



Fall 2014 Newsletter

Note from Tim and Liz

Ministry Needs

Volunteers for:

- Heading up laboratory supply company
- Medical teams
- Fundraising

Donations needed:

- Cash
- Storage space for supplies
- Shipping space to ship supplies from St Louis to Florida
- Shipping space to ship supplies from Florida to Haiti
- CryoPen Instrument

One of the first things we tell our medical mission teams is that ministry is not for the weak, particularly international ministry in undeveloped countries. All year long we are receiving medical, toiletry, and clothing donations that we must open, purge of unusable items, inventory, store, repackage and ship to our Haitian clinic clients usually on a monthly basis. Twice each year, we plan for two annual medical mission trips and pack about 1,000 pounds of supplies tailored for each of the clinics we visit on any given trip. We are also in constant communication with our Haitian clinic clients to offer advice and provide needed materials. Needless to say these tasks, as important as they are, take third priority behind our family and employment responsibilities.

All this to say that Liz and I are planning the 2014-2015 ministry year with a modified focus. We are pregnant!! Little Joshua is due to arrive on March 11, 2015. Please pray for

our child, our family, and the ministry God has entrusted us that we may navigate this next year in a way that is pleasing to Him. We are not sure how this next year will look but thus far we expect to do the 2014-2015 winter trip without Liz and to cancel the 2015 summer trip. We plan to



continue our regular communication and shipments to our clinic clients. In the absence of a summer trip we plan to analyze and publish some data we have collected over the last four years but have not found the time to evaluate. It is our hope that the 2015-2016 ministry year will resume the regular mission activities.

The 2014 summer trip was again very successful. In total we visited 8 clients; conducted two mobile clinics in remote areas; delivered the women's health program at one location (88 patients); ran the eye clinic in three locations (286 patients); confirmed 66 patients in the sickle cell program; and performed the mass screening program for 65 patients. These accomplishments will be described in detail in the sections that follow.

The labor might be intense, but it is a labor of love. Nonetheless, this labor of love COULD NOT OCCUR without the support of each of you. It is through your gifts of finances, materials, and prayer that fuel this ministry and keep us on the road. This next year will look a bit different, but our commitment remains unchanged. Thank you for your trust; we do not take it lightly.

2014 Family Fundraiser

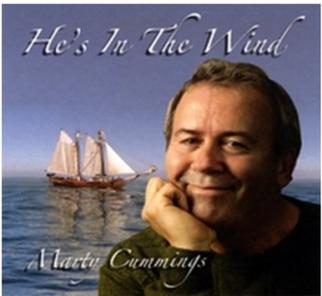
Many thanks to all who were able to participate in the 2014 Family Fundraiser. Whether you were able to attend, contributed in absentia, or sent your prayers, we appreciate your support. The fundraiser was a great success. Although only 30 were able to attend the fundraiser, many made contributions. As a result, \$6,985 was raised and went directly towards the needs of the summer trip, with the bulk of it going towards critical, life-saving medications and supplies for the remote clinics.

A special thank you goes out to Ron McGee for providing the food, and Marty Cummings for sharing his

music. Look for a repeat performance next June, likely a week earlier to avoid Father's Day. Mark your



medical interventions without your donations from the fundraiser!!



calendars. We absolutely would not have been able to do many of the

2014 Summer Team

Although small for a summer team, seven individuals formed a strong and cohesive team that worked very well together. Tom Suida (far left) is a retired special education teacher from Michigan who worked with us the first week and a half during the mobile clinic at La Gonave and at the Jesus Healing Center at Love a Child. Caroline McCaffery (next to Tom) is a medical laboratory scientist, also from Michigan, who served with us for 2.5 weeks during the mobile in La Gonave, Love a Child, and the mobile clinic at Barbe.



Hannah Wunderlich (front center) is a senior level nursing student from Illinois who was able to serve the entire five-week trip. The remaining four team members are core to RWM: Me, Liz, Christina Frerichs (my daughter who has served on nine of the last 10 summer teams), and Mary Stunkard (not pictured), a professor of medical laboratory science at Northern Michigan University and Director of Water Works. Also pictured is Jean Claude Abraham (rear center) who serves as the RWM Field Director and lives in Haut-Limbe, Haiti.

Mobile Clinics

"Most of these people have absolutely no access to healthcare, or if they do, they must travel for three or more hours in brutal terrain and travel conditions."

For the first time in our history, we conducted two mobile clinics in the same trip. As you know, our primary focus is NOT to deliver healthcare in existing Haitian clinics but to evaluate and train Haitian healthcare providers to improve the care THEY deliver in our absence. We are eager, however, to deliver healthcare in remote areas where no clinics exist. These are the neediest patient populations we see. Most of these people have absolutely no access to healthcare, or if they do, they must travel for three or more hours in brutal terrain and travel conditions.



Our first mobile clinic was in the village of Gran Vide on the island of La

Gonave off the west coast of Haiti. It was our first visit to La Gonave in preparation for the arrival of our friends, Brian and Heather Tucker and their three children, who have been called to serve the people of Gran Vide on a permanent basis. Our charge was to assess the health status of the people, evaluate a building for a future clinic location, and deliver healthcare to those in need. We saw 120 patients over two days with a wide range of ailments, the most common being the Chikungunya virus and dermatological infections in children. We did treat some true emergencies in addition to treating these common ailments.

Our second mobile clinic was our third stop in a remote village called Barbe (pronounced Bob). This is the village we conducted the extractions of sand flea parasites from the hands and feet the previous winter trip. Again we saw a multitude of patients with Chikungunya as well as other usual medical conditions (hypertension, bronchitis, influenza, derm infections, GI infections etc). We also saw several serious, advanced medical conditions that are uncommon in the US. In remote areas of third world countries where medical care is not available, diseases progress untreated and become severe. We saw three infants with thrush (yeast infection of the mouth) that had progressed to fungal pneumonia. In the absence of clinics, pregnant women develop vaginal yeast infections and transmit the organism to their infants during delivery. Since infants have immature immune systems and treatment is not available, thrush can overtake the mouth and move into the lungs creating this life-threatening pneumonia. Two of these infants needed to be hospitalized because

they had labored breathing and their lung sounds were very "wet", but hospitalization was not an option...we tried. So Liz and I titrated our own liquid formula of fluconazole with water and sugar so that the babies would take it with a syringe. One mother walked 6 hours two days in a row for her baby's treatment.



3 month old successfully treated for fungal pneumonia

I shudder to think of the outcomes of these infants had God not placed us there at that particular moment in time. We also treated dozens of children with obscure dermatological conditions that we had never seen before and performed parasite extractions in one little boy where we removed about 15 parasites, larvae, and eggs from his feet. There were also several kids with bad burns from the open fires they use to cook.



At the advice of a witch doctor, goat dung was smeared on the burns to help her heal...that only caused a secondary bacterial infection.



Many kids had horrible dermatological infections that we had never seen before, but thanks to our awesome lab, we could narrow down the possible etiologies and treat effectively.

Women's Health

Since Liz was only able to be away from work for three weeks and due to the way the trip schedule developed, we were only able to conduct the women's health program in one location, Love a Child. In that location, however, Liz performed pelvic exams on 106 women. We were able to evaluate 88 women for various forms of vaginal infections and a variety of other women's health conditions. We also collected 106 endocervical samples for PAP analysis by our team of cytotechnologists in St. Louis. Led by Mercia Locke, she and six other cytotechnologists donate their time to analyze and report to Liz and me the results for each patient. A special thank you is extended to Mercia Locke, Larry List, Ben Murray, Ryan McKinney, Telly Garcia, Margaux Guiney, and Katy Kasal for lending us their time and expertise. With this information, Liz and I are able to place all patients into three general categories:

normal (no cervical lesions), non-cancer lesions that need treated, and cancer.



Although most of our patients have some form of vaginal infection, so far most are free of cervical lesions, with several showing low and high grade lesions and only one patient thus far showed cervical cancer who we referred for surgical evaluation. However, for those patients with high grade lesions we are in need of a cryofreezing instrument called CryoPen which would enable Liz to treat the patients with these high grade, non-cancerous lesions to prevent them from progressing to cancer. Cryofreezing is a potentially curative and thus, life-saving intervention that is fast, safe, and non-invasive. If you know of an OB/GYN physician who might be able to donate a CryoPen system or connect us with a manufacturer or distributor for a potential donation, please contact Tim at info@randolphworldministries.org

“Cryofreezing is a potentially curative and thus, life-saving intervention that is fast, safe, and non-invasive. If you know of an OB/GYN physician who might be able to donate a CryoPen system or connect us with a manufacturer or distributor for a potential donation, contact Tim at info@randolphworldministries.org”

A life you helped save...

Upon our arrival the first night while we were evaluating the church building where the clinic and pharmacy would be, Liz was brought a young woman in her early twenties who was complaining of a fever and neck pain. Not having any supplies unpacked, Liz gave her some Tylenol and Voltaren gel (for joint/muscle aches) and asked her to return tomorrow when the clinic was set-up. Mid-morning the next day several locals came running for Liz indicating that the girl was shaking uncontrollably and unable to speak. When Liz got to her, her fever was 106° F, and she was convulsing. Liz knew imme-

diately that this was not Chikungunya but bacterial or viral meningitis (hoping for the former). She ran for her small supply of emergency medications. Immediately Liz gave her Lorazepam for seizure control, Tylenol and large doses of two different oral antibiotics. What she really needed was IV antibiotics and to be admitted in the ICU, however, on a remote island in a third world country this was all we had to work with...and lots of prayer. Liz sent other team members for ice to start cooling her down. Ice is difficult to obtain and very precious on this remote island because it must be

bought on the mainland and brought over by boat. The only ice to be found was a block used by a woman selling beverages on the side of the road. Using this ice and a blanket dunked in the ice water, our team began to ice her down to lower her body temperature. The whole village was standing outside the door; they all knew her. The mood was grave. But our team worked tirelessly together and through medicine (from your donations) and prayer, we ALL witnessed a miracle. Four hours later this remarkable woman rose from her death bed with a stunning 98.8°F temperature. This was the first true

miracle that we witnessed on this trip...and it was only our second day.



22 yr old patient cured of bacterial meningitis

Construction Project

Through a friend and ministry partner, Malcolm Eudaley, I was connected with Rogers Strickland, owner of Strickland Construction Company who has been led by the Lord to donate steel frame buildings to ministries for over 10 years. Rogers has donated seven buildings to Malcolm to support his ministry, Global Education Plus, Inc., that were used for primary and secondary classrooms in underdeveloped countries. Rogers has agreed to donate a 30' x 60'

building to RWM which we are planning to gift to Eben-Ezer Mission, Inc. in Gonaives Haiti to be used as a dormitory for the students of the new Christian University of Haiti. The erection details are yet to be determined, but I anticipate the project will commence during our 2015 winter trip. Thank you Rogers!!!

Mass Screening Program

Based on the schedule of the 2014 summer trip, Caroline McCaffery and I were only able to provide the free mass screening program at Love a Child where we screened 65 patients for anemia, serum protein, HIV, syphilis antibodies, hepatitis B antigen, and hepatitis C antibodies. In lieu of a 2015 summer trip, I plan to analyze and publish some of the mass screening results collected over the past 8 years that are way overdue. By mak-

ing this data available to the medical community worldwide through the scientific literature, other medical teams seeking to serve in Haiti can use this information to better plan their trips to improve team constitution, instrumentation, medicines, and other interventions needed to ensure success.

Donations may be sent to:

Randolph World Ministries, Inc
318 Vandalia St
Collinsville, IL 62234

Prayer Requests

As you know, Randolph World Ministries, Inc. operates out of our home and functions with almost no overhead costs. Nonetheless, our continued growth has placed several important needs before us that we share with you, our prayer partners. Please pray for the following:

- *Liz and I make Godly decisions as the ministry grows and develops*
- *An experienced business person will volunteer to champion our laboratory supply company*
- *Someone to donate more storage space*
- *More financial contributors*
- *A trucking company that will donate shipping space from St. Louis to Florida*
- *An overseas shipper who will donate shipping space from Florida to Haiti*
- *A donor for the CryoPen instrument, a cryotherapy tool for our women's health program*
- *That more medical professionals will join our mission teams*
- *That more past team members will return to future teams*
- *Some of our current partners will commit to conducting one fundraiser each year for RWM*

For general RWM and donation inquires:

Tim R. Randolph, PhD, MT, (ASCP)

*Chair and Associate Professor, Dept. of Clinical
Laboratory Science, St Louis University
Founder and Co-President Randolph World Ministries
info@randolphworldministries.org
(314) 920-0354*

Liz Randolph, MMS, P.A-C

*Express Medical Care
Co-President, Randolph World Ministries
Liz.randolph06@gmail.com*

For newsletter comments or inquires:

*Kerri Thompson, Newsletter Editor
kthom@yaboo.com*

randolphworldministries.org

Ministry Spotlight: Haitian Field Director, Jean Claude Abraham



This issue focuses on our Haitian Field Director, Jean Claude Abraham. We have worked with Abraham for over 5 years. Our first interaction was as a translator; however, Abraham's faith, integrity and gifts shined brightly as he continued to volunteer himself to us. One year ago we formally appointed Abraham as our Field Director. His primary responsibility is to coordinate our activities in the field as we plan our two annual medical mission trips, monthly shipments, and any other activity requiring someone on the ground in Haiti. He continues to serve as a translator, but now he travels with us to coordinate ground logistics which gives us immeasurable piece of mind. Currently, Abraham is staying with us for six months while he takes English courses to improve his translation abilities and to earn a promotion at the Christian University in the North where he currently teaches English when needed.