



PNAOW connect

PHILIPPINE NURSES ASSOCIATION OF AMERICA

OREGON AND WASHINGTON CHAPTER

P.O. BOX 87191, VANCOUVER, WA 98687 PNAOW.ORG

Newsletter

Vol. 04 Num. 04

SPRING 2012

TABLE OF CONTENTS

PNAOW EVENTS AND HIGHLIGHTS

BY MARYLYN TOLLISEN
... Pg 1

FROM THE PRESIDENT

BY MADONNA DEOCAES
.... Pg 2

HISTORY OF PNAOW

BY MERCY GALICIA & MADONNA DEOCAES
... Pg 2

MEMBERS' CORNER:

FILIPINO NURSES IN AMERICA

BY EMMA MIJARES
... Pg 3

LOOKING BACK

BY CARLOS VALLE
... Pg 4

FUNNY BONE CORNER

BY MYRNA BISQUERA
... Pg 3

FOR THE NURSE:

CUTURAL SAFETY INTEGRATION

BY KATHY MOSLER
... Pg 4

RECIPE FOR FRIENDSHIP

BY ANONYMOUS
...Pg 2

1950 NURSING SCHOOL

BY CHICAGO SCHOOL OF NURSING
...Pg 2

PATIENT/FAMILY PERSPECTIVE:

HOW I SEE MYSELF

BY THE FORUM
... Pg 4

ADVERTISEMENT:

MASQUERADE BALL FLYER

BY PNAOW
... Pg 5

ORIGINAL CREATIONS

BY VIVIAN TADEO
... Pg 5

CANCER & THE HUMAN CONDITION

BY DR. PUKEL
... Pg 5

Events and Highlights for this quarter...

For questions regarding this article, contact:
pnaa.ow@gmail.com

By Marylyn Tollisen, RN, OCN, CMSRN

OUR MEMBERSHIP continues to climb with participation in activities increasing. Our last meeting in March was well attended. The members present were all able to share their thoughts giving the association invaluable ideas and opinions..For those unable to join and wanting to be heard, please do share your thoughts. Email them at pnaa.ow@gmail.com.

THE FINANCIAL records were transferred to the current treasurer by the outgoing treasurer during the last meeting. The current financial report will be emailed to the auditor this month. For questions regarding the financial aspects of PNA-OR/WA, please direct them to the Treasurer, Marylyn Tollisen or to Joy Bisquera, PNAOW's Auditor at the email address above.

AN EDUCATIONAL opportunity regarding breast cancer was presented to the association for consideration. The speaker is awaiting our invitation to conduct a free seminar whereby attendees will earn Continuing Education Units (CEUs) for nurses. The new mandate by the Wahington Board of Nursing for RNs working in Washinton

to have 45 hours of CE every three years, 7 hours of pain-related CE for RNs working in Oregon (Medscape, 2012), are two of the many reasons this learning opportunity should be welcomed by the association. For those interested in bringing this educational opportunity to our group, please let PNAOW's Vice-President Mercy Galicia know via the email address above.

PNAOW's website needs updating and expanding. Members' input concerning how the updated website should look is needed not only to encourage diversity of the site's content but also to create a website where members are given a chance to contribute to the site's purpose. So far, suggestions received include: implementation of educational content, opportunities for members to pay dues online, advertising opportunities for both members and businesses with similar goals with the association, easy to navigate, appealing design. Please direct your ideas to Catherine Hopf, PNAOW's webmaster via email at the above address. We will appreciate any and all of your ideas!

The 10th Anniversary of PNAOW will be celebrated with a Masquerade Ball on September 29 at the Red Lion Hotel at the Quay. See the flyer on page 5 for more detail on this event. The entrance fee is \$40.00 per person and includes parking, dinner and dancing from six to midnight. There will be a DJ and a cash bar all night. We will also have a silent auction with products and services from local sponsoring companies and possible door prizes. If you, your company or friends are interested in advertising your business to healthcare professionals and their families, donating products or services to the silent auction would be a great idea. 100% of the proceeds will benefit the 2013 medical mission of the organization. If interested and for tickets, email Madonna Deocares, PNAOW's President at the above address..

Camping and a picnic are planned this summer for PNAOW members and their families in celebration of the association's 10th Anniversary. The camping is planned to be on August 10, 11, 12 at Thousand Trails, Pacific City , OR. Date, time and location for the picnic is yet to be determined. For Questions , please direct them to our Public Relations Offcier Maria Susi at same address noted above.

Join us in attending the Western Regional Conference on April 27-28 at the Westin, San Diego. Network with Filipino-American nurses from all over the Western United States. Escape the rain and the cold for the weekend while learning something new!

Nursing Scholarship Awards are being given by the Philippine Nurses Association of America (PNAOA). The PNAOA is now accepting applications. The awards are worth \$2,000.00 each of four different receipients currently pursuing a Master's Degree in Nursing, a Post Master's Program or a Doctoral Program. Deadline for turning the application is May 7, 2012. For more information and to download the application form, please click this hyperlinked address: PNAOA Nursing Scholarship Award Guidelines.

Newsletter article submissions are welcome from members and non-members alike. The **PNAOW link** is the official newsletter of PNA-OR/WA published quarterly. Please submit your articles two weeks prior to the end of the month of the quarterly edition.

Please join us in
our first bowling
event this season!

Date: June 2, 2012

Time: 10:00 A.M. to 12:00 P.M.

Place: Allen's Crosley Lanes

2400 E. Evergreen Blvd.

Vancouver, WA 98661

Phone: 360-693-4789

We are what we repeatedly do. Excellence, then, is not an act, but a habit. ~ Aristotle

PNAOW Mission Statement

To promote fellowship and unity among Filipino nurses and to foster positive image in the community by maintaining nursing values, uniqueness, excellence, compassion, and dignity of the nursing profession.

WELCOME!

Jocelyn Lim Ware, Vancouver

Hannie Yu, Federal Way

Arlene Richards, Vancouver

Margaret Suplido, Happy Valley

Rachelleanne Manahan, Clackamas

Rose Fields, Vancouver

Emma Mijares, Vancouver

Rem Susi, Portland

Marilyn Mapile, Portland

FROM THE PRESIDENT...



Madonna Deocares, RN

Greetings to PNAOW friends and supporters!

Please allow me to talk about PNAOW MEMBERSHIP and an EDUCATION OPPORTUNITY in this newsletter.

With everybody's packed and hectic schedules these days, joining an association such as PNAOW may seem to be the lowest priority on your list. Taking care of our families and raising our young children while working fulltime may seem to be more than enough - who has time to attend meetings and social gatherings, right? But deep within you, you know you want to belong and be a part of your professional group. You know as a nurse that you want to respond to needs especially in an emergency situation. The

profession you have chosen reveals your passion to care. Why not give PNAOW a try? Please check us out at our website@pnaow.org.

I thank all of you who are already members for your support. With our conflicting schedules, some of you may not be there for meetings but with our sophisticated technology of communications, you will still be there in the loop. Your voice will be heard, considered and valued! Please check our website and your email regularly.

a weekend seminar in San Diego on April 27 and 28th, 2012. Very interesting topics such as "Power up your nursing GPS" to "Taking care of transgendered patients and their families" will be covered. We will have the opportunity to listen to keynote speakers from different parts of the US. If interested, please email me: madjmsm@yahoo.com. It's a great opportunity to update our knowledge and be the best nurses we can be!

Madonna Deocares
PNAOW President 2012-2014

EDUCATION OPPORTUNITY: Meeting the new WA/OR state law regarding continuing education credits can be fulfilled by attending our seminars offered by PNAA. I am inviting you to attend

PNAOW HISTORY AND ACCOMPLISHMENTS

By **Mercy Galicia, RN and Madonna Deocares, RN**

In September of 2002, a group of Filipino nurses from Providence/St. Vincent, Providence Portland, Southwest Washington Medical Center, and Oregon Health and Science University Hospital, headed by Fred Calixtro, formed this association with the aim to assist nurses with open heart, mind and acceptance of their need to be mentored with respect. It was our desire to support each other with the aim to create a strong and cohesive group fostering continued personal and professional growth of the individual member. We wanted to see good nurses stay in nursing and move up in their chosen specialties.

We have come a long way. We have taken many small steps, and these combined efforts have created impressive results.

With the continued support of our dedicated members, these are PNAOW's accomplishments over the last nine years: we were able to fund three medical-relief missions in Capiz, Bicol and Nueva Viscaya. Every year since 2006 the association has volunteered in the feeding of the hungry through the Faith Café Program. We join forces with other volunteers to review immunization records and give immunizations on behalf of the Department of Health, Washington County in Oregon. We also partnered with the Colorado Chapter in building a home for our kababayans through the Gawad Kalinga of PNAA. In 2009, PNAOW has granted educational scholarships to two college students. We also hosted PNAA's Western Regional Conference in 2007.

To keep a healthy bank account and to be able to fund all of our community outreach programs, we are active in our yearly fundraisings. These include bowling, garage sales, and dinner dances. Although PNAOW members are not the best cooks in town, we introduced "Taste of the Philippines" to the community by serving authentic Filipino dishes. Some of our members also provided meals during our scheduled monthly meetings for a fee. Not to forget, the most fun way to fundraise has been to charge penalties to the latecomers during our special events. PNAOW is proud to say that our members do well in supporting our community and providing help to our less fortunate kababayans in the Philippines. We believe in caring and in giving back and we will continue to do so.



NURSING THEN...

RECIPE FOR FRIENDSHIP

By **Anonymous**

1 cup Courtesy
1/2 cup Patience
1/4 cup Forgiveness
2 cups Understanding
1 cup Friendly Words
A pinch of praise
Add a dash of Wit and Humor

No baking, steaming, or stewing necessary.
Season with Faith and Confidence, serve in generous portions and top with Kindness and Love



BE A Nurse

MAKE \$35-\$45 A WEEK

You can learn practical nursing at home in spare time. Course endorsed by physicians. Thousands of graduates. 51st yr. One graduate has charge of 10-bed hospital. Another saved \$400 while learning. Equipment included. Men, women 18 to 60. High school not required. Easy tuition payments. Trial plan. Write today.

CHICAGO SCHOOL OF NURSING
Dept. 5211, 41 East Pearson Street, Chicago 11, Ill.
Please send free booklet and 16 sample lesson pages.

Name _____
City _____ State _____ Age _____

ADVERTISEMENT FOUND IN THE NOVEMBER 1950 ISSUE OF THE WORKBASKET MAGAZINE

NURSES IN AMERICA

Importance of Family
By Emma Mijares, RN

A FEW months ago, my sister had a party at her house and it was a “Filipino party”, also it was a welcoming party for me moving back to live near the Vancouver/Portland area where my sister and her family live. At that party I met most of the Filipino members of PNAOW of which I am now a member. At one of the PNAOW events that I attended Marylyn mentioned an article space where I could share my experiences with fellow PNAOW members. I would like to write about my experiences as a Filipino Nurse in America and share with all of you the success, the pain and everything that a Filipino Nurse experiences here in America. I have asked myself many times if what I have experienced here in the US is not trivial compared with others’ challenges, but I hope that sharing my personal experiences might inspire Filipino nurses to cope with all the challenges that they encounter here in America. Whether you are new here or have been here for ages we are not spared from the realities of life - living in a strange land then making it our home. So first and foremost I would like to talk about the importance of FAMILY.

Almost 3 years ago I contracted a sudden and nearly fatal illness that a healthy person would never have expected. At that time I had 2 jobs – one fulltime in an Ambu-

latory Surgery Center in Houston and a 2nd job in an inpatient surgery center as an On Call Surgical Nurse. One day I came to work even though I had the flu since we were understaffed. I had decided not to call in, thinking that I could get this over with and could work it off. On the 3rd day of my illness, I developed a dry cough for which I thought maybe I could just take over the counter cough medicine – I took this for a couple of days. On the 5th day of my illness while working, I decided to go home since I was not feeling well. That night I walked into the emergency room with dull pleuritic pain on the right when I breathed. The ER nurse took my blood



Emma and Rose

pressure and told me my BP was too low – I insisted that my BP always runs 90/60’s but she told me “well, your BP is now in the 70/30’s”. They told me I was to stay overnight in the ICU. I thought “well, I have the signs of pneumonia” so I agreed to stay. After a few hours of going through some blood works and

chest x-ray they wheeled me to the ICU telling me that I need a PICC line, and soon after telling me they were to change my Nasal Cannula to a Face mask. At that time I was thinking to myself “relax and just rest” but I couldn’t help looking at my monitor as my Respiratory Rate increased to 30-40’s while my saturation dropped. Eventually one of the Filipino nurses who was trying so hard to stick me (the 3rd time) for my PICC line gave me a hint that I was to be intubated due to my condition. I dreaded that it would go to that as I was realizing from the way they reacted urgently when my monitors would alarm – they said “we need to switch you to a non-rebreather”.

Reality sank in – although I had lived in Houston, TX for 13 years I had no immediate family that lived close to me. I have been so independent most of my life that for me it was fine living away from my relatives. It hit me suddenly that I needed to inform my brother in New York and my sister here in WA – which at that time she was in Hawaii on a cruise. I was given 5 minutes to use my phone between breaths and I informed both my brother and sister that I was about to be intubated and for more information they should contact the nurse’s station directly. That was the last time they heard from me. While I got intubated – my brother and sister planned to fly in to Houston as fast as they could to find out what’s going on with me. I was diagnosed with empyema, respiratory failure and septic shock. I was intubated for 2 weeks - a chest tube drained almost a liter of pus and had a central line due to poor vein access. Through those 2 weeks – they said I had 15 specialists – 2 of whom were Cardiothoracic Surgeons that were consulted for a possible thoracotomy. All of the specialists had almost given up on me at one point as I was not responding to any of the highest form of antibiotics. They had tested me with every

test that they could think of and all the test results were coming out negative. The last recourse was an immune booster that my family was told that they don’t hook up to patients unless they think that they won’t make it. I was given 4 days to respond to it - if I didn’t, it was not expected that I would survive that illness.

After I survived that event I realized that if not for my siblings and family being there the whole time I was sick.... I would not have survived it. After that event my sister took care of me for 6 months before I was able to get back to work again. One of our greatest values in our Filipino culture is FAMILY Support - whatever situations we are in we always have our family supporting us. This differentiates us from other cultures and I would recommend the rest of us that are here in America revive that culture as some day we will need our family one way or the other. Today, our family has never been closer - we outlived our differences and learned how to coexist with each other and live together closer with better understanding, support and more love. Here’s to every Filipino that is here in America – whether you have your family here or not please do reconnect with family or create a new Family here in America and support each other. I thank my parents who brought us up in the right way and my siblings for always being there no matter what. To my one and only sister Rose for her unconditional love, thank you!

LOOKING BACK...

...and Giving Back
By Carlos Valle, RN

AS A child growing up in the Philippines, I experienced hardship in an impoverished community. My cousins were desperately poor – for lack of nourishment they could do nothing but lie in bed and sleep. Their meal consisted of only rice with a little sugar and tea added. One egg was stirred until it filled a pan and could be sliced in eight portions.

Coming to America, I saw that food is plentiful and often wasted. How I wished that my cousins and others in their impoverished community could taste and enjoy

the plentiful food that we have here. I could not forget their situation, and promised that when I had enough money or other resources I would do something to help. After establishing my hospice business, it was time to act – I founded a nonprofit foundation – the “Good Samaritan Foundation” – with the mission of helping feed the poor or helping them find means to end their hunger. This was a difficult undertaking, so I reached out for the assistance of philanthropists and other good-hearted people who have been able to give donations or assist me in carrying out this mission.

Donations to the foundation are tax-deductible. Remember Jesus’ words – “that which you do to the least of my people that you do unto me”. God Bless!

With a loving and gentle approach

PINNACLE

www.pinnaclehospicecare.com

Hospice Care

2020 SE 7th Ave #310 • Portland, OR 97214

(503) 236-7454

Carlos P. Valle

FuNnYBoNe
Corner...jokes collected by Joy Bisquera, RN, CMSRN



A 54 year old woman had a heart attack and was taken to the hospital. While on the operating table she had a near death experience.. Seeing God she asked “Is my time up?” God said, “No, you have another 43 years, 2 months and 8 days to live.”

Upon recovery, the woman decided to stay in the hospital and have a face-lift, liposuction, breast implants and a tummy tuck. She even had someone come in and change her hair colour and brighten her teeth! Since she had so much more time to live, she figured she might as well make the most of it. After her last operation, she was released from the hospital. While crossing the street on her way home, she was killed by an ambulance.

Arriving in front of God, she demanded, “I thought you said I had another 43 years? Why didn’t you pull me from out of the path of the ambulance?”

God replied: “Shoot! I didn’t recognize you.”

CULTURAL SAFETY

INTEGRATION

The attitude of the nurse wields power, and can open or close doors.

By Katherine Mosler, RN, OCN, CMSRN



NONMALEFICENCE, BENEFICENCE, autonomy, justice, and confidentiality are ethical principles followed by every registered nurse (RN) throughout the country. The ethics built into an excellent nursing practice are considered by some, to be of more value than comprehension of the law, since to practice ethically or morally, you follow the law (Silva & Ludwick, 1999). But as the world's borders grew more diverse with travel and migration, the broad definitions of those ethical principles was not enough. A concerted effort had to be made to recognize and value the patient's cultural background and incorporate that same cultural perspective into suitable care. To distinguish the culture of the patient and deliver best practice care based on the whole person (illness and culture) is to respect the individual (De & Richardson 2007).

INSTEAD OF just defining differences between people of differing ethnic backgrounds with terms like transcultural, cultural awareness, or cultural sensitivity (Leininger, 1991), a more integrated healthcare model was needed. As a result of overwhelming prejudice, the concept of cultural safety evolved from the nursing practice of Irihapeti Ramsden, working with the indigenous Maori population of New Zealand, to assist caregivers in examining their own values, attitudes, and behaviors. Since everyone is not the same, the goal of cultural safety is for the provider to understand their own beliefs and biases to better embrace and serve their clients (Srivastava, 2007). Cultural safety requires nurses to accept the uniqueness of each patient (Papps & Ramsden, 1996).

RAMSDEN, A native of New Zealand, RN, and Maori on her mother's side of the family, personally witnessed and heard numerous testimony of inequality, inappropriate, and insensitive healthcare services forced on the Maori people by a predominantly white medical profession. Many of the Maori held the belief that the hospital was a place where people went to die and could not be trusted. The political and cultural climate fueled the prejudicial belief that the Maori people had little or no value compared to their white European counterparts, and trends in poor-health outcomes for the Maori reflected that stereotype.

WHAT BEGAN as distress over social injustice, ethnicity, and Maori culture quickly changed focus to nursing, and the power and prejudice held by nurses.

Ramsden's concept of cultural safety placed emphasis on the behaviors and attitudes of the nurse instead of the patient. Her concerns lay in the social conditioning of nursing educators, nursing students, the medical community, and New Zealand society as a whole. She felt it was necessary to speak to unconscious attitudes and power that lay in the hands of those caring for the Maori. Socially established racism in the healthcare profession as well as the personal racism demonstrated by healthcare employees needed to be acknowledged by the institution, as well as the individual. Cultural safety campaigned and instigated breaking down long held stereotypes founded in the British settlement and colonial rule of the New Zealand islands that permeated the healthcare institution (Ramsden, 2002).

CULTURAL SAFETY has a two-fold purpose. First, the nurse puts safety in motion by examining attitudes and biases. Second, it is an instrument used by the patient to determine if they feel the care they're receiving is safe. The word "safety" was chosen to give the patient an individual sense of power (Ramsden, 2002).

RAMSDEN'S NURSING career is filled with many examples of the Maori looking to her for help within the hospital because they trusted her alone. One particularly interesting example revolved around her work as a charge nurse on a respiratory unit, she realized that the Maori men being cared for were not receiving total or accurate information about their health, progression of illness, or the reasons for tests. Nor were their needs being met. This was done as a way to manipulate or control the nursing routine, as well as an indication of the lack of respect the staff held for the men. This increased the distrust the patients held for the staff so as a result, many patients did not adhere to medication routines or doctors orders. Making changes in her unit based on patient's needs, she started providing the men with information about tuberculosis (Tb). She had diseased lung tissue from sheep preserved to show the men what Tb actually looked like. She allowed the men and families access to the patient's medical records and x-rays. She established, with the medical staff, a way for the men to ask anonymous questions about sexuality. She had Maori food choices put onto the hospital menu to give the men an opportunity to eat foods they liked. She obtained permission for physical therapists to bring carving

tools into the unit. She designated a no smoking area within the unit. The results were increased adherence to medication regimen, a more positive attitude on the unit, and a decrease in smoking within the oxygen-rich environment (Ramsden, 2002).

UNFORTUNATELY, RAMSDEN met resistance from many of the staff on her innovative nursing care. Much of the reluctance to acknowledge the progress she made on the respiratory unit came from older nurses, who might have been apprehensive about exposing their lack of knowledge, communication, and clinical skills. Many times, the night shift would undo the accomplishments achieved during the day. The horizontal violence she suffered at the hands of her coworkers ranged from mistrust of her nursing skills to verbal abuse. When Ramsden left the unit, she was stripped of her charge nurse status and demoted to an unpopular area of the hospital. All the changes she made for the benefit of the Maori patients were reversed (Ramsden, 2002).

ANOTHER GLARING instance of mistreatment of a Maori mother by nursing staff, happened without a single word spoken. The mother brought her baby in for a vaccine, yet the nurse at the reception desk would not acknowledge her until she was finished with her task. When the nurse finally looked up, the disgust was so obvious that the mother shrank away and left. Although no words were exchanged, the actions of the nurse were so powerful that the woman felt indicted on imaginary charges; her appearance, her baby, her ethnicity (Ramsden, 2002)?

THIS WAS just one of many examples that helped Irihapeti learn that barriers to service are powerful and come in many different ways. The attitude of the nurse wields power, and can open or close doors. It is the nurse's responsibility to make the patient feel safe by recognizing inhibitive attitudes (Ramsden, 2002).

IRIHAPETI RAMSDEN'S cultural experiences resonate throughout the world, including the United States (US), where the culture in the majority represses



(Worldofmaps.net, n.d.)

FOR THE NURSE

the culture in the minority. Our shameful past of socialized prejudice and devaluing of human life is not totally resolved, yet great strides have been made to ensure equality for all ethnic groups. Hospitals all around the US have core standards of care in place to ensure quality nursing, yet there are still groups of people who do fall through the cultural safety cracks. Homeless clients, patients admitted with addictions, morbidly obese individuals, and people with frequent admissions for non-adherence are groups that are likely in danger of prejudicial attitudes by nursing staff. Although this is a much smaller scale than the prejudice and injustice suffered by the indigenous Maori people, there is still a large population of "social misfits" that are distained by those providing care.

THE BEHAVIOR of every nurse falls under the umbrella of ethics. Even though cultural safety encompasses each ethical principle: nonmaleficence, beneficence, autonomy, justice, and confidentiality, it could possibly be added as a principle its own. Reading Ramsden's thesis was enlightening and provocative. The insight gained is so valuable that it should be required for every student nurse!

REFERENCES

- DE, D., & Richardson, J.** (2007). Cultural safety: An introduction. *Paediatric Nursing*, 20(2), 39-43.
- LEININGER, M.** (1991). *Culture care diversity and universality: A theory of nursing*. New York, New York: National League for Nursing Press.
- SILVA, M. C., & Ludwick, R.** (1999). *Ethics: Interstate nursing practice and regulation: Ethical issues for the 21st century [Supplemental material]*. *The Online Journal of Issues in Nursing*, 4(2), . Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace...>
- PAPPS, E., & Ramsden, I.** (1996). *Cultural safety in nursing: the New Zealand experience*. *International Journal for Quality in Health Care*, 8(5), 491-497.
- RAMSDEN, I. M.** (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. Retrieved from <http://tur-www.1/massey.ac.nz/~wwwcphr/kawawhakarurhau/RAMSDEN%20THESIS.pdf>
- SRIVASTAVA, R. H.** (Ed.). (2007). *The health care professional's guide to clinical cultural competence*. Toronto, Ontario: Mosby Elsevier .
- WORLD OF Maps.** (n.d.). *Map of New Zealand*. Retrieved from <http://www.worldofmaps.net/en/oceania/map-new-zealand/map-cities-new-zealand.htm>.

HOW I SEE MYSELF REFLECTS...

...how I see my Higher Power

By Elizabeth R., Arizona

GROWING UP in an alcoholic home left me with many wounds and bruises. I was hurt spiritually and emotionally. As I got older and formed new relationships, I didn't understand why those wounds never healed. Instead, it was as if they opened, bled, and were often infected with expectations and disappointments. Realizing I was powerless over my childhood was my First Step. I didn't cause the dysfunction in my home, I couldn't control it, and I certainly couldn't cure it. That required something bigger than me. I was told my Higher Power could be whatever I want it to be. I chose a Higher Power that was bigger than all the hurts I had experienced. Making that decision made it possible for me to look at all of my wounds - real and imagined. Some were more tender than others, and my Sponsor showed me that in order to heal I must expose them all. Since I didn't know how to take care of my wounds, I let my Higher Power take the lead and had Him show me, "One Day at a Time," one wound at a time, what to heal and when. When I listed my wounds, I prayed for the willingness to forgive those that I'd hurt and those who hurt me. In my quiet time, I continue to let my Higher Power heal me and direct me to the places that still need care. He is my protection today. I am grateful that as a result of working the Steps, my scars have turned into stars. Today, I have the privilege of sharing this wonderful program of healing.

PATIENT/FAMILY PERSPECTIVE



HANDMADE BAGS

original design and creations



BY

Vivian Tadeo

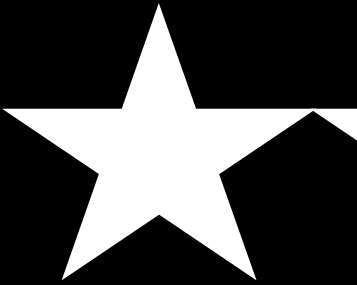
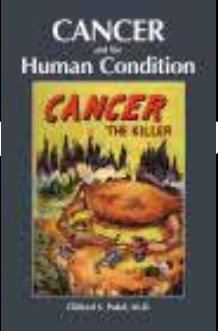

(360-574-6275)






A book which probes the Medical, Spiritual, and Historical aspects of cancer


Clifford S. Pukel, M.D.

Cancer



and the Human Condition




<http://www.cancerandthehumancondition.com>

Amazon.com

Barnes & Noble

e B o o k s



Masquerade Ball

Celebrate the Philippine Nurses Association of Oregon and Washington's

10th

Anniversary

All proceeds from the ball and silent auction will benefit the 2013 Medical Mission of the Association

Featuring free parking, cash bar, a DJ, an elegant dinner, refreshments, and a formal dance of mystery

\$43

Saturday, September 29th | 6pm to midnight

The Red Lion Hotel @ The Quay

<http://www.pnaow.org> or pnaa.ow@gmail.com