

Winnipeg General Hospital / Health Science Center

Jubilee Memorial Lecture Representing the Centennial Class of 1967

May 25, 2017

50th Nurses Reunion

A THUMBPRINT ON THE WORLD

Catherine (Steinmann) Phillips Class of 1967



(Thumb Print on the world)

Centennial Jubilee Committee, Alumni Association Members of Winnipeg General Hospital / Health Sciences Center, Former teachers and instructors, Classmates, Guests, Friends and Family: Thank you for this great honor to address you today.

(Thumb Print on the world) This day has arrived – 50 years since we graduated! At our graduation in 1967, Dr. Peter Warner stated, “You are 100 golden girls and two golden boys.” We were also celebrating Canada’s Centennial,

a golden moment. Here we are in our golden years, back together again for Canada’s 150th.

(Blank on the screen) I read if you are to speak for 10 minutes, you need a full week to prepare! For 15 minutes, you need about three days and for a half-hour talk you need only two days. If one hour - well I’m ready now!

About five years ago, I was asked to speak at this event and I remember being floored. Accepting the challenge and knowing the risks of “planning ahead at this golden age”, I said, “Yes.” Many of you are much more qualified to give this lecture and I would have enjoyed listening to you. I do appreciate this honour and privilege given to me today.

(1967-2017) I’m not a specialist in anything, nor do I have extra degrees behind my name. The only thing I really know is the story of my life. So, I’m going to tell you a few stories about my experiences since we graduated 50 years ago, and use them to reflect on the impact and the

impression that nurses can make. Contemplating my journey over these 50 years, many unexpected events came my way. This journey became my home, a journey on a road less travelled bringing joy and pain. How does one condense 50 years into 50 minutes?

First, an up to date verbal selfie. I've raised four children, in four countries, on four continents, in four languages, over four decades, for a good reason. Now all four children are married and including grandchildren we number 12. The nationalities that we represent include: Australian, Trinidadian, Middle Eastern, Ukrainian and, of course, Canadian. The languages the 12 of us have spoken in various levels of fluency include: English, French, Portuguese, Spanish, Turkish, Thai, Shan, Burmese, Italian, Mandarin, Arabic, Farsi, Kalenjin, Swahili, Ukrainian, Russian and Sign Language.

(Slide of African continent with Ethiopia highlighted) This thumb print emerged from the Winnipeg General Hospital almost 71 years ago. At the age of two, I moved to Ethiopia, Africa and later returned to Winnipeg for schooling. My nursing training began in 1964 and I became part of the Centennial Class of 1967.

Where did this dream of becoming a nurse come from? My father was employed as an educator by Emperor Haile Selassie, in Ethiopia, where my formative years were spent. One day walking with my father on the street, I saw a very poor and sickly man lying on the road. I was four years old at the time. Questioning my dad why somebody was in this condition, his reply was, "There are not enough nurses and doctors here to take care of these people. Maybe someday when you grow up you can be a nurse and come back and take care of them."

(Blank) That comment left an indelible thumbprint on my life. My values were shaped by it. It was immensely important to value another human being, even an unknown stranger. His life mattered. In that moment, I learned: "Life is precious!"

(Image of Florence Nightingale with this quote): How does one outwardly express care and compassion, building up and edifying without destroying one's dignity and value? Over the years, it became evident to me that the way I could leave a mark and be most effective was to return to where I was born. I would apply my thumb print by studying nursing.

(Another image of Florence Nightingale with this quote): Florence Nightingale was our earliest model as she said, "Were there none who were discontented with what they have, the world would never reach anything better," and she also said, "Live life when you have it. Life is a splendid gift – there is nothing small about it."

WHY SPEAK ABOUT A THUMBPRINT?

(Blank) Today, I'm not speaking about the imprint made when our thumb touches a glass of water. Instead, I'm thinking about the characteristics in our personalities as we make impressions on others. What types of impressions have we left on the world through our nursing profession and personal journey?

My first assignment was D 4 medical. I was on my way to fulfil my childhood dream! But ... my first day on the ward was almost my last! As I walked down the hall to my assigned patient, my knees started to buckle. I had a fear that this was not for me as I'd always been quiet, shy and introverted. I was terrified to initiate a conversation. What was I doing in the hospital going into a patient's room, someone I had never met before? How would I cope? I was ready to turn around and run. It took all my strength and resolve to walk into that room and introduce myself. It was do, or die. I confess since that day the same sinking feeling in my stomach has often come when faced with difficult challenges.

(Henry Ward Beecher with this quote:) Henry Ward Beecher once said, "Every tomorrow has two handles. We can take hold of it with the handle of anxiety ... or the handle of faith." That day, I had to grab the handle of faith.

MEMORIES IN THE SCHOOL OF NURSING

(Blank) There are so many memories of our student days in residence, classes and on wards. During those times, we learned to share and cooperate with others. We grew to appreciate each other's talents and skills. To give and take in many situations in spite of working evenings, nights and weekends.

Through these experiences, an impression was being left on our hearts and lives. We were being taught how to express compassion and care, applying our thumbprints in ways that could save lives. We needed to learn to be diligent and accurate when giving out meds, and to overcome our fear of giving injections, dressing wounds, bathing patients, writing reports, etc.

Each patient was an individual, a lesson not learned by one of our nurses' aids. She was assigned to take care of patients' teeth on the ward, so she cheerfully collected all the false teeth. She put them all in a basin to clean. Later, she was amazed to discover that each set of teeth had been custom-made. Imagine sorting that out! Her medical career ended rather abruptly that day.

(Blank) Do you remember the March 4 storm? We all had to do extra duty because we lived in residence, covering for those who could not come to work. I recall pregnant women arriving by skidoo to deliver their babies. Our class 'Half-Way' party was postponed.

We can all look back and remember our firsts: bed bath, feeding a patient, injection, birth, death, IV, dressings, etc.

I remember an exciting night in emergency. A police car had come in with somebody who was injured. They left their car running outside the emergency door. When the policemen were ready to leave ... no car anywhere in sight! They had to call other police officers to go looking for their cruiser. At the same moment, we received a call from an ambulance picking up someone injured in an accident. We were preparing to receive this patient when another call came, informing us that the ambulance was involved in an accident and the crew were injured. So, another couple of ambulances were dispatched to collect the injured. That night, police

cars were hunting for a police car, and ambulances were rescuing ambulance crews and others injured.

Around the same time, someone came into the x-ray department and calmly stole the newest x-ray equipment. I don't know if it was ever found.

A couple weeks before my first obstetric experience, I was introduced to my boyfriend's extended family. I was madly in love and feeling nervous about meeting them. His uncles, aunts, cousins and grandmother were all there. It was overwhelming.

Back at the hospital, the big day came for me to accompany a mother through her labour and delivery and post-delivery care of the baby, giving it a bath and making sure the mother was comfortable with breast feeding. We all remember how careful we had to be with cleanliness and technique.

(Blank) I was assigned to my patient. A feeling of horror crept over me, as my patient was my boyfriend's Aunt Marion. I thought, "How am I going to take care of her? She will tell all the relatives how I performed." I didn't know if I would pass the test or not. Well, all went well ... and amazingly they called that little baby David. And I married my David, who is here with me today, always my encourager and supportive in all my endeavors! His guidance and help to edit, prepare visuals for today is greatly appreciated. Thank you, Darling.

D4 Medical, which was my first posting, played an important role in my life. Later, during one summer, my boyfriend David was hospitalized on D4. After graduation, I worked on D4 under the leadership of the wonderful Head Nurse, Miss Fahner, until I was married. She always challenged me to do better, not to become discouraged with the routines of the ward and patient care and to keep striving for excellence.

One memorable Christmas stands out there. A few patients could not go home for Christmas. The working staff and myself decided to make it a special day, with a little record player playing Christmas carols and special treats around the nursing station. It was fun and rewarding for all of us.

FIRST LESSONS – LIVING IN A DEVELOPING REGION OF BRAZIL

(Map of Brazil) David and I ended up going to Brazil. We studied the Portuguese language and Brazilian culture for one year in a large city just outside of São Paulo.

(Picture of a street in Campo Grande with many cattle walking along it). We moved to a region considered to be Brazil's "Wild West". Most Brazilians were surprised we were going "out West".

I was about eight months pregnant with our second daughter. Before moving, our language school teachers, said, "You should stay here in the big city to have your baby ... and then move out west." I confidently responded, "No, I am fine. I had no problems with the first one! I am

sure I can manage. I am a nurse and I know what to do.” I was even thinking of having a home delivery and having my husband help me, but David was not so inclined.

(Pictures of Campo Grande, pop. 600,000) We moved to Campo Grande, a large city, about the size Winnipeg, and at that time. Before I really had time to unpack or even find a doctor, I went into labour.

(Blank) We found a hospital. The little bit of Portuguese I had learned totally flew out of the open window. Suddenly, I could only think in English! Of course, none of the doctors and other staff knew English! The moment came for my delivery. I was encouraged to get up and walk down a long hall to the delivery room. I was terrified the baby was going to just drop.

Eventually, I got into the delivery room. The windows were wide open, no screens on the windows with the breeze blowing in. Equipment was haphazardly laid out. I thought, “Oh no! I’m going to have my baby in this kind of environment!”

Delivery was very fast. After the baby came, the hospital did not provide even sanitary napkins for me, much less anything for the baby. My husband had to run out and buy supplies quickly. Disposable diapers hadn’t arrived in that region, so we used cloth diapers. Every time the baby soiled, the articles were wrapped with masking tape and put on my bed-side table for me to take home and launder. No plastic bag. Just wrapped with masking tape. Amazing to me was that we survived and did very well, in spite of the discharge instructions the doctor gave me: “Give the baby water with at least two table spoons of sugar three times a day.” I hadn’t learned that in our pediatrics class!

The next shock was getting her immunized at the clinic. Mothers lined up holding their babies. My turn arrived. We went into the little cubicle. The nurse held a 10 cc syringe with a small subcutaneous needle. It seemed that she was only estimating the amount for each injection. I quickly decided that I would buy the rest of the vaccination products and continue at home.

The first time my new little baby had a fever, the local ladies told me to get out her umbilical cord. I said, “What do you mean?” “Well you take the umbilical cord, boil it and make a tea. Give the tea to the baby! That will cure everything!” So somebody brought me a dried little umbilical cord. It could be reused and re-boiled until there was nothing left of it. That was another lesson I didn’t recall from obstetrics class. Disregarding this advice, smilingly, I said in Portuguese, “Thank you. Muito obrigada.”

Part of going into the developing world as an RN is learning what is the best combination of local beliefs and practices, and best practices of modern, proven science. Now we are learning more about the nature of the umbilical cord and its medicinal benefits. That old wives’ remedy has some merit after all.

(Blank) My husband was a teacher and we had a middle-class life, but we spent much time with people struggling with poverty. My husband had a student whose infant son never developed. Eduardo died on his first birthday. His father and mother could barely meet their basic needs,

much less attend to their sickly child who, we discovered was hydro-cephalic. When Eduardo passed away, our family was present. David and Milton, the father went into town to buy lumber for a tiny coffin. My daughters, aged four and six, and I stayed with Eduardo's mother and her three-year-old little girl, preparing the baby for burial. We had no undertaker and the body had to be buried within 24 hours. That night at home my four-year-old said, "Mommy, Eduardo will be missing his mommy tonight, won't he?"

Another part of working in slums was learning to share the pain brought on by disease, malnutrition and poverty. This was one of many experiences in which the thumbprint of WGH touched the lives of humble, loving people.

(Picture of the Paraguay River) During our ten years in Western Brazil, our lives overlapped many situations of deep human need in impoverished slums and then in the largest swamp in the world, the beautiful, treacherous, Pantanal.

(Picture of a very large family living on edge of the River) People live along the edges of the Paraguay River system. There is little or no medical assistance for them.

(Another photo of people living along the river) The Pantanal area of Western Brazil was, and is, very needy. Even today, serfdom continues in that area with large landowners virtually holding their workers imprisoned on their farms with no facilities for education or health care.

The very poorest live along the banks of the massive Paraguay River. We got involved with health care and stimulated educational opportunities.

(Photo showing the launching of a boat into the river) David and a friend built a floating clinic to travel along the river. Health teams brought vaccinations and basic health care and dental assistance.

IN BRASILIA

(Map of Brasilia) In 1987, our family moved from the "Wild West" to the capital city, Brasilia. Again, my husband was teaching.

(Blank) Imagine this scene with me in Brasilia one night. You're a student studying at night as you need to work during the day to support your family. You go to evening classes by bus. One evening, on your way to class, you are startled by a horrible sight. Three young boys, ages 8 to 10, burst out of a manhole in front of you. Not only that. They are covered in flames. Their clothing is on fire and they are screaming. Terrified what you do?

These were three of the nameless, unwanted, abandoned street boys of Brazil. My husband's student never arrived at class that night. He was totally shaken. The lack of response and assistance to get the boys to hospital left him bewildered and angry. There were no parents to contact – the boys lived on the street. There was no financial plan to care for them or to help with the burial costs the next day. What to do?

This incident occurred when headlines were indicating that the police forces in Brasília, Sao Paulo and Rio were killing street kids to clean up begging and petty theft in their cities. One police man supposedly killed 52 boys, but he was never taken to trial.

There were also reports of a religious cult outside of Brasilia that performed human sacrifices. It would be no problem to lure street kids to their facility under the guise of “caring for street kids”. These children would not be missed. Again, there was never a court trial.

About that time, I heard a song by a group called “Accappela.” It touched me profoundly and has influenced much of my actions since then. It goes like this:

(These words on the screen) All the people who are living in the cold
With no direction, no place to call their own;
Lacking proper shelter, pain is all they see.
It humbles me completely
Just to know that could’ve been me;
That could’ve been me - that could’ve been me.

(These words on the screen) Pain and the tears, relief unknown,
Questioning why was I ever born;
Starvation in our world is bringing grief;
All the blindness, famine and disease.
I should never take for granted my health, prosperity;
When I know I could’ve been the one with no one to rescue me;

(These words on the screen) That could’ve been me with the homeless;
Not enjoying a happy home;
That could’ve been me with the dying all alone;
Though I know it’s not my destiny;
I’ve been spared from this much misery;
I reach out and try to offer some relief.
That could have been me. That could have been me.

(Blank) This WGH thumbprint went into action. What could be done? We had all been taught the preciousness and value of human life. Our nursing teachers and training were strict. Miss Cameron, Miss Nugent, Miss Yates and others drove these values into us as students in our A&P lessons, medicine, surgery, pediatrics etc.

So, in Brasília we began a program for street children. It was small at first and then it grew to include several projects. A van carried hot meals around the city to street kids huddled together in the night. A team of caring volunteers learned the names of hundreds of street children and

built relationships with them. On an individual basis, they were offered a way out of this precarious life, if they wanted to make a change.

(Photo of home built for street boys) The next step was to enlist people as house parents and purchase property for those who wanted to live in an extended family situation. This included normal family regulations, schooling and counselling. A second home was established for young girls.

Later we secured a farm for boys who learned useful skills in farming, car mechanics and carpentry. A similar program was started for girls.

(Photo of Ricardo) One day stands out vividly in my memory. A street boy by the name of Ricardo was making good progress in his rehabilitation in a home with other boys. He was turning 16 and had decided to make his life count. He was studying and was appreciative in his own quiet way. I made a birthday cake for him and bought him a gift to celebrate his special day at lunchtime. The gift was wrapped in attractive tissue paper with a thin, colorful ribbon. Everyone sang “Happy birthday” and his gift was presented to him.

(Photo of Ricardo and all the people at his birthday party) He didn’t know what to do with it. He picked up his gift, turned it over and put it down. This was repeated several times. His friends called out, “Open it! Open it!” Minutes later, with tears in all of our eyes, he finally opened his first gift ... ever.

(Picture of more street children in Brasilia) I learned there were many others concerned about homeless street children. We interacted constantly with government authorities, NGO’s, charitable and religious groups, becoming one more organization caring for broken lives, widows and orphans, including teenagers. After 14 years in Brazil and making so many wonderful friends, we had seen endless situations where compassion and nursing care were needed.

BOLIVIA

(Map of Bolivia – with Cochabamba city highlighted) Five years after moving to Brasilia, we moved to Bolivia, one of the most impoverished countries of South America.

By now I had experience with poverty in the slums of large cities ... as well as abandoned children, but I was not prepared to encounter the deep human needs in Bolivian jails. My Spanish improved rapidly dealing with this heart-breaking issue.

(Small Bolivian children playing on a floor in a jail) One day, an American friend burst into our home, “Cathie, someone told me there are children living in the prison with their mothers. Is that true?”

(Blank) And sad to say ... we discovered it was true. Women were imprisoned for years for things as simple as not paying their rent on time. Some were there for crimes, like trafficking drugs. Conditions were appalling for all. Food was not provided by the prison. Relatives were expected to bring food for the family each day. Toilet facilities consisted of a trough at the back of the property; privacy was minimal.

The Women's Jail was adjacent to the Men's. The Men's Jail was a building three stories high with a courtyard in the middle. It had a balcony going around the inside, overlooking the courtyard.

In the centre of the courtyard there was a roofless shack for a doctor to use when anyone was ill. Imagine the men's glee when a woman was brought in from the Women's Jail. They rushed to the balcony to have a view of what was happening below, in the shack.

On national holidays, staff would be off duty so, "What to do with the prisoners?" No problem! Just bring in cases of beer, let the men into the women's section and lock the doors.

You know what happened. New babies were constantly being born, unwanted and unloved. I felt for these women who were poor in more ways than just financially. My American friend and I called on the Governor's wife, who was responsible for social justice. We requested permission to improve conditions for both mothers and children. She said, "Yes, if you can get a team of dependable volunteers to work with you."

(Picture of Bolivian prison children happily drawing, writing and learning) So, we did! First, we learned that women inmates could not go out of the building. However, their children could be on the streets all day long. Children could also go to school if someone registered them. So, we started a feeding program for 100 children, enrolled them in school and helped with homework. These children sold sweaters made by their mothers and used the money to buy food to take back into the jail.

Secondly, we were able to build proper toilets at the back of the Women's Jail, putting the 'dug-out trough' out of commission.

Thirdly, we built a medical examining room in the Women's Jail and engaged in many other initiatives to make life more bearable.

Fourthly, a large house on a plaza across from the jail was bought, becoming the school for prison kids. In addition to normal classes, professional development was offered for boys: carpentry, mechanics and barbershop. And for the girls, secretarial, hairdressing, cooking, to name a few. This program continues to this day staffed by Bolivians. This became a model for other women's jails in Bolivia. This was only a small part of the thumbprint left in Bolivia during our three years there.

I was beginning to appreciate more and more how significant our training was in Winnipeg with the emphasis on standards of health, education and cleanliness. We and others were working with Bolivians combating cholera, drought and poverty.

(Photograph of Chagas bug and adobe houses) An acute health need is Chagas. This disease is transmitted by insects that hide in the cracks of adobe-built houses and in the roof without a ceiling. An enlargement of the heart follows the insect bite, with resulting paralysis of the muscles of the heart and a slow death. At the present, there is no cure for Chagas. The only thing to be done is to improve housing conditions and treat symptoms of heart failure.

With these two examples, women's health in the jails and fighting the dreaded disease of Chagas, you can see the close relationship between poverty, injustice, living conditions and the need for an inter-disciplinary approach to medicine.

IN TURKEY

(Map of Turkey, highlighting city of Istanbul) A few more years passed when our lives took another sudden shift. We moved to Istanbul, Turkey, which had never been on our radar. By now, having arrived in our 50's, it was a challenge to learn another language and culture.

(Four different scenes of city of Istanbul) Within only a few days of arriving, I was made aware of the critical human needs faced by refugees and migrants. Not only did I have to learn Turkish, a difficult language; I had to learn about caring for displaced people.

(Two families, eight children in our home, sitting on the couch) For the past 17 years, my main focus has been helping refugees. You are all aware of how this issue has become a worldwide concern, but all through history, people have been on the move.

So, what happens to a family or an individual when they become internally or externally displaced? Huge, unwelcome changes come. First, they lose their wealth and inheritance, often land passed on for generations. Second, they lose their social identity. No one knows their skills and past achievements which were valued by their community. Thirdly, they lose their means of communication: their language and non-verbal ways of communicating.

(The UNHCR definition of refugees) The UNHCR criteria for defining refugees includes: people fleeing from war situations, ethnic cleansing, tribal fighting, religious persecution and political persecution.

(Picture of the inside of the Swedish Chapel) During the Ottoman times, countries with embassies in Istanbul were allowed to build small chapels on their properties for worship. For example, on the British Embassy, a small Anglican Chapel; the German Embassy, a small Lutheran Chapel; on the Italian Embassy, a small Roman Catholic chapel, and so on. Also, small congregations of Greek, Armenian and Syrian Orthodox still remained in Turkey.

During the first Iraqi war called “Desert Storm” many Iraqis fled to Turkey. A number were “Christian orthodox”, coming from Iraq into Turkey, which is 99% Muslim. They soon discovered there was no welcome for them.

(I I M P) With the sudden influx of Iraqi refugees in 1992, seven small chapels and congregations banded together to form the IIMP, the Istanbul Inter-Parish Migrant Program. They have continued over the years and expanded to help many refugees and migrants coming through Istanbul.

(Inside my tiny IIMP Office) I was invited to be the coordinator of this program, which occupied me for many years. Come with me to my tiny office off of Independence Avenue, Istiklal Caddesi, in the center of Istanbul.

(Picture of a refugee family with a child) I discovered that a few groups, Catholic ... Orthodox ... and Protestant, working harmoniously together had more resources than we realized we had ... We helped Muslims, Hindus, Buddhists and Christians. It didn't matter what a person's background was. Their health, physical, mental and emotional were important to us.

(Picture of three African women, each with one child) Countless abused women were on the run, fleeing violent men in homes where they had been employed as nannies. Some were running by foot from neighboring countries, pregnant with no documents, presenting complex health issues after escaping abuse.

(Picture of four Middle Eastern women sitting down) Others, men, women and children had escaped from wars in about 20 countries. Frequently, soldiers raped women in front of husbands and children and then killed the husband. Imagine the PTSD.

I worked with victims of human trafficking every day. Men, women and children were dumped on the shores of Turkey after paying money to smugglers to get out of their country, hoping to arrive in Italy. At times, their documents were kept by the smugglers. People ended up at our IIMP office.

Many refugee women were refused a natural childbirth because a caesarean was more lucrative. Also, we found that women after paying for a tubal ligation became pregnant again.

(Programs of IIMP) The services provided by Istanbul Inter-Parish Migrant Program included a clothing cupboard, three soup kitchens, medical help and referrals. Educational help included language lessons in English, Turkish and French.

We ran a one-room school in English twice a week for refugee children. We gave assistance and documentation for UNHCR; housing assistance; small job opportunities; prenatal and postnatal care with assistance in the hospital at the time of delivery. This involved several volunteers who helped as interpreters. How we needed them! Many languages were spoken by people from the 65 nations that came and my office helper kept track of each person, each family and each situation.

Let me introduce you to a ten of the hundred of clients who came through my office each month.

(Picture of a family with six children) **An Iraqi family** came to our office. The couple had several children came to our office. The father had been involved in this war. He lost his leg, became disillusioned and wanted to change his religion. The family was persecuted. The 12-year-old daughter had acid thrown at her. The attacker missed the girls face, but third degree burns covered her torso, legs and arms. They fled to Istanbul where we were able to help until they were resettled by UNHCR.

(Picture of a man on a hospital bed) One day, Abdullah **from Morocco** was literally carried in by four friends and placed on a chair in front of me. He was pale and looked like he was about to take his last breath. I estimated his age about 20. I studied the huge lumps, the size of tennis balls, all over his body.

His friends said that he had been sick for several days and they didn't know what to do. They brought him to see what help we could give. I took him to a hospital where he was diagnosed with tuberculosis. The large lumps were pockets of TB pus. He was a migrant and he left home to look for a better life. This is different from being a refugee, but just as difficult and painful because of the transitions involved.

Previously, David and I had taken two orphans into our home to raise. They were brothers in their early teens from another Middle Eastern country. Here we were, raising boys from another culture, language and background.

Now, when it came time to find someone to stay with Abdullah in the hospital, guess who volunteered? Our two boys! They gave him 24-hour care in the isolation room, risking their health to help. Often, hospital staff in other countries do not take responsibility for bedside care. That's the work of family and friends.

(Picture of a Sudanese family) Some thumbnail sketches: **From Sudan**, Mohammed came needing a hip replacement. He left his country after his father beat him. His wife had her front teeth broken by her father-in-law. Finding medical help for them took days and weeks.

pause

(Picture of a family, man in a wheel chair) **From Eritria** – Yusef came, paralyzed because of polio. Both his children had Tay Sachs disease.

Pause

(Picture of a young boy with his father). **From Ethiopia**, Hallelujah had autism. His father was beaten for political reasons after a regime change. He was imprisoned. Then, his siblings were killed. His mother was raped so violently she almost lost the ability to walk.

pause

(Picture of a 17 year old from Congo) **From Congo** – Rene, an unaccompanied minor, meaning he was under 18. All members of his family were murdered because of political in-fighting.

Pause

(Two pictures side by side: young woman with one child, and other picture showing another three children) **From Syria** – Rahima at the age of 12, was sexually abused by her step-father and became pregnant and now has six children by the same man.

Pause

(Picture of Iranian man with wife and three children) **From Iran** – Hossein had to have spinal surgery due to beatings after being imprisoned for his political beliefs.

Pause

(Picture of a Mongolian family) **From Mongolia** – Tshmeg, while delivering her third child, her husband and daughter and son were arrested by police and put into the men's jail for being illegal immigrants in Turkey.

Pause

(Picture of two young men from Afghanistan) **From Afghanistan** – many minors forced to stay in basements in Istanbul. Their parents thought it better to send 15 and 16-year-olds away, rather than be forced to fight in their home country.

Pause

(Slide showing the names of previous eight countries and statement: 65 nations, 1/3 of the countries on earth are losing their people as refugees.) I have given you a tiny sampling of the hundreds of people who came to my office every month. I could go on telling stories about people from 65 different nations and hundreds of situations. I did go on, day after day and month after month for eleven years.

(Slide of world map) Monthly, we had between 300-400 clients seeking assistance. The normal processing time for resettlement is 3 to 8 years. During this time the individual or family may not work. Children cannot go to school. There are no social services, and so on. It makes it almost impossible for them to live.

Many of these people were living illegally Turkey. Even if they registered as refugees, they were not allowed to be employed. If a business man gave them a job, he ran the risk of breaking the law.

We often found 30 or 40 refugees huddled in a single unfurnished apartment. They slept on the floor like sardines, sharing one jacket when someone went out into the cold. All were trying to eke out an existence.

UNHCR interviewed all these people. Only about 10 out every 100 were accepted for resettlement in another country. At that time, only a few countries were accepting refugees are: Australia, New Zealand, Canada, USA, Norway, Sweden and Brazil.

WHERE AM I LEAVING MY THUMBPRINT TODAY?

(Map of Canada with words '150 years!') We are the Centennial class. And for this week we are the Jubilee Centennial class. We are celebrating our jubilee. We have lots to celebrate. 50 years of experience after our basic training and 150 years of our nation's life. Watching the world grow and change. Even to be here with health and strength is a blessing.

Stop and think about what's happened over the last 50 years in the world. What questions are we facing today that we were not facing as we graduated? Are those the same questions that nursing graduates today are thinking about? Do younger nurses have different challenges than those we had? Can you remember social issues that we were facing in those days? What were the ethical issues that we had to deal with in our school of nursing?

(Blank) In today's world, it sometimes seems that boundaries have become blurred. During our training days, it seemed to me that things were pretty much black and white. People were either sick ... or well, dead ... or alive, male ... or female.

Yet ethical and moral issues continue to influence our decisions in our practice and caring for people. We need to carefully think through the reasons and consequences of our choices. We need courage to stand up to our convictions and maybe find new ways to support our communities that we haven't traditionally thought of. We know there is an impact on our families and communities by decisions being made by governments, world leaders, medical researchers and developers.

So how do we decide how to live today? Where to put our energies and our resources? How to react in a world marked with suffering and pain that seems to be on the increase? We see horrific things on TV such as war, crime and disasters. Millions of people are internally and externally displaced. Refugees are in desperate situations. Sadly, the list goes on and on, draining our energies and emotions, begging the question whether any **response can be adequate.**

Often governments and political entities are known for their corruption, greed and despicable acts. At the core is a dishonoring of human rights. Such places are known for leaving dirty fingerprints on the lives of oppressed and impoverished people.

But ... I have **handfuls of good news. I am proud** of our profession!

Who but those of **us** in the **nursing profession** are **better equipped** to make a difference to those lives? Our profession is **so versatile**. There are amazing variations in the field of nursing. Each of us has personalized our own nursing style over the years adapting with our own gifting and circumstances.

Collectively, our fingerprints have touched many.

(Photo of Florence Nightingale) We follow in the steps of Florence Nightingale who saw a broken world and took action. She went to Istanbul at the time of the Crimean War, leaving her comfortable life in England. She risked everything to help wounded soldiers and it cost her health. Florence Nightingale left her thumbprint on the staff and patients in that great building in Istanbul and beyond to the world. Years later, our School of Nursing helped us to become useful citizens to the sick, dying, broken and mentally unstable.

Living in an increasingly fractured and broken world, we need to allow ourselves to be broken, that is entering into the feelings of others. It is the cracked and broken hearts that let love out and flow into the lives of others.

We learned about Florence Nightingale's compassion from our earliest days in training. Compassion is different from pity. Pity feels the pain of another person, but does little to help. Compassion, on the other hand, leads one to get involved while still being professional. Pity pulls a person down. Compassion utilizes resources to pull one up, shoulder to shoulder without showing superiority.

(Words of this quote are on the slide) I like this definition: "Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears.

(Words of this quote are on the slide) Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human." McNeil. This is the unique mark each nurse can bring to others.

(On the slide with the logo: Compassion is our thumbprint') Have you thought about how many people are diagnosed with PTSD these days? Everywhere we look, we see results of trauma that are defined as Post Traumatic Stress Disorder. However, we as nurses see death and other traumas taking place over and over. We, like doctors, are present when someone is told, 'I'm so sorry, but you have a terminal illness.' What keeps us going for a lifetime? Why aren't nurses, all of us, suffering from PTSD? Some doubtless are, but we are taught compassion, that amazing quality that brings us alongside another human being with the determination to restore them to wellness.

What we as nurses bring to society is not so much government policies as compassion.

Compassion is our thumbprint. Unique in each nurse, with the lines, swirls and whirls of our own experiences.

(Blank) I thank God for our School of Nursing and the values, practices and ideals we were taught. The value of human life and striving to do all we can to preserve a person's dignity. I thank God for our instructors who insisted on discipline, cleanliness, order and commitment.

These foundational blocks of caring for others in a nursing situation are truly life saving. I say a big thank you to our hospital, School of Nursing, teachers, classmates ... even our patients, for shaping our lives. They equipped us to go into the world and leave thumbprints, marks that are indelible on the lives of those we have touched.

When I was approached nearly 5 years ago to bring this speech today, it was suggested that I speak about my work with refugees. At that time, I thought, “How can I make my work with refugees and migrants overseas interesting or relevant to this audience?” It troubled me over these years.

(Photo of Syrians leaving Aleppo) About that time, the crisis began in Syria, along with worsening problems in so many countries in the Middle East. The world had to focus on the issue of refugees.

(Photo of Syrians arriving in Greece on a large inflatable raft) Floods of people streamed into the countries of the European Union, resulting in chaos and bringing emotional and political upheaval. We’ve all been following this drama while in our homes, watching “from afar”.

In 2015 we had a little shake up in Canada with Prime Minister Justin Trudeau resettling thousands of Syrian refugees very quickly. Over 40,000 refugees came to Canada, settling in large cities and small towns.

Now in 2017, we have had a further wake up call, right on our doorstep. Whoever could’ve predicted that Emerson, Manitoba would be spotlighted as a port of entry? So, this topic becomes very relevant for us here today.

(Slide: Conclusion #1) In conclusion, I have two points. My first is this: **Our country is going to have many more people from other nations.** People **are coming** into Canada from countries where difficult situations prevail. **Canada is becoming** more involved in the international sphere. And, in this environment, **people coming expect someone to show compassion.**

Ultimately, government policy decisions are not where we are at as nurses. My experience is that nurses are far more likely to be hands on than spending time debating what governments should, or should not, be doing.

(Slide: Conclusion #2) My second point is that **we all have opportunities around us which invite our personal involvement.** That might be with refugees. Or, it might be with homeless children, or we might want to identify with far-off countries experiencing drought and conflict or ...

Some of us mainly exercise our nursing skills in our home with our family; some in hospitals, some teaching, some in the community, others in research or overseas assignments. Some are employed full-time, others part-time. The combinations are endless.

(Picture of ferry crossing the Bosphorus) Every day on my way to my office at Istanbul Inter-Parish Migrant Program, I went across the Bosphorus by ferry boat. Please don’t ever feel sorry

for anyone who has to cross the Bosphorus, unless its during a winter storm. What a beautiful part of the world.

(Picture of the HUGE building with four towers, one on each corner) I passed the enormous building which is now the headquarters of the Turkish army, but I always glanced at one of the four towers. The tower on the far left is where Florence Nightingale had her office. She walked down the circular staircase to her hospital, which were the long corridors. To walk around her hospital ward took more than one kilometer. Today that building is the Turkish Pentagon, the headquarters of the Turkish Army.

(Map of Crimean War and dates, showing wounding soldiers sailing across the Black Sea to Istanbul) Florence Nightingale began her career as the head nurse during the Crimean War and she responded in a time of great need to soldiers who were dying from the wounds of war. I had a great privilege to finish my career in Istanbul, Turkey, passing every day in front of that massive construction, on my way to meet men and women, boys and girls who had been damaged by wars, many of them little known to us in the West.

(Photo taken inside Florence Nightingale's room / office) I have been in Florence Nightingales' bedroom where she wrote many of her articles. Her writings are on display in a small room at the top of the tower. She thought through the many issues and challenges facing the wounded men downstairs, in those long hallways, soldiers struggling to come back from bullet wounds. Her large room in that tower is now a museum. We are all familiar with the images of her patients, the ones who made it back from the Crimean War.

(Words of Florence Nightingale's quote are on the slide) This is what she wrote later in her life. "If I could give you information of my life, it would be to show how a woman of very ordinary ability has been led by God ...

(Words of Florence Nightingale's quote are on the next slide) ... in strange and unaccustomed paths to do In His Service what He has done in her. And if I could tell you all, you would see how God has done all, and I nothing."

Friends and colleagues!

(Logo with Thumbs up!) Thumbs up!! Let's carry on compassionately imprinting the world with what we have learned here at Winnipeg General Hospital.

Let's make our thumbprints count! Thank you for being here for this gathering, and just as important or more, thank you for the thumbprint you are leaving on the world because you are a nurse!