



# Randolph World Ministries, Inc.

Medical - Economic - Spiritual

Providing Sustainable Ministry Services in the Spirit of the Gospels

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## Note from Tim and Liz

It has been awhile since our last newsletter. The reason can be summarized with "Harrison Jeffrey Randolph" born March 25, 2017. Between our jobs, home, family and a growing ministry, we keep busy. However, we are blessed beyond measure with jobs we love, a home we can enjoy, a beauti-



ful and healthy family, and a ministry with purpose. Thank you for being a part of our work in Haiti. This newsletter will summarize our work since the last newsletter with a focus on our sickle cell program that has been growing and now stands on the precipice of dramatic growth.

## 2017 Family Fundraiser

The 2017 RWM Family FUNdraiser was held again at *Destiny Church* in Des Peres (St. Louis) on May 21, 2017. We followed the same format as the last two years with a catered meal, two bounce houses for the kids and several outdoor games for families. The attendance was low at the actual event but the support from the RWM family from across the US was once again amazing. After deducting expenses we cleared over \$5,000.

A big shout out to **Ron McGee** of *Café Agape* in Collinsville, IL for catering the event (picture to the right) and to *Destiny Church* for serving as our host. A special thank you to **Bill Penniston** for representing *Destiny Church* so well and helping me with set up and other critical issues.



## Winter 2016/2017 Medical Mission Trip

Our winter 2016/2017 mission team was composed of nine people who served the Haitian people for 15 days. In addition to myself, the team was composed of two returning team members (**Tom Siuda** – 4<sup>th</sup> trip and **Zen Catalan** - 2<sup>nd</sup> trip), and six first time team members (**Will Rupprecht**, **Jon-Erik Kampwerth**, **Kayla Schmidt**, **Chaye Heiwig**, **Maddie Langen** and **Emily Seiler**).



The first 5 days of the trip were spent on the island of La Gonave. The team arrived in Port-au-Prince (PAP) on day one and on day two traveled by car (2.5 hours) then ferry (5.5 hours) to the island of La Gonave to deliver a mobile clinic and an eye clinic in collaboration with our ministry partners *Community of Hope Haiti (COHH)* – **Brian and Heather Tucker**, Directors. The island is rather large and COHH is located on the northwest corner of the island which is the most remote and least developed portion of the island, the very reason God sent COHH to this region. The nearest clinic is across the island which takes approximately 2-3 hours by car, twice that by donkey and is out of reach by foot. Most people needing medical care would choose to ferry back to the mainland (5.5 hours) assuming they have the finances to pay the ferry and the medical costs, which most do not. In

addition, optometrists are uncommon in Haiti and a service that few can access. Therefore, a mobile clinic and eye clinic in this area are very needed. The mobile clinic saw and treated a total of 258 patients in three days. The eye clinic tested the eyes of 159 people and distributed the same number of glasses over the same three days.

The next three days were spent between PAP and Saint Marc working with the sickle cell program. The two days in Port were spent training two Haitian lab techs, **Sandra** and **Judith**, in the manufacturing of a sickle cell test called Sickle Confirm. As many of you know, for the past 10 years my research lab at Saint Louis University (SLU) has been working on the development of diagnostic laboratory tests that can be used in Haiti. The tests we use in the US are not used in Haiti because these tests are between 2 and 1,000 times more expensive than their patients can afford. In addition, there are several variables required for modern diagnostic testing that most Haitian clinics lack to include reliable electricity, refrigeration, climate control (A/C), clean water, biological waste disposal, highly trained lab staff to operate sophisticated instruments, and biomedical engineers to repair instruments. For these reasons, it is impossible to transfer US testing to Haiti. Therefore, it is necessary to develop testing methods that are cheap, fast, easy and do not require electricity, water, refrigeration, and climate control. To date, my lab has developed and patented two lab tests (Sickle Confirm and HbF Assay) that

are used to diagnose and monitor patients with sickle cell disease. RWM is in the process of training two Haitian lab professionals to manufacture Sickle Confirm by hand to determine if it is possible. If so, we plan to manufacture Sickle Confirm and make it available to clinics across Haiti.

While in Saint Marc I met with the Mayor to discuss the possibility of RWM accepting some donated land with the vision of eventually opening a sickle cell center in Saint Marc. That meeting went well. More on that later.

The last week of the winter trip was spent at Love a Child (LAC), one of our 28 Haitian clinic clients. LAC is a western owned ministry out of Ft. Myers, FL that has one of the most advanced clinics among our partners. While there I consulted with the physicians and lab staff and did some training in laboratory techniques. The rest of the team operated the eye clinic. During the 5 days at LAC, the team tested eyes and distributed 392 pair of glasses.

No explanation is needed about the importance of restoring health that occurs in our mobile clinics. In many cases, we are the only access to medical care these people have and some of their curable diseases are potentially life-threatening. Similarly, restoring sight is more than just seeing clearly. For some, they were unable to work and feed their families until our glasses restored their sight. For others, they placed their Bibles on the shelf until our glasses restored their sight.

## Summer 2017 Mission Trip

Due to the arrival of Harrison Jeffrey Randolph, Liz and I decided not to take a team to Haiti in the summer. However, it became necessary for me to make a short, one-week- trip to Haiti to deal with some issues regarding our sickle cell program. I met again with Sandra and Judith to continue training on

the manufacturing of Sickle Confirm. I am happy to report that the pilot project to determine if they can accurately and successfully manufacture Sickle Confirm is over. We are problem solving a few storage issues for some of the chemicals used to make the kits and we are

beginning to develop a business plan in order to start manufacturing and selling Sickle Confirm. *That brings us to the highlight of this newsletter; the plan for our sickle cell program.*

## Sickle Cell Program

God gave me a passion for hematology in 1982. In 2008, after two graduate degrees, I am now a hematologist. Also in 2008, God gave me a passion for the hematologic disease sickle cell anemia because it is so prevalent in Haiti. In 2012, we published the prevalence rate of the sickle cell gene in Haiti (15.2%), but noticed that only a few of our many Haitian clinic partners had even one sickle cell patient in their care. Based on this, and a research paper in which the investigators followed sickle cell patients in Africa over time, we estimate that between 80-90% of babies born with sickle cell anemia in Haiti DIE BEFORE THEIR 5<sup>th</sup> BIRTHDAY!!! In the USA, >60% of babies born with sickle cell anemia will live to retirement age. This is a huge disparity that needs corrected.

In the last couple of years God has placed six things "in my lap" that I interpret as mini-miracles and together will eventually become the mega-miracle called the Sickle Cell Center of Haiti. The six mini-miracles in round #1 of the sickle cell mega-miracle are: 1. Collaboration with Partners of the Americas; 2. Donation of land in Saint Marc, Haiti; 3. Successful pilot to manufacture Sickle Confirm; 4. Generous license agreement with SLU (co-patent holder) to manufacture Sickle Confirm; 5. Idea directly from God to merge three projects into one (manufacture Sickle Confirm, create a Haitian business called Laboratory Supply Company of Haiti, develop the first sickle cell treatment center); 6. invitation to join a sickle cell consortium in Haiti.

Two years ago, I received an unsolicited, surprise email from **Laurene Martilly**, representing *Partners of the Americas – NJ/Haiti* inquiring about our work in Haiti and our interest in sickle cell anemia. After a few months of communication, we decided to work together to determine if my patented laboratory test, Sickle Confirm (developed with Haiti in mind), could be accurately and reproducibly manufactured manually by Haitians in Haiti. Mini-miracle #1.

During our first trip to Haiti together we (me, **Laurene** and her

husband **Lesly**) initiated the pilot project to begin the training to determine if we can successfully manufacture Sickle Confirm. Shortly thereafter, **Laurene** and **Lesly**, asked if I would be interested in working with them to develop a sickle cell treatment center in Haiti. Little did they know that 10 years earlier I had written a large grant to the Gates Foundation to do this very thing. The grant was not funded but the desire never left. After I picked my jaw off the ground **Lesly** added that his father had some land in Haiti that he would like to donate to the cause. This past year **Laurene** and **Lesly** have investigated Haitian law to determine if a foreigner can accept the donation and own land in Haiti and what the Haitian tax laws include. We discovered that I cannot own land in Haiti but Randolph World Ministries, Inc. can and the tax laws are much lower than I had expected making land ownership in Haiti affordable for RWM. Mini-miracle #2.

As I mentioned with mini-miracle #1, RWM and Partners of the Americas – NJ/Haiti have been working together to determine if Sickle Confirm can be manufactured manually in Haiti by Haitian laboratory professional unsupervised without compromising quality. A year and a half later the answer is YES. I anticipate we will be able to make Sickle Confirm available to clinics across Haiti sometime in 2018. Mini-miracle #3.

SLU and I now have two patented laboratory test methods designed for underdeveloped countries; Sickle Confirm and HbF assay. For the past two years since the patent of Sickle Confirm we have been seeking a manufacturing company to become a licensee to make the test kits for worldwide distribution. Because our customers are the poorest clinics in the world, none would take on the risk. SLU agreed to allow RWM to be a licensee at a fraction of the customary cost. Perfect timing since we now know we are capable of manufacturing Sickle Confirm in Haiti. Mini-miracle #4.

Very recently, God gave me the idea to merge three apparently dis-

tinct initiatives into one self-perpetuating model. We need to manufacture Sickle Confirm so clinics across Haiti can begin to diagnose children with sickle cell so they can be treated and not die before age 5 years. Over the past 6 years I have attempted on three occasions to launch a Laboratory Supply Company. All three attempts failed. Now I know why. The Laboratory Supply Companies were intended to be linked with the Sickle Cell Center that also failed over a decade earlier when the grant was not funded. Sustainability is difficult in Haiti when half of your patients do not have the means to pay for the medical services we provide and our clinics treat everyone regardless of their ability to pay. Grant funders are reluctant to give 2 million dollars to develop a medical center that saves lives if it financially implodes after two years when the grant ends. The current model is to first develop Laboratory Supply Companies in Haiti that will sell Sickle Confirm, HbF assay, 5 other tests, originally slated for the first Laboratory Supply Companies that failed, and many medical materials donated to RWM that are overstocked and taking up precious storage space. Selling these tests below competitor prices will put many Haitian to work, reduce costs to Haitian clinics, empower many Haitian clinics to diagnose sickle cell anemia, and the profits will funnel into the future Sickle Cell Center of Haiti to offset the loss of revenues for the patients who can't pay for the medical services. This combination makes for a MUCH stronger grant. Mini-miracle #5.

Now that we can show the need (15.2% prevalence; 80-90% die before 5yo) and show a financially sustainable model, the only thing missing from a very strong grant is a network of prominent healthcare professionals sharing the load and optimizing the model. In comes mini-miracle #6; the sickle cell consortium. Just as unsolicited and unexpected as the Partners of the Americas email was nearly two years ago, three months ago I received an email from a Pediat-

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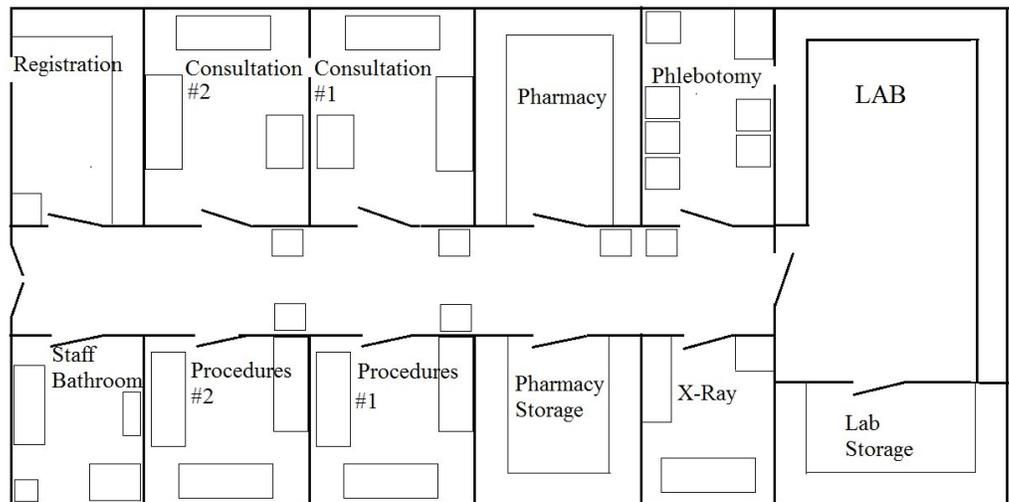
## Sickle Cell Program Continued

ric Hematologist from Boston, **Dr. Natasha Archer**, who has been working in Haiti and wishes to develop a sickle cell consortium. Between the US clinicians **Dr. Archer** seeks to mobilize and the Haitian clinicians that Partners of the Americas is already mobilizing, the grant will no longer be a one-man-show (me) but will hold the credibility of a team of highly qualified and dedicated health care professionals from two countries. Mini-miracle #6.

Lest you think God is done, a friend put me in contact with

a Christian construction company owner from Kansas City, **Rogers Strickland**, who donates about two 30' x 60' steel frame buildings to NGOs each year. I have submitted to him a proposal and a floor-plan for the Sickle Cell Center of Haiti. As of the writing of this newsletter, he has not made a decision regarding our proposal. Assuming this building is part of God's plan, having the land and the building will demonstrate to potential grantors our investment, our passion, and our resolve to see this project

through to completion. Please pray for mini-miracle #7 (the building). As the US federal government continues the 20 year history of cutting NIH, as the US continues to graduate a surplus PhD researchers, and as more international researchers come to the US to work, grant funding gets more and more difficult to secure. It generally takes the submission of at least 10 grants to get one funded. Please pray for mini-miracle #8 (the grant).



Sickle Cell Center of Haiti floor plan

## Ministry Spotlight



This issue's "Ministry Spotlight" is on **Laurene and Lesly Martilly**. It was **Laurene** who took the initiative and found RWM. After several conversations, she and I decided to pursue the pilot project to determine if Sickle Confirm can be manually manufactured in Haiti. **Laurene** then took the pilot project proposal to Partner's of the Americas—NJ/ Haiti who agreed to work with RWM. It was Lesly and his father who decided to donate the land and who consulted attorneys to determine Haitian law surrounding this gift. As a result here we stand, one building, one grant, and a successful Laboratory Supply Company away from this dream becoming a reality. We are so close to transforming the lives of the hundreds of children born each year in Haiti with sickle cell anemia most of whom die before they are even old enough to go to school. If this model works in Haiti, it will work in Africa where >250,000 babies are born each year with sickle cell anemia. Thank you **Laurene** and **Lesly**.