



CANADIAN  
FEDERATION  
OF NURSES  
UNIONS

# Nurses' Voice



WHERE KNOWLEDGE  
MEETS KNOW-HOW

**CANADIAN FEDERATION OF NURSES UNIONS**

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Sustainability has become a buzz word and we need to start the New Year with a little bit of clarity on the facts. The sustainability of medicare is an open question along with the sustainability of the environment. Both are necessities and the discussion over whether these are affordable is an indication that something is seriously amiss in the political discourse of the country.

As a nurse and a medicare advocate, I firmly believe that medicare is sustainable. A book published by the CFNU last summer, written by Hugh MacKenzie and Michael Rachlis aptly titled *The Sustainability of Medicare*, lays out the economic case for our health care system. The public components of medicare are not out of control and the so-called "Grey Tsunami" of an aging population threatens less than a one percent increase per year. Health care is increasing as a percentage of spending because (1) spending in other areas is decreasing and (2) due to tax cuts. The public system, itself, is not in crisis.

Within our health system there are threats however. The private components within the system are spiraling upwards. The cost of medications is out of control, and is the fastest growing single component of medicare. That is why the CFNU has for several years championed a comprehensive public approach to pharmacare.

The system is also a victim of misuse of resources and human resources are often squandered. On one hand we have nurses expected to perform non nursing duties while on the other they are being replaced at the bedside. Resources are being wasted due to inadequate capacity in areas of the system such as home care

and long-term care causing a domino effect through hospitals by backing up first into acute care wards and from there into emergency rooms. Nobody who has spent time in an emergency department, where waits frequently cross 12 hours, is unaware that there is a problem, although many are misled concerning its causes. That is why CFNU has argued for comprehensive approaches to the continuity of care with adequate public investment in long-term care and home care.

While it has been many decades since we have known that the health care system needs to be looked at in a holistic manner, competing silos and interests along with patchy accessibility continue to undermine the efficiency of the whole. The pressure to turn to more expensive and less efficient private "options" creates a seemingly never-ending battle for the core principle of care based on need, rather than ability to pay. The massive amount of attention on the debate of whether or not medicare is sustainable is getting in the way of the discussion that is really needed in this country and that is a discussion on spending reform and better choices for public investment.

Nurses do not see health care as a closed system. We have for decades argued that we need to recognize the critical role of the social determinants of health. The connection between poverty and health is long established. A recent decision to forego improvements to pensions for all Canadians through the CPP in preference to an increased reliance on private pensions that are more costly to administer, provides no optimism about the future well-being of seniors. The declining affordability of housing is also discouraging especially as we continue

to rely on a tax on housing (property tax) to support cities.

In a society that neglects to consider the impacts of the social determinants of health while encouraging policies that increase income disparity, it is ironic that we would debate the ongoing maintenance of public health care and not question the public policy decisions that prioritize private profit over the well-being of citizens. It is those very policies and priorities that are behind the questions about the sustainability of health care.

Public policy debates too often centre on judgments from so-called experts about what is good or what is bad policy. Seldom are they and the policy makers themselves asked the more relevant questions like - who is the policy good for and who is it going to hurt? It is about time that we started discussing the un-sustainability of public policies that ever increasingly favour private profit over public good and the interests of the wealthiest over the needs of everyone else. This is the overdue sustainability discussion. A discussion that must include the voices of experts that represent all the determinants of health and their message must penetrate all political echelons across the country.

And finally, it needs to happen before the renegotiation of the next health accord; 2014 is just around the corner and who better than nurses to start the discussion.

In Solidarity Always,

Linda Silas  
CFNU President



The latest facts and figures from the *Canadian Institute for Health Information* are out, and here are some highlights from two of their most recent reports released in December 2010:

*Regulated Nurses: Canadian Trends, 2005 to 2009*

- The regulated nursing workforce continues to grow with an average annual growth rate of 2%. There were 348,499 regulated nurses working in nursing in Canada in 2009, 76.4% of whom were RNs, 22.1% of whom were LPNs and 1.5% of whom were RPNs.
- The age of entry into workforce is increasing and regulated nurses are now often age 30 or

older when they graduate and begin their nursing careers.

- The proportion of regulated nurses educated internationally grew slightly over the last five years to reach 7.0% in 2009. 31.6 % of Internationally Educated Nurses come from the Philippines, and 17.6% from the United Kingdom.

*Health Care in Canada 2010*

**Emerging issues (H1N1)**

- o 41% of the Canadian population was vaccinated against H1N1 in 2009.
- o 428 Canadians were reported to have died from H1N1 from April 2009 - April 2010.
- o Canada spent an estimated \$400 million on vaccines and by November 2009 the estimated cost of Canada's response reached \$1.5 billion.

**Health care spending**

- o Canada's health care spending reached an estimated \$191.6 billion in 2010.

- o At a pan-Canadian level, per capita spending was \$5,614 in 2010.

**Care provision challenges**

- o Over 2 million Canadians have diabetes. Only 32% of them receive the recommended tests and exams needed to protect their health, resulting in increased avoidable hospital admissions rates.

**Issues on the Horizon**

- o In 2014, the 10-year Plan to Improve Health Care will have expired and a new health accord will be negotiated. The provisions of a new accord may have significant impact on the future direction of health care in Canada.

Full reports can be downloaded from [www.cihi.ca](http://www.cihi.ca).

**Visit the new section of the Thinknursing.ca website and take the quiz to test your intergenerational savvy!**



**Thriving in an Intergenerational Workplace**



## Guardians of Medicare

On August 4th, the CFNU published *The Sustainability of Medicare*, written by economist Hugh Mackenzie and health policy expert Dr. Michael Rachlis. This economic analysis of the debate around health care sustainability reveals that Medicare costs are not “out of control” – as some critics would have the public believe. In fact, costs have remained remarkably stable as a share of the GDP for the past 20 years.

Any assertion that there is a sustainability “crisis” is, simply false. Our proposals for the 2010 budget remain similar to past years. If implemented, they will have a significant and positive impact on the health and well being of Canadians, and will ensure that our public health care system remains viable in the long term. The 2004 First Ministers Health Accord is set to expire in 2014. The CFNU proposes that the federal government play a leading role in negotiating a successor accord based on the three recommendations below:

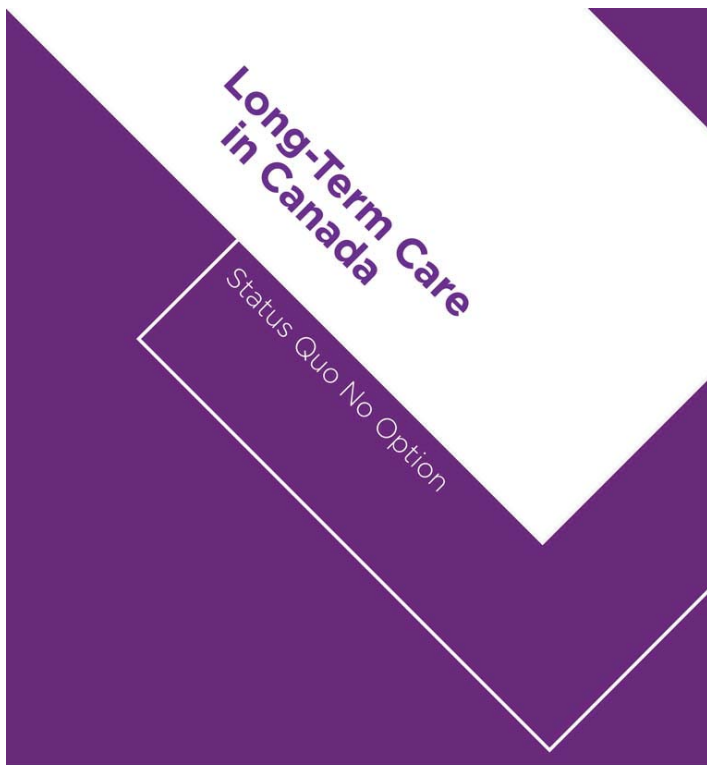
**Recommendation 1: Establish a basis for federal leadership in the creation of a national, universal Pharmacare plan.**

**Recommendation 2: Improve the position of the federal government in funding Medicare.**

**Recommendation 3: Provide opportunities for system change and improvement that are rooted in public funding and delivery of health care.**

We also ask that the federal budget honour the commitments made in the 2004 accord and also consider the needs of a successor accord, as identified in this brief.

To read the complete Submission to the House of Commons Standing Committee on Finance regarding the 2010 Pre-Budget Consultations visit our website at [www.nursesunions.ca](http://www.nursesunions.ca).



Ann Silversides



On February 8th CFNU will host an MP Breakfast on Parliament Hill, and release its latest book *Long-Term Care in Canada: Status Quo No Option*

*Long-Term Care in Canada: Status Quo No Option* is a series of frank conversations with experts from across Canada about the state of our long-term care health system. The picture is emerging of a system that has been deteriorating and is in desperate need of rebuilding. Despite their diversity, the interviews present remarkably united prescriptions for change and optimism that we can do better. In addition to examining long-term care itself, they explore how it fits into the continuum of care, the wider implications for medicare, and what must be done now.

Compassionate and quality care for Canadian seniors and people with chronic conditions is a moral imperative. They are our parents, grandparents, neighbours, friends and will someday be us.



Canadian Labour Congress  
Congrès du travail du Canada

## Straight Talk on RRSP and mutual fund management fees

Think you have a good deal with your RRSP? Think again. RRSPs and mutual funds have failed to deliver. Too many retirees are left with a goose egg instead of a nest egg. See how:

Our researchers have compared what your investments would look like when you are ready to retire if you invested in mutual funds. The results are shocking. Average management fees in the financial industry range

**\$10,000 invested at an annual compounded 5% rate of return will be worth \$72,000 after 45 years with a 0.5% management fee. That same \$10,000 invested**



**in a mutual fund with a 2.5% management fee is worth less than \$29,500 after 45 years. Over \$42,500 of your money will go into the pockets of the financial industry over the life of your investment.**

- Based on a \$10,000 investment at 5% annual compounded rate of return
- The management fees are calculated on average annual value of investments

The moral of the story? The CPP is by far the cheapest way for you to save for retirement. And, you get a defined benefit when you retire – you don't have to depend on what the stock market will be worth to decide whether you can retire or have to keep working.

**The financial services industry pays itself juicy fees to manage your money and that eats up a big part of your retirement savings. That is, if you have any retirement savings left when you are ready to retire, after the roller coaster dips and dives of the stock market.**

from low cost funds at 1% to 3% at the high end. Average management fees in a Canadian Balanced Fund are 2.6%.

Contrast that to the management expense of the Canada Pension Plan Investment Board (CPPIB) which is about 0.50%.

Visit the CLC website for more information  
[www.canadianlabour.ca](http://www.canadianlabour.ca)

\$10,000 investment at 5% annual compounded rate of return	Net value with a 0.5% management fee	Net value with a 1% management fee	Net value with a 2.5% management fee
After 5 years	\$12,509.47	\$12,259.91	\$11,533.60
After 10 years	\$15,570.43	\$14,880.23	\$12,969.84
After 20 years	\$24,122.62	\$21,920.71	\$16,401.13
After 25 years	\$30,025.23	\$26,605.85	\$18,443.50
After 30 years	\$37,372.17	\$32,292.35	\$20,740.19
After 40 years	\$57,899.14	\$47,571.25	\$26,227.20
After 45 years	\$72,066.60	\$57,738.70	\$29,493.18

For the purposes of this fact sheet, management fees are calculated on average annual value of investments.



## CROSS COUNTRY CHECKUP



### BCNU

British Columbia

The Vancouver Island Health Authority is prepared to let beds sit empty in long term care homes, rather than allocate them to seniors who are lined up and waiting urgently for those beds in the community.

Instead, VIHA wants to hold back beds, in case hospital managers need them to empty any of their acute care beds occupied by seniors who could be sent on for long term care.

According to an internal memo obtained by the BC Nurses' Union, even when there are no seniors in hospital needing those long term care beds, staff need special "executive approval" to place seniors who aren't in hospital but are waiting at home for a long term care room.

According to the memo, no more than 25% of all placements into long term care may come from seniors who aren't currently taking up an acute care hospital bed. The rest must come directly from hospital. "This is an insult to seniors and their families waiting patiently in the community for a long term care placement. It's also a shameful waste of valuable health care resources," says Debra McPherson, president of the BC Nurses' Union. "The lesson for seniors on Vancouver Island is: 'if you need placement in long term care, get really sick so you can go to the emergency ward and get admitted to the hospital. But if you're still at home waiting for placement, and no matter how badly you need the bed,

you'll just have to wait longer because whatever spaces there are in long term care go first to people who are already in the hospital.' That's completely unacceptable."

BCNU regional representative Jo Taylor said "VIHA's policy spotlights the terrible shortage of public long term care beds, and the irrational things health authorities are doing supposedly to save money and meet their restrictive budget mandates. A lot of moves actually end up costing them more, not to mention the hardship being done to seniors and their families."

### UNA

Alberta

Long waiting times in Emergency departments blew up into a full political crisis on health care in Alberta in November and December of 2010. A report from ER doctors on waits of eight hours or more and of imminent collapse of the Emergency system provoked a flurry of debate. That culminated with the firing of controversial Alberta Health Services CEO Stephen Duckett – over the cookie incident – and then the firing from caucus of outspoken Conservative government MLA Raj Sherman. Sherman, an emergency room doctor himself, was parliamentary secretary for health. But he lambasted his own government and the Premier for inaction on the health file and accused them of having a secret plan for health care privatization.

UNA is busy responding to a new

province-wide "push protocol" that uses over-capacity beds to take the very political pressure off over-crowded ERs. Over 250 "over-capacity" beds are steadily occupied, even though they are jammed in three-to-a-room, in corridors, in family lounges and even in tub rooms.

The province-wide hiring freeze of nurses ended last year, and UNA is working now to put in place two innovative new plans negotiated in the 2010 Collective Agreement. One is to hire at least 70% of nursing graduates in the province, and another is "regularization" – turning costly overtime and extra nursing hours into regular nursing jobs.

UNA is wrapping up contract negotiations with a number of smaller health employers, and long-term care facilities. The settlements are reaching parity with the Alberta provincial agreement increases in salaries: 0% for 2010, 2% for 2011 and 4% for 2012.

### SUN

Saskatchewan

SUN welcomed RNs, working within Regina's Public Schools, as new members in December, 2009. On December 17, 2010 the Negotiations Committee for the Regina Public School Board completed bargaining and reached a tentative settlement. Voting to ratify the contract will be forthcoming.

SUN's Patients and Families First Initiative was developed in December 2009 to address the gap between



## CROSS COUNTRY CHECKUP



the reality of nursing practice environments, and the kind of high quality, patient-centred care nurses want to provide. The "Patients and Families First Challenge," with two \$1,000 awards, was developed out of the Initiative, aiming to support patients, members of the public, patient advocacy groups, and registered nurses in developing and testing sustainable innovations that will improve patient-centred care. As of January 14, 2011 SUN has received a total of 55 Challenge applications – 12 from SUN members or SUN member-led groups, and 43 from patient/patient advocacy groups. The deadline for applications is February 28, 2011. Looking ahead, SUN is excited to highlight the Challenge winners and a number of other participants at the September 2011 Innovators Conference, and to continue to build upon our growing network of patients, patient advocacy groups, other health care providers, and nurse leaders who are dedicated to making positive change happen in the Saskatchewan health care system.

### MNU

Manitoba

#### **Province bolsters bullying bill**

The Manitoba government announced changes to the Workplace, Safety and Health Regulation that seeks to protect workers from psychological harassment in the workplace.

The new regulations put the onus on employers to protect employees from various types of harassment such as humiliation, threats and intimidation,

personal ridicule, yelling and abusive language, malicious gossip, intrusion of personal property and sexual harassment.

Recent studies show that 40 per cent of the workforce has been subjected to harassment or bullying, in health care this percentage is much greater. According to research data compiled by MNU, over 68 per cent of nurses have experienced bullying while more than 18 per cent of nurses believe that bullying and emotional abuse has increased significantly over the past five years.

Nurses report the sources of harassment as patients, clients, residents, family members or visitors, other health care practitioners, managers and the general public. Under the new legislation, employers will be required to put in place measures to prevent harassment and address it if it occurs. Policies will be developed and implemented by Manitoba Labour and Immigration to educate both employers and employees on their responsibilities to ensure a respectful workplace. In a recent survey of MNU members, more than 31 per cent of participants agreed that increased education and awareness was essential in dealing with workplace violence, abuse and bullying, while more than 10 per cent called for better enforcement of policies.

Employers and employees have until February 1, 2011 to become familiar with and comply with the updated requirements.

#### **Just what the nurse prescribed**

The Manitoba government is working with registered nurses on a plan that would allow them to prescribe medications.

The College of Registered Nurses of Manitoba has toured England and Ireland where RNs write prescriptions and is now developing guidelines and additional training for the drugs that nurses in this province should be allowed to prescribe.

### ONA

Ontario

The focus for the Ontario Nurses' Association (ONA) as we begin 2011 is on bargaining.

ONA is entering one of the most challenging sessions of negotiations in its history. The provincial government has asked for a voluntary wage freeze from all public-sector unions, including registered nurses. ONA's position has been that if accepting a wage freeze would mean improvements to patient care, RNs would likely consider it. But in this province, the wage freezes are going to help fund a huge corporate tax cut that will take billions out of the budget and do nothing to improve health care.

The contract for our 53,000 hospital members expires in March; we begin the new year with the first round of negotiations, and expectations aren't high. Other unions have ended up in arbitration and have received small wage increases. The government has told hospitals it will not provide extra funding to pay these wage increases.



## CROSS COUNTRY CHECKUP



### PEINU

Prince Edward Island

As 2011 is an election year, the provincial government risks seeing thousands more health-care professions being cut if it fails to increase funding. It will be an interesting winter!

In other news, ONA recently held an immensely successful Biennial Convention. One of the highlights was a sneak preview for members of a new advertising campaign.

"Valuing the invaluable" is about celebrating the priceless skills and knowledge that registered nurses bring to the health care system. ONA members at the Biennial literally walked the red carpet, surrounded by paparazzi snapping their photos, to enter the meeting room to boost their morale and introduce the ad concept. The campaign, featuring radio and transit shelter ads, said we should value RNs as much as pro athletes; dollar for dollar, they're the best value in the health care system. Response was overwhelmingly positive from the public, the media and ONA members.

### NBNU

New Brunswick

#### **Meetings With Premier and Minister of Health**

As part of the consultation process prior to tabling the budget on March 22, N.B. Premier David Alward, met with public sector unions, including NBNU, to give an overview of the difficult financial situation the province is in. In order to reduce the deficit, Premier Alward asked all provincial government departments

to immediately slash their budgets by one percent (1%) and will be proposing further two percent (2%) cut in the upcoming budget. The Department of Health will be limited to a three percent (3%) increase in fiscal year 2011-12.

As well, Marilyn Quinn, NBNU president, met with Minister of Health Madeleine Dubé to discuss the possible impact of budget cuts on health care delivery. The president also received an update on the status of joint initiatives introduced by the previous government.

#### **Negotiations**

The contract for the New Brunswick Nurses Union part III bargaining unit, which represents hospital and community care nurses, expired December 31, 2010 and preliminary work for negotiating a new contract has begun.

NBNU commissioned a telephone survey of 1200 nurses to determine what nurses wanted to focus on in the next round of negotiations. The board of directors reviewed the findings and a survey of the entire bargaining unit is underway (mid-January) at the time of writing this update. For the first time, members are being given the option of filling out a paper or online survey. The results of this survey will be presented to a bargaining conference of all bargaining unit local presidents on February 16, 2011 to decide the strategic direction for negotiations. It is expected that negotiations will begin in earnest in April of 2011.

Islanders are no doubt pleased to hear government's recent announcement of the planned replacement of several Manors in communities throughout the province. However, the good news story of the Manors is being overshadowed by Government roll out of its new "Model of Care" in a few show case worksites, and its not going smoothly. The employer has heard first hand about the significant safety concerns and issues being faced by different health care professionals working in these sites. In spite of this, prior to the completion of an independent review of the new model, government and Health PEI are continuing to implement these changes across the province. In fact, at the same time government was making announcements about the construction of the new Manors last week, employer representatives were meeting with Manor staff to advise them that there will be significant reductions in nursing staff. These reductions will see more than 20 RN positions deleted from five Manors over the next several months. Many of our members recognize that government's new "Model of Care" is not the appropriate cure for what is ailing the health system. Research has shown that reducing the number of Registered Nurses at the bedside leads to higher rates of illness and disease and increased mortality rates. PEINU urges Islanders to be aware of the changes that are occurring in



## CROSS COUNTRY CHECKUP



the provincial health system. Listen to front line health care workers. We know the system has its challenges. But, we also know that patient and client care may be negatively impacted when changes are made too hastily and when budgetary constraints are a primary motivation. Cutting Registered Nurses is not going to result in improved health care for Islanders.

### NSNU

Nova Scotia

The NSNU Provincial Negotiating Committee (PNC) met in September 2010 with both the Acute Care employers and the Long Term Care employers who are represented by the Health Association of Nova Scotia to exchange bargaining proposals. The PNC has met with the Acute Care and Long Term Care employers several times since each side made their formal response to the others' proposals.

The Acute Care employers have made it very clear that they consider this round to be about saving money through reduced entitlements to nurses in many areas. The Union has proposed enhancements to the Collective Agreement and changes to promote greater fairness and better access to benefits. The Union is firmly resisting the employers' attempts to take back the Union's hard-won achievements, while maintaining proposals for improvements.

In the last round of bargaining for the LTC sector, the Nurses' Union was able to achieve considerable improvement

in the standard language within those Collective Agreements, but the Employers are not willing to discuss standardization on what they saw as "operational" issues. In this round the Nurses' Union is determined to move the project forward to include many of those so-called "operational" issues. The employers have indicated that their mandate is to save money wherever possible and have informed the NSNU not to expect wage increases similar to what we have received in the last collective agreements. That said the negotiating team is committed to improving language and achieving a wage settlement that is competitive with the other nurses in Atlantic Canada. The PNC is also focused on improving language around issues with the aim of improving the work life of our nurses.

The PNC has bargaining dates scheduled throughout January and February.

### NLNU

Newfoundland and Labrador

Debbie Forward, president of the Newfoundland and Labrador Nurses' Union (NLNU), is participating on a provincial advisory committee tasked with conducting a review of nursing staff mix ratios, hours of care and scope of practice in long term care facilities/units within Newfoundland and Labrador.

The review will also identify concerns related to quality of care for residents and quality of work life for registered nurses. The Committee will make

recommendations to the Minister of Health and Community Services based on their findings.

A number of groups are represented on the committee, including the Association of Registered Nurses of Newfoundland and Labrador, the Newfoundland and Labrador Association of Public and Private Employees, Canadian Union of Public Employees, the College of Licensed Practical Nurses of Newfoundland and Labrador, as well as employers and government. The review is scheduled to be complete this spring.

Government's decision to move forward with a review is the result of nurses' input on a research study recently completed by NLNU. This study involved two focus groups and a telephone survey of over 200 registered nurses working in long-term care. It was designed to assess the impact of the many changes occurring in long-term care. The study looked at issues such as staffing levels, scope of practice, patient acuity, and skill mix, and uncovered many areas of concern for nurses and residents.

The commitment to complete a review is encouraging and a very positive outcome of nurses' input on the study. While it is unknown what the exact outcomes of this review will be, NLNU is committed to ensuring nurses' voices continue to be heard. NLNU looks forward to playing an active role in the review process and is optimistic that change will occur as a result of nurses' input.



## CAMTA MISSION TO ECUADOR-2010

First, let me say thank you for granting me the funding to participate in this wonderful mission.

We arrived on February 19 to the Quito airport at around 10 pm, to an overwhelming beehive of activity, security trying to get our luggage tags and men from Quito trying to load our bags for tips and trying to find our hotel bus. I have never travelled to a third world country before and was up for a great adventure.

On Sunday we got our first view of the Tierra Nueva hospital. The hospital itself is old and does not resemble a hospital as I know them, and once inside it more resembled a bus waiting area rather than a hospital.

There were a lot of people waiting for the clinic and some faces from last year that I did not know. The recovery room and operating area were small and the sight of the

dusty storage cupboards was a bit disconcerting. We all set about the task of unpacking the hockey bags that were left from last year, and inventorying the contents. This year, a new system was put into place to make the transport of supplies easier in the future. So it was a long day for everyone, but when we left, the area was starting to resemble a functioning OR and recovery room.

On Monday, we arrived early to patients waiting eagerly for their surgery. The first adult case arrived in recovery a little after 10 am. The adult cases all had spinal anesthetics



and were quite comfortable. They did however require an x-ray prior to leaving the recovery room so we learned quickly how to call for "radiographica por favor!" And the terms for left and right were important as well. The children were a little more challenging as they were quite drowsy, and had very low saturations initially. We think maybe the altitude has much to do with this.

We performed 35 surgeries during our week, on kids and adults. The adults were all hip replacements and all to my surprise very young. And by that I mean 30 to 45. They were in so much pain for years that they couldn't work and support their families. They were a quiet, stoic people who were very grateful for our presence there. They all got up and walked within a day or two and some even went home in 2-3 days. We operated on children from 20 months to 17 years old. They suffered from congenital hip dysplasia, club feet or deformities from Cerebral Palsy. One boy in particular that impressed me was a 17 year old, (I have a 14

year old boy) with Osteogenesis Imperfecta. He was a quiet kid who had broken over 20 bones in his life but was determined to go to school and make something of himself. The sacrifice of these parents was incredible.

They paid for a handicapped bus for him, and also were supporting other children.

There were a few major differences in the care of the people there. One was the administration of blood products. Apparently if you donate a unit of blood, you are entitled to a free unit, then you pay for any extra you may need. The families go and pick up the blood and bring it to the hospital. We had one lady who was crying because she needed 4 units of blood and her daughter was going to have to pay for it- a cost of \$280, which is a great deal

of money to these people. We had one lady who showed some ECG changes on the monitor and when an ECG was ordered and the machine came we had a bit of a laugh. It was an old box that we had never seen before and there were no instructions. We eventually figured it out but the amplitude was so poor, I am not sure how they actually interpreted it. We learned that to order any blood tests, the family must be



consulted first to see if they agree to pay. I guess it pays to always get along with your family.

All in all it was an eye opener for me. What I saw there was family is everything to these people-whether they are selling in the market, selling chocolate bars on the streets or waiting for their families in hospital, they are all together. I only saw 3 strollers on this trip; the kids either walked or were carried by the parents or more often another sibling. I saw no crying, whiny kids, no siblings fighting. It really impressed me that family was so important. Although there is poverty, these people live within their means, there is not a lot of debt, they don't constantly upgrade their homes and many don't have cars.

I enjoyed my experience there so much I am planning to go back again next year. There is a new hospital opening up soon and I think we will be able to work there next year. That will be exciting.

Thank you again,  
Chris Douglas





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