When William Albanese, PharmD ’11, took his first trip to Honduras in 2009 as a student at the University of Maryland School of Pharmacy, he figured he would put his pharmacy education to use helping people with limited access to medical care. What he didn’t foresee was coming away from the trip with valuable experience that he still utilizes five years later as a pharmacist treating patients at a hospital in Delaware.

With only about 40 different medications on hand — all of them lugged in suitcases from the United States — Albanese and his fellow students had to be creative about treating even the most common ailments.

No acid for treating warts? They mixed crushed aspirin and Vaseline.

Need a spacer for a child’s inhaler? They cut the bottom off a plastic Coke bottle and used that. It was crude but efficient.

“We had all kinds of handicaps that really made you think about the practice,” says Albanese. “It gave me clinical experience that I could not have received elsewhere and it made me think on my feet as a clinician.”

That experience, with a group of Pennsylvania State University undergraduate students, led Albanese to form a University of Maryland, Baltimore (UMB) chapter of the organization Global Medical Brigades the following year. The student-run nonprofit provides health care services and supplies to disadvantaged communities around the world.
“I came back from Honduras that first time with the intention of starting the program in Maryland because we have so much to offer with so many schools in health care,” he says.

Now, four years after its founding, the UMB chapter has sent four brigades to Honduras, providing much-needed medical services to the impoverished Central American country, and leaving the 100-plus students who have visited the country as volunteers profoundly changed.

“We don’t say that we are going down to save the world,” says Salin Nhean, a third-year student at the School of Pharmacy and the current president of Global Medical Brigades. Nhean went to Honduras for the first time in 2014 and went back again in January. “We help out, but it is so much more than that. It is also about learning from the community we serve, about their culture and how they live.”

LEARNING, SIDE BY SIDE

Each year, the School of Pharmacy-led group travels to Honduras, one of the poorest countries in the Western Hemisphere. They take suitcases of antibiotics and over-the-counter basics like aspirin and antacids — some donated, much of it bought with money the group raises — to treat Hondurans who often have to make the difficult choice between putting food on the table or taking a loved one to the doctor.

In 2013, 32 students from nearly every school at UMB went to Sartenejas, a rural community of about 1,000 people in southern Honduras.

The “brigade,” as it’s known, set up a small, temporary clinic at a local school, divided into stations similar to a hospital — intake, triage, consultation, dental, pharmacy, and a section called “charla” (talks), which was used for educating community members about personal hygiene and other important preventive behaviors.

Student volunteers rotated through the clinic’s stations. They helped to take triage and vital signs, participated in gynecological examinations, and shadowed on-site doctors to learn about consultations.

The integrated, interdisciplinary approach provided an opportunity for students from the different disciplines to work side by side and to learn from each other.

“The experience was a little terrifying,” says Jane Ching, a third-year student pharmacist and current executive board member of Global Medical Brigades. “Conducting examinations was something I never thought I would be able to experience.”

But working alongside students from other schools — all of whom had different levels of clinical experience — made the experience more manageable, she says, because they worked through situations together, each bringing their own expertise to bear.

“It was interesting to see what other professionals did in their settings and it made us realize that we all need each other,” Ching says. “We have different things to offer.”

That kind of interdisciplinary interaction is at the heart of the Global Medical Brigade model and is the reason Albanese started the chapter in the first place.

“Everybody practices in a silo,” he says. “But those silos break down during brigades as students from different schools come together to try to figure out how to treat patients in unique situations. Everybody comes back with a new appreciation for another profession.”

THE HUMAN EXPERIENCE

Many also go home with a better understanding of the inextricable link between poverty and poor health.

After seeing parasites, worms, skin infections, and diarrhea — all ailments typical of poor, rural communities with no access to clean water and even less access to health care — Courtney Lacotti, a third-year student pharmacist who went to Honduras last year, realized that the problem is not only medical, it is economic.

“It was just really eye-opening how much we take for granted here,” she says. “The level of poverty in Honduras is so high.”

It hit Ching, who also has traveled to India and Africa, when she went to Honduras to work with the brigade that health care is not a universal right.

“It’s something we take for granted, that they just don’t have,” she says.

Some of the issues — like poverty — are insurmountable. But often the students are able to make personal connections that prove rewarding. When last year’s group was visited by children with rotting teeth and hair filled with lice, for instance, the brigade went back to the basics, schooling the children on the importance of hygiene. They gave them toothbrushes and,
through song and play, taught the children how to brush their teeth properly.

“We got to interact with the kids, which was amazing,” says Lacotti. “And teach them something that will hopefully stay with them — something they just didn’t know.”

It is those human interactions that many of the students remember most fondly and is part of what brings them back year after year.

“It really feeds your soul when you go down there and help them,” says Albanese. “They are so welcoming and so appreciative.”

It is what Nhean calls a “mutually beneficial relationship.” But it doesn’t end when the week in the field does.

The UMB chapter is just one of hundreds of Global Medical Brigade chapters around the world. Each brigade community — from Honduras to Ghana — receives a brigade every three to four months so that care is continuous. While there, students collect electronic patient records for use during future visits and ongoing monitoring of health trends in the community. And in between brigades, in-country teams maintain relationships with the communities to provide follow-up and to train community members to identify and treat basic illnesses.

“It’s not really about money. It’s one thing to show up there but another to be a part of the entire process. It’s all about a mindset, of what it’s like to help others,” she says.

The experience of helping others has profoundly changed the lives of many of the students who have participated.

Nhean, for example, realizes that she wants to work in the field of public health, specializing perhaps in infectious diseases. As it did for Albanese before her, the experience ignited a passion. For her, it is a passion for working within other cultural contexts.

For Albanese, being a part of Global Medical Brigades made him realize how much he enjoys interacting with patients — something he now does on a daily basis as a pharmacist at a community hospital in Delaware.

“Medical missions also build your character, not just your resume. It is your profession, truly applied,” he says. 🌍