surgery in the next five days. The doors opened and in they filed, children with their families, two or three to be screened sitting on the bed at once. My very first patient was a child an exceptionally rare condition of the hand, of which I had only seen one in eleven years of practice. Next, a baby with a condition called radial club hands and absent thumbs. There were little burned and scarred hands, babies and children with untreated club feet, congenital anomalies such as extra digits, extra thumbs and underdeveloped limbs. My head began to swim.

On the other screening bed the plastic surgeon in our group was screening a sea of patients of a different kind, babies and children and even a few teenagers with unilateral and bilateral cleft lips and palates. There was an entire family who all had a cleft lip and palates.

Our pediatrician and neonatologist,

didn't even have the luxury of a bed: their brief physicals were done in two old fashioned office chairs with green naugahide seats. Anesthesia had its screening area in the north corner where the dark green walls and the ever dimming light made assessing the patient with a small pen light a bit of a joke.

At 9:30 that night we set about the harder task of making up our surgery schedule for the week, while every potential patient still waited in the hall expectantly, hoping their name would be called. Some had not eaten all day, others fried hand patted tortillas on open fires in the parking lot.

Our first day in the OR was perhaps the most memorable. Our first patient was carried into the OR still dressed in his street clothes. Little Francisco with his wide open cleft lip and palate and a condition of his hands where two fingers were fused together was to be our very first patient. Spirits soared. This was why we had come! Things went smoothly enough at first until about a half hour into the case when with all the incisions made, the power to whole hospital went out. An emergency generator powered up the one dim OR light and the anesthesia machine while volunteers ran to grab flashlights. The situation deteriorated from there as the pulse oximeter indicated that for some reason Francisco was not getting enough oxygen. The room became deadly quiet as the two alarms went off at once on the machine and one anesthesiologist ran to the aid of the first both looking frantically under the sheets in the dark

administer them. In what seemed like an eternity as the heartbeat slowed down to twenty then seventeen there was a time in which we all thought we were going to lose our little Francisco. Suddenly the drugs kicked in and the spasm broke. We could breathe for the baby again. We could all hear the pulse joyfully start to rise on the monitor along with all the invisible prayers of the people standing in the room.

Although the power was to go out many more times during the course of our stay, we were to have no call as close as that one. It served to underscore just how fragile life can be in an operating room in the third world and how dangerous even seemingly routine procedures we all take for granted can be when there are no back up systems but your wits.

At the end of our first case little Francisco had a kissable, cherubic smile matched only by the equally large smiles of his parents and five separate fingers on each hand. In this country, the poorest of the poor have no access to healthcare unless it can be paid for in cash. For the Francisco's of the world the only hope of getting that pretty little face and webbed hand whole was through the donation of talent, time, effort, supplies of groups such as ours.

In all our team of eighteen operated on thirty five children that week. While we did so life also went on in the hospital for the Guatemalan doctors. Five babies died in childbirth, most of their mothers never having seen so much as a nurse or taken even a prenatal vitamin. Several of those deaths were eminently preventable with

There are no public assistance systems that afford some of these children access to care. They depend on the generosity of people like us and worldwide charitable foundations.

with a flashlight trying to remedy the problem. The endotracheal tube had pulled out and the baby had developed spasm of his larynx so that he could not be ventilated with an ambu bag. In the dark, nurses searched for the appropriate drugs the doctors were calling for, trying to find the IV port to

simple, routine healthcare. One man contracted tetanus and died a terrible death from a disease preventable by a vaccination. The doctors there told us his was not an unusual case. One infant died of pneumonia not for

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lack of antibiotics but for lack of a respirator that could breathe for the baby long enough for the antibiotics to begin working. The “respirator” consisted of a group of families who took turns inflating the ambu bag for the baby through the night until they finally got too tired to keep it up.

I had volunteered for this mission as a doctor to see first hand what the problems are for healthcare delivery in the third world. Although, as the treating physician, I realized that each little hand that I operated on would be more functional to that child, until I or someone else like me came back, these same group of people would continue to be born and go untreated because they are poor in a poor country. There are no public assistance systems that afford some of these children access to care. They depend on the generosity of people like us and worldwide charitable foundations.

The many ways in which St. Anthony’s Pharmacy could serve in this area was crystal clear. We could supply vaccinations, vitamins, and antibiotics to clinics and small hospitals. St. Anthony’s has developed a system which is unique and we know it works. The two doctors Ludwig Ovalle and Federico Morales who head the Pediatric Foundation in Guatemala were beside themselves when I spoke with them about our organization. They know of multiple areas in the country that are desperate for medicine and supplies, including where I was

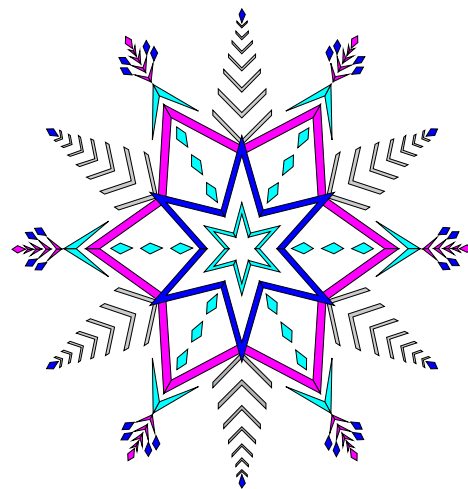
working. They could put our medicine to use immediately. After a week of working with these two dedicated doctors, I realized it is people like them

Baltimore.

The needs of people around the world may seem endless but as long as there are people like you who contribute to St. Anthony’s Pharmacy the little Francisco’s of the world can have their lives improved one tiny citizen at a time.

that make St. Anthony’s work. The love of their country and its people infuses all that they do.

I came back from Guatemala, ready to pack my bag and go back. Naively, I had gone there thinking I was going to help them. Little did I know, that the reward I would get in return would more than make up for any of the inconveniences I experienced. My spirit and my heart were rejuvenated by the gratitude of my tiny patients and their families. The mystical sense of being one people in the world, with common needs and wants and desires was reborn in me. The natural, raw beauty of the countryside was an emollient to my soul. I experienced first hand what St. Anthony’s’ does and can do round the clock when I cannot be personally there. The needs of people around the world may seem endless but as long as there are people like you who contribute to St. Anthony’s Pharmacy the little Francisco’s of the world can have their lives improved one tiny citizen at a time whether it is in Bosnia, Guatemala or



St. Anthony’s Pharmacy

Pledge form

Mail Tax Deductible Donations To:

St. Anthony’s Pharmacy, Inc.
8909 Fourth Street N.W.
Albuquerque, New Mexico 87114 (505)
344-2761
Fax (505) 898-5965

- I (We) pledge to send \$10.00 a month for one year to support St. Anthony’s beginning _____
- Please send me 12 monthly mailing labels

\$25

Name

Address

City State Zip Phone or Fax or E mail

Guatemalan Adventure

(Continued from page 2)

twenty more surgical trips by well meaning groups like Healing the Children? How many tragic deaths from such easily preventable diseases as diphtheria and tetanus could be prevented by inexpensive, routine immunizations? How much more beneficial would it be to place Guatemalan physicians in the countryside full time than to bring down Americans once or twice a year, for a week at a time?

Dr. Ovalle then told us of a clinic in the rural hillsides above Lake Atitlan that had been recently built by a philanthropic organization in Houston. It was clean, modern and well equipped, but had no medical personnel because there was no money to pay them. This clinic had the potential to serve thousands. Intrigued, one of the physician members of our group took a boat across the lake, and trudged another five miles on foot to see the clinic. As he neared the clinic, he was

asked by a Mayan woman to examine her baby. The baby would not suckle, and the woman was attempting to feed it water. Examination revealed that the baby had been born pre-maturely, was suffering from an easily-correctable heart problem, and was severely dehydrated. But there was no where to take the child, and no money to pay for treatment. The doctor did what he could there, but that baby's fate was sealed.

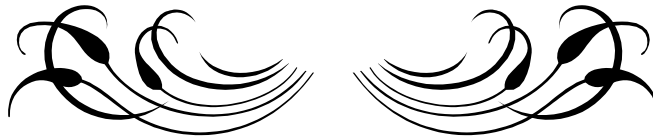
He eventually reached the clinic, and found it as Dr. Ovalle had told us--- a good facility, but nonfunctional due to a lack of staffing. After hearing of this, I wondered aloud whether St. Anthony's could possibly help in this situation. Our work in Bosnia seemed to be reaching a conclusion. Could we fund a Guatemalan physician to work in this clinic? Dr. Ovalle was enthusiastic about the possibility.

This is the direction that I would like St. Anthony's Pharmacy to take in the upcoming year. We have shown

what can be done with local, reliable contacts during our efforts in Bosnia. Now its time to use this paradigm in other parts of the world where people suffer because of a lack of medical care. I hope that you will continue in your support of St. Anthony's as we embark in this exciting new endeavor.

If you would like more information about St. Anthony's or Guatemala, feel free to E-mail me at dasiegel@RT66.com. Best wishes!

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St. Anthony's Pharmacy, Inc.
8909 Fourth Street N.W.
Albuquerque, New Mexico 87114
(505) 344-2761
Fax (505) 898-5965
Email: Trybalcon@aol.com