



Nurses Christian Fellowship Canada **NEWSLETTER 2008**



**Canadian
Nurses
Respond to
Health Needs:**

Opportunity for International Service

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It is with God's peace and the promise of great things to come that I bring you greetings. As the new National Director for NCF Canada, this past year has been one of significant learning – not just of the roles and responsibilities of this work but also of meeting in person, by mail, e-mail and telephone those of you who have been a part of this ministry over the past many years. I have had the joy of visiting with NCF committees in Quebec, Ontario and Saskatchewan and look forward to future visits to Atlantic, Midwest and British Columbia regions in the upcoming year.

What does God have in store for this ministry in the year ahead? As I have spoken with many of you, there seems to be the sense that change is in the air. There is a desire on the part of many to see this ministry grow and develop in such a way that many more nurses in Canada will be impacted by the message of the Gospel. As lives are changed, the light of Christ will continue to brighten the hallways of health institutions, dispel the shadows in centres of academic learning and provide light to guide those working in communities both large and small, not just in Canada but around the world.

The world – our global world – from countries all around the world, nurses will come to attend the 50th



Anniversary Conference of NCF International (NCFI) to be held in September in Jos, Nigeria in Africa. Here, nurses will have the opportunity of praying together, learning together and supporting one another as they seek to make a difference in

the lives of others. I would encourage you to consider attending this conference. Additional information can be found on the NCF Website www.ncfcanada.ca under Calendar of Events. Even if you can not attend, please begin to pray for those nurses who will gather – that the Holy Spirit will be at work molding and making each person, and the ministry of NCFI as a whole, into vessels useful for the work that God desires. What do you think God desires of you or of me in this upcoming year? What type of vessel is He molding us into as individuals and as a ministry? A vessel to hold what? A vessel to pour forth what?

A vessel to sit on a shelf? A vessel to be put to use everyday? A vessel made to withstand common use? A vessel set apart to be used for one specific event or moment in time?

These are thought provoking questions to ponder and these and many other questions have been a part of my thoughts over the past few weeks as I have been ordered by my physician to take some time off from my work with this ministry to address my own

health care needs. A knee injury that occurred late last summer has not responded to physiotherapy and is now under further medical investigation as is an ongoing issue with chronic persistent migraines. As a result, I am currently experiencing intense pain on a daily basis. Please keep me in your prayers as I seek medical intervention, that relief of pain may occur and that I will soon be able to return to this work with renewed strength.

In the meantime, may I say a sincere thank you to all of you that have supported the work of NCF Canada during the past year with your financial gifts and your prayers. This ministry would not exist without the faithful support of so many! Also, I want to express a special thank you to all of you who weekly pray for the needs of nurses across this country through the Monday Night Prayer Ministry which is coordinated by Celia Wong. Please continue to keep NCF Canada and InterVarsity Christian Fellowship - Canada in your prayers as we engage in ministry together.

"Cast all your anxiety on Him because He cares for You" 1 Peter 5:7

From Fronica Yiu:

As you have just read, Carol has been experiencing some health challenges. Please keep Carol in your prayers as she seeks medical intervention, that relief of pain may occur, and that she will soon be able to return to her work with renewed strength. ✓

Teaching in Nursing Vietnam

I went to Vietnam with great anticipation and excitement. Having done research with Vietnamese women and nurses who had worked with Vietnamese people in the 1980s and 1990s I had some good North American experience of Vietnamese people but had never had the opportunity to visit Vietnam. Now was my chance! I was not disappointed.

We were a team of five people that shifted between Ho Chi Minh City (the former Saigon) and Hue (the center of a long narrow country with mountainous regions and many rivers). An additional six people worked in Hue on other projects. Three of our group in Ho Chi Minh City, including myself, taught the last year of a three year psychmental health nursing project to thirty-eight Registered Nurses from South and Central Vietnam. In many cases, nurse left their homes and stayed in Ho Chi Minh City for two weeks to attend classes. These nurses had from 1- 20 years experience in mental hospitals but had not received basic education in this special area of nursing. Many had lots of ward experience but had no formal theory background. Some were head nurses or in other administrative positions at their hospitals.

Over the three years several of the nurses indicated they had used their new knowledge to make changes in their hospitals. Some had developed policies on the use of patient restrains. It was gratifying to see how student learning was being applied to the work setting in a very practical way. The classes reviewed some of the basics such as nurse-patient communication and use of restrains as well as teaching new topics like children's mental disorders. Students had little knowledge in this area. They did not seem to recognize most of the conditions discussed. Student's questions, however, indicated that some of them had seen some of these conditions in their communities. One example is autism spectrum disorders.

Two other new areas of teaching were care of mentally ill in the community and care of cognitive disorders like Alzheimer's. One student volunteered that a family in his community voluntarily provided a home for chronically mentally ill just out of "love and concern for these people".

It was a challenge to work with an interpreter as well as try and bring our North American understanding of disease, treatment, and care into the Vietnamese context. Our approach was to use very concrete explanations with lots of specific examples and role play situations. The teachers would role model and then asked the students to role play a similar situation.

Accurate interpretation however is critical.

Sometimes we were unable to tell if students understood what we were saying. We were very gratified on the last day when we were able to respond to prepared questions written by the students. The questions were thoughtful, had depth, and were very practical for their situation.

The afternoon English classes were a lot of fun with valuable learning taking place. After the first week I was greeted each day with, "Good Morning Teacher!" It meant I could make a personal response to each student. I am afraid my Vietnamese did not progress equally well!

Each day the wife of a hospital staff prepared a beautifully presented and tasty vietnamese meal which was graciously served to us. During lunch we had the opportunity to ask questions about the families and work situation of the psychiatrist or hospital administrator who ate with us.

One Saturday, students took us to a Vietnamese 'Walt Disney' type theme park. We saw an enactment of an ancient Vietnamese fable and walked around the park learning about the legendary figures we saw. It was a great way to strengthen the bond between students and teachers.

Everyday the team had a meeting to evaluate the day, give thanks for things that went well, and ask for help with difficulties. Our main difficulties were with making the classes' meaningful, getting good interpretation, being able to cope with the heat, and being refreshed and ready to meet the pressures of teaching every day. My desire was that students would see the light of the Father in me and in my love for them.

After several weeks three of our team flew home and three of us flew up to Hue. Whereas Ho Chi Minh City is very large and bustling, Hue has 200,000 people, has a more traditional culture, and is more rural.

The first day I went to one of the mountainous areas where one of the minority groups lives. The clean water project team members were doing an assessment of the availability and quality of water at the local hospital and surrounding clinics. If there was water but of poor quality an ultraviolet clean water system was installed. If there was no water available they scouted around to see what could be done. They discussed the options such as digging a well in the future and the implications of such a plan. It was a challenge to bring together the local village authority, their partners from the University of Hue, and a clean, adequate, and permanent water supply that would be available even in the dry season. A student from the University of Hue accompanied the team in order to learn how to assist in the water project.

April is the dry season and several clinics where completely without water. In one clinic the attending physician said that the clinic used water from the nearest farm yard taking their water from a pipe that comes down from the hills. The local schools also did not have any water. We saw water filter

systems with lots of dust on them and sometimes an empty water tank. Obviously clean water is an ongoing problem. Whatever is done must work for the people in the situation. Hospitals and clinics can not give safe care without clean water.

At the University of Hue we met with the administration and one of two nursing instructors to talk about nursing education. Their desire is to develop a 4 year bachelor's degree in nursing and to develop a masters program. Nurses are presently being taught mostly by physicians. They do not have a program that is separate from medicine and at this time nurses do not have much status in their work setting.

Vietnam has one nursing masters prepared graduate and that nurse is not in Hue. Teaching strategies to help nurses develop critical thinking skills are absent. However the faculty we met had developed the outlines of a possible plan. Our team was interested in their proposal and in working with the faculty to further develop their plan. Development of a bachelors program will be a major undertaking and will need careful planning. Our team met each evening to pray about these very practical issues.

We were privileged to go to church on Easter Sunday and met several people, during our stay in Vietnam, who said they were Roman Catholic. A number of them said they had Sunday's off and attended church.

A service assignment in a country such as Vietnam is a humbling experience. The people face many challenges. They are trying to use their resources to bring about a better country. To come alongside such professionals and walk with them is what Jesus would have us do. "If you have done it for one of the least of these you have done it for me." ▽

Evelyn Labun went to Vietnam with MEDRIX a US based, non-governmental organization, focused on health education, clean water, and refurbishing of rural health clinics. The organization is run by a Christian board. www.medrix.org

Sharing God's Heart for Global Health



**Strengthened
to Serve**

*A Christian Response to
Global Health Needs
The 50th Anniversary
Conference for
Nurses Christian
Fellowship International*

September 14-19, 2008

Hill Station Hotel, Jos,
Plateau State, Nigeria
For more information visit
www.ncfi.org/nigeria08.php

For over 40 years Nurses Christian Fellowship International (NCFI) has been providing encouragement and fellowship to Christian nurses around the world. Today 28 national NCFI fellowships exist on six continents. Nurses Christian Fellowship, a division of InterVarsity Christian Fellowship/USA is a member of NCFI

ncfi NURSES CHRISTIAN
FELLOWSHIP INTERNATIONAL

A LONG WAY HOME

I arrived home from my vacation after 22 hours of traveling. Although I was physically exhausted I had never experienced such rejuvenation. I feel inspired and uplifted. What did I do on my vacation? I went with a medical delegation to El Salvador.

I arrived in the capital city, San Salvador, along with my teammates and 18 bags of donated medical supplies and medications worth, by our estimations, over \$75,000.00. I had responded to a small article in RNAO in July about the possibility of a medical delegation. It was always a dream of mine to nurse internationally. I had been looking into opportunities for nearly two years. Many of the organizations were long term (2 months to a year) or strongly based on religious teachings. Neither of these options were of interest for me.

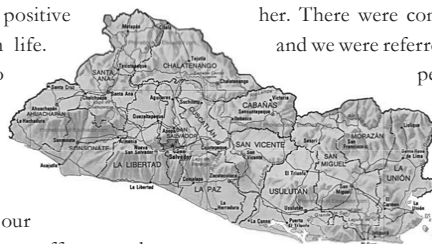
Myself, another nurse, a midwife and a nursing student, responded to the letters submitted to various organizations by Marion Willms. For Marion this dream all began after meeting an activist from El Salvador. This was followed by a trip to El Salvador to explore the possibility of bringing a team of healthcare professionals to the country. Marion's dream came true as we landed in San Salvador February 18th, 2008.

The first week we ran 4 clinics in four remote communities. Some days we commuted 2 1/2 hours one way to a village. At first, we were naive and asked why they couldn't come to us so we could stay in one place for the week. We were quickly introduced to the reality of their barriers. We had to travel

el 2 1/2 hours because often there is only one bus that goes through their village a day and it is very unreliable. The other barrier they experience is the \$0.60 cost of the bus ride. That is a lot of money when you only make, at the most, \$4.00/day. Our group experienced many highs and lows. Adjusting to the varying degrees of poverty and the incredible tenaciousness and positive outlook the people had on life. We half expected them to be withdrawn and timid, they were in fact outgoing and happy. These are true survivors.

The second week our group changed as Valerie was off to another adventure and Kristel, a University of Toronto nursing student, arrived. We moved to the mountain region of Suchitoto. This is the area where a large amount of the civil war fighting took place.

At first it was overwhelming to help so many people. One by one each day we listened to their stories of poverty and war. We also listened to stories of survival and acts of unbelievable generosity and humility. One story told to us by Sister Peggy, a nun who now runs a hostel and program for healing through art, was of a late night escape during a bombing air raid. Hiding in the trees, a young mother revealed that she had brought along tortillas and offered to share them. The women told the mother to "keep them for yourself; you need the strength to feed your baby". The mother responded "tonight we share our food, tomorrow our hunger". We were endlessly touched by the people and their stories. We received far more than we gave. Carol and her translator Joe fitted a woman for glasses and she told them that she was "reborn again". Nothing can replace knowing that the glasses given to



this woman will allow her to thread a needle and that thread will allow her to sew and make a living to feed her family. Nothing feels better, not even an all inclusive resort can give you that feeling! A frail and elderly woman with severe arthritis walked to the next village the day after we saw her to bring us fruit in thanks for the Tylenol we gave her. There were constant expressions of gratitude and we were referred to as "angels". Many of these people waited 8 hours to see us.

There was never a moment, never a person that complained about the wait time or the care we could not give them. We can all learn something from them. Canadian healthcare and the profession of nursing is stressful, and more so in recent years. It is rejuvenating to hear the thanks and receive such warmth from those you help.

Our strong but mighty group assessed and treated over 1,000 people in 8 clinic days. We did nearly 500 eye exams and gave out 468 pairs of reading glasses and 97 pairs of sunglasses.

We were not the first group of individuals that used our vacation time to help others. It is a growing trend among healthcare professionals and society at large. In fact, the well known travel book, Lonely Planet, has released a guide that shows the reader how to seek these opportunities out and what to expect on this type of vacation. It also lists NGO organizations. ▽

A group of 6 nurses, Ellen (midwife), Carol (hemodialysis nurse), Valerie (homecare nurse), Kristel (student nurse), Marion (float nurse), and Jennifer (article writer and ER nurse). They came from very different walks of life, their personalities and even their professional careers were very different. The one thing that bonded them strongly together was their passion for social justice and universal healthcare.

lenberg and Emily Cleveland, questions about their three-week trip to the SAM Mission in Mucombeze, Mozambique elicit graphic and moving responses.

"It was challenging, both emotionally and professionally," Deanna tells me. "I saw a little girl's ears full of maggots and festering from infected discharge. We met five-year-old children with babies on their backs, raising their siblings after their parents died from AIDS."

The palette upon which their experiences are painted is a country ravaged by 16+ years of civil war until peace was achieved in 1992. Recovery, however, is slow to come and statistics are startling. Setbacks in the form of natural disasters, disease and drought have resulted in a life expectancy of just 40. Forty-five percent of the population is under 15 and the rate of infant mortality is 110 per 1000 live births. 110,000 people die annually of AIDS in a country of 20 million people.

Central to many villages in the surrounding bush, the mission clinic tends 200 to 400 people every day. But with no roads in the area, the PCAAT nursing team also trekked for hours through the bush to bring medical care to villages primitive beyond anything they had ever seen.

[To be continued on Page 4]

NCF International
[September 2008]

50th Anniversary Conference

Invitation by Hope Graham

Ever dreamed of going to Africa? Never dreamed of going to Africa? Prepare for September 2008. The quadrennial conference of Nurses Christian Fellowship International (NCFI) is celebrating its fiftieth anniversary in Jos, Plateau State, Nigeria.

Each NCFI conference is an opportunity of a lifetime—never to be replicated. I have been extremely privileged in attending NCFI conferences since 1996 in Hong Kong. The privilege of eating, talking, and living with Christian nurses from around the world is exhilarating. Sharing in Bible expositions, plenary and concurrent sessions is nourishing cognitively, socially, psychologically, and spiritually. Oh, and the MUSIC—amazing! Participate in the joy of learning with colleagues who share and support faith in diverse contexts. You will be changed—in ways never dreamed. Plan to meet new friends and be awed by the caliber of persons, places, and things. ▽

THE Nurses Calling

Prairie College Brings New Perspective to LPN Education

In a recent article by Chris Fields for the College of Licensed Practical Nurses Association News & Views Magazine, he writes the following story about a student initiated medical mission's trip to Mozambique

The story of the practical nursing program at Prairie College of Applied Arts & Technology (PCAAT) in Three Hills, Alberta is adding new chapters both locally and around the world.

I've come to this small prairie town to interview Candy O'Connor, Dean of PCAAT and some of the students and instructors about a new and unique LPN training program offered in partnership with Bow Valley College. International nursing care and Christian education seem like a natural fit and they have agreed to tell me about their experiences overseas in the spring of 2007.

For second year students Deanna-Marie Schel-

THE Nurses Calling

Prairie College
Brings New Perspective
to LPN Education

[Continued]

“Visiting people in their homes left a lasting impression on me,” recalls Emily, a California girl. “The mud huts, dirt floors, and living conditions were different than anything we know. We met a woman dying of AIDS. She was skin and bones, propped up against a tree, too weak to even sit up. She had recently consulted a witch doctor for help.”

Malaria, eye and ear infections, potentially fatal respiratory diseases, AIDS, Scabies, TB, and worms are rampant. Cutting Tylenol into sections to make sure there is enough to go around is the norm. The provincial hospital has only one microscope and there are no incubators in the preemie wards -- just beds, mosquito nets and the hand of fate determining life or death for children.

With such a short life expectancy there are very few grandparents and too few parents to care for children and pass on generational wisdom. The nursing team was shocked to meet young women who had no concept of basics like menstruation or burping babies.

“For most people, health care isn’t even an option,” says instructor Wendy Dafoe, an LPN and mother of four. “Parents love their children as much as we do but they can’t get their kids the help they need.” Her emotion is obvious.

I wonder if members of the group ever just wanted to sit down and cry because of the magnitude of the need and the severity of the conditions.

“We did a briefing every night,” Candy tells me, “to process what we had seen during the day and make sure there was an outlet for our emotions.” One thing is sure: none of them will ever look at life

or nursing the same way again.

PCAAT is the first Christian vocational college in Canada, combining the technical skills required in today’s demanding LPN role with faith training.

The journey to Mozambique was the catalyst that brought PCAAT to where it finds itself today: more committed than ever to formalizing and expanding the international missions focus of the program. The trip was immensely useful in creating exposure and building empathy and compassion in the students, but garnered them no credit toward their LPN qualifications as this was not the intent of the trip. The skills acquired in Mozambique, they felt, were robust enough to consider an overseas assignment part of the annual clinical practicum so a proposal was made to Bow Valley. The Dean and Nursing instructors are thrilled to receive the go-ahead from Bow Valley to formalize international experience as a second year for-credit practicum opportunity, making Prairie the first LPN training facility in Alberta to do so.

As a result half of the first graduating class of nurses will return to Mozambique in the spring of 2008 to complete their Community Focus practicum. Another non-credit mission trip is being planned to Guatemala for first year nursing students.

Someone mentions Florence Nightingale during our interview. ‘The Lady of the Lamp’ was a woman inspired by a divine calling, a pioneer with an inner strength that guided her down halls of suffering long after everyone else was still.

In a world that too often moves in a ‘blur’, removing faces and names from our life experience, this small college is committed to developing Christian character and a heart that is willing to obey and go wherever God requires them to go. It is a big reminder that the spirit of humanity begins and ends with the expression of compassion -- the traditional heart, after all, of a nurse’s soul.

[Sharing from Candy O’Connor]

While the team was gaining invaluable nursing experience, they also had the opportunity to grow and be challenged spiritually. Listening to the local

witch doctor’s drums beat throughout the night and visiting people who had consulted the witch doctor first but wanted to cover all their bases so also asked for the white man’s medicine—these experiences made a deep impression on the team members.

The greatest spiritual impact came, however, from visiting the local church groups. The incredible poverty, with people, children often not knowing where their next meal would come from and many of whom were suffering or in pain from chronic illnesses or diseases, praising the Lord with such joy and abandonment that radiated through their whole beings. They sang and shared testimonies of God’s goodness in services lasting 2-3 hours.

Coming from a land of abundance, where people are never satisfied with what they have, the team members were challenged with Paul’s statement, “For I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want.” (Phil. 4:12)

The Mozambique Christians had nothing but the joy of the Lord and gratitude in their hearts for His great love and provision for them. They often invited the team to their meager mud hut dwellings to pray a blessing over their families and homes and in return gave the team food, fresh papayas or avocados, which was basically all they had. “To refuse the gift of gratitude was the greatest insult we could give so we always accepted the gifts with thanks but felt so unworthy,” states Candy. “We, who had all the food we needed and more, felt we should be the ones giving to them who had so little.” This was a tough lesson to learn as these people so trusted their loving heavenly Father and relied on His provision that they valued prayer and sharing the joy of the Lord over physical comfort. They were a wonderful example of how the early church must have been.

Mozambique is a land of spiritual contrasts—the light and joy of the growing Christian church beginning to penetrate the incredible darkness and oppression that enfolds the country. While we sometimes debate the existence or reality of spiritual warfare in our modern, North American culture, the PCAAT nursing team got to see it first hand and it was not pleasant or comfortable to be in. ▼

Names, Teaching & Learning

by Hope Graham (Antigonish, NS)

Gloriose Juliet Georges Simeon¹.

Jack Hanna², Steve Irwin³, Natalie Portman⁴.

Paul Kagame⁵, Musanze⁶, Huye⁷.

Kwita Izina⁸, Gacaca⁹.

What is in a name?

The day before Canada Day and Independence Day (Rwanda), 2007, found me sitting among 600+ officials celebrating the third baby gorilla christening. I was closer to President and First Lady Kagame than any Canadian Prime Minister. I could never dream this. Polychromatic tens of hundreds adorned the surrounding hillsides.

Teacher. I just completed two weeks of teaching Nursing Informatics 8-5, Monday to Friday. Intense. Exhausting. As I sat enjoying the alternating clear sunshine and heavy clouds, I briefly

remembered that I still had papers to mark. The students were thirty-one chosen professional nurses thirsting for learning. Exhilarating. Challenging: no texts; last minute changes to lesson plans when I learned no computers were available for the first two class days. Flash drives. Cell phones. Every student had them. (I have not owned a cell phone—yet.) A hotel with a phone in the room that only operated internally.

Learner. Rwanda. The country of a thousand hills. Poetic. Breathtaking. Fifty percent of the Members of Parliament are women. “No malaria transmission above 3000 m,” the *Bradt Travel Guide* claimed... A history of genocide. Heartbreaking. No words. *Shake Hands with the Devil; A Sunday at the Pool in Kigali; Left to Tell: Discovering God Amidst the Rwandan Holocaust; Bishop of Rwanda.* Suffering. Anguish. Hope. Reconciliation. Resilience.

Yesterday. Today. Tomorrow.

Christian. Jesus-follower. How have I lived my name? What justice and peace can I be today? What healing can I bring tomorrow? ▼

1. Students enrolled in the unique Bachelor of Nursing Education at Kigali Health Institute. 2. Renowned conservationist who participated in the gorilla naming ceremony. 3. Australian wildlife expert and television personality nicknamed, the Crocodile Hunter, killed in 2006. A family representative was sent to participate in the gorilla naming ceremony and name one of the baby gorillas, Steve Irwin. The gorilla was given a Kinyarwanda name, too. 4. Star Wars Actress who participated in the gorilla naming ceremony. 5. Fifth President of Rwanda, democratically elected in 2000, forty years after his exile as a three-year old refugee in Uganda. Served as leader of Rwandan Patriotic Front from early 1990s until July 1994 when the war in Rwanda was declared won and a broad based Government of National Unity was set up. 6. An administrative district of the Northern Province, gateway to the Volcanoes National Park and endangered gorillas. The latter were made famous by Dian Fossey, American primatologist, posthumously documented in the movie, *Gorillas in the Mist*. 7. Third largest town in Rwanda. Known as the country’s intellectual centre: Home of Rwanda’s national university and the first secondary school (1928). Former name was Butare (1962-2006). 8. Traditional ceremony in which the community gathers to celebrate and propose names for a newborn child on its eighth day. This tradition was borrowed by tourism to raise the profile of the gorilla naming ceremony. The birth of 23 baby gorillas was celebrated in 2007. 9. (pronounced “gachacha”) is part of a system of community justice inspired by tradition and established in 2001 in Rwanda, in the wake of the 1994 Rwandan Genocide (Wikipedia). Books I read in preparation for traveling to Rwanda.