



Individuals Sharing Abundance for Aid and Care

[Note: This report was written by Dr. Jane Weaver in July, 2002, when she was working in a government hospital as part of the requirements for obtaining her Ecuadorian medical license. Although the story is several years old, it is an eye-opening example of how the healthcare system functions in many developing countries.]

I would like to share with you a little bit about what it is like to be a patient in a government hospital here in Ecuador. Also, and probably worse yet, what it is like to be a family member of a patient who is being cared for in a government hospital.

Johana Minda is a four-year-old child who was diagnosed at birth with a hole in her heart, a ventricular septal defect. At that time, her parents were told that this would need to be repaired when Johana reached four years of age.

Johana is one of four children. She has an older brother, an older sister and a younger sister. Her mother, María, attends the evangelical church in Pifo (near my home in Tumbaco) with the children.

Johana had her surgery on June 26, 2002. This required open-heart surgery and being put on a bypass pump. What a hassle the whole process became – and a huge learning experience. I'm not sure how anybody ever makes it out of the operating room alive at Eugenio Espejo.

We first heard about Johana and her health problems in February, 2002. So, it took from February to late June to get her surgery scheduled. We became involved in her care when the pastor of our church in Tumbaco asked for our advice and help in taking care of Johana's health problems. At that time, I was working in the largest government hospital in Ecuador, Hospital Eugenio Espejo, as part of the requirements for

obtaining my Ecuadorian medical license. This was the hospital where Johana was being seen.

In the beginning there were doctors' appointments with the cardiologist and the cardiovascular surgeon.

One of the tests needed at the beginning was a cardiac catheterization. Both the Pifo and the Tumbaco churches took up offerings to help pay for the catheterization, as the family is so poor they often don't have enough money to buy food.

Preoperatively, our concerns included: arranging to get the oxygenator/pump from INNFA (Instituto Nacional del Niño y la Familia) – an Ecuadorian organization that frequently helps with health care needs of children and families, buying a bovine patch that would be used for the surgical repair, paying for the surgery, and arranging to have blood and fresh frozen plasma available for the surgery.



Four-year-old Johana Minda

I discovered during my time in the government healthcare system that the social worker is the most important person in the hospital. So, when they finally began talking about the surgery and how much it would cost, María was sent to the director of social work in the hospital. INNFA was supposed to help pay a portion of the bill. The social worker gave María a written estimate of all the charges associated with the surgery – which came to about \$2,251.00. This included the surgery, the patch, the oxygenator and other miscellaneous charges.

I spoke with the social worker one day, and she knew that INNFA would help with part of the bill and we (the ISAAC Network) would help with part. I didn't want to say what we were willing to pay until INNFA had said what they were willing to pay. They found out somehow that we were going to help, and so they wouldn't say either. I finally threw out a number for the amount we would contribute, hoping that they would then admit what they were willing to pay. They never did. We actually never got any help from INNFA.

One of the biggest hang-ups was the oxygenator. First, we were told that the oxygenator came from INNFA, and that we would have to pay the money for the oxygenator TO INNFA. Then they told us no, that ALL money should be paid to Eugenio Espejo (EE), and that included the money for the oxygenator. It ended up that the former was true.

FINALLY one day Sheila (the director of Community Development at HCJB World Radio) and Dámarys (Sheila's secretary) came to EE to try to pay all the bills at the same time. They came, and I found them and accompanied them to the seventh floor (pediatrics) where the social worker in charge of Johana's case was working. We took care of three things that day.

The surgeon had filled out the "parte." This is basically the request for surgery – it lists the patient's name as well as the diagnosis and what procedure is planned. It also includes the consent for surgery on the reverse side. We took the parte to "caja" (where you pay) and paid \$280.00 for the surgery itself.

We also found out we had to pay for the oxygenator at INNFA with a CERTIFIED check. So – what we had to do was give Dámarys (who has an Ecuadorian bank account) \$304.60 in cash. She then wrote a personal check for the same amount, and we had to take the check to be certified. We took the check to the social worker and tried to give it to her, but she said we had to take it directly to INNFA. So, later that day we sent Luís, who is the messenger in our Community Development offices, to deliver the check to INNFA.

Then, we had to settle the issue of the patch (the piece of bovine pericardium that would be used to seal the hole in the ventricle). Of course, we couldn't just pay for that at the hospital – we had to actually go out and buy that ourselves. At home, in the United States, this would be something that the family would never have to worry about. It would be provided at the time of the operation by the hospital.

The social worker called the company at their location in Quito and told them that we would be by later that day to pick up and pay for the patch, a bargain at \$280.00. We also sent Luís out to buy this patch that same day. He would later bring the patch back to the Community Development offices, Sheila would bring it to me, and I would take it back to Eugenio Espejo to give to the social worker. So that day we took care of our three biggest charges: $\$280.00 + \$304.60 + \$280.00 = \864.60 .



Doctor Jane with Johana, her mother and sisters.

We also talked that day about the need for blood and fresh frozen plasma for the surgery. Eugenio Espejo does not have its own blood bank. That means that if at any time a patient needs blood, a family member is sent out to the Red Cross to BUY it, and bring it back to the hospital. For elective surgery there is at least an effort made to plan ahead. Johana's surgeons decided that they wanted four units of blood and two units of fresh frozen plasma (FFP) available for Johana's surgery. That meant it would have to be bought and paid for preoperatively.

This, too, turned out to be quite a hassle. María took Johana down to the Red Cross for the specific blood tests she would need (type and crossmatch) in order to have her specific type of blood ready on the day of surgery. However, the first time they went, blood was drawn for her preoperative tests, but not for the type and crossmatch. So, when we tried to pay for the blood they said we couldn't, because Johana hadn't had the right blood work yet. María and Johana went back AGAIN, got the type and crossmatch, and brought us the correct paperwork. But, we still couldn't pay for the blood. It turns out that the Red Cross would "reserve" the number of units of blood we needed for the day of surgery, but we couldn't pay for the blood until the actual day of surgery. But, at least we now

had all the paperwork done. We figured the hard part was over, and we could get on with the surgery. Wrong again!

Surgery was scheduled for June 26, 2002. Johana was to be admitted the day before. I met up with María and her husband on the 25th. Johana was on the pediatric ward. The surgeons wanted a preoperative echocardiogram. That doesn't sound too difficult on the surface, since Johana was already admitted to the hospital. But, the "kicker" was that the echocardiogram couldn't be done at Eugenio Espejo. That means the family is responsible for taking the patient across town to the designated clinic to have the test. On the day before surgery, the family had also been given a prescription with several specialized cardiac medicines that would be needed for surgery the next day.



Hospital Eugenio Espejo

A short explanation is probably in order as to how one obtains prescribed medicines at Eugenio Espejo. The hospital has very few medicines in stock inside the hospital. *Usually* they have one or two antibiotics, such as gentamycin and a first generation cephalosporin. If the hospital has these medicines, patients receive them at no cost. However, anything the hospital doesn't have, the family must go out and find outside of the hospital. There is a pharmacy located just in front of the hospital that belongs to Eugenio Espejo where many medicines can be bought.

So, what happens is, when a physician prescribes a medicine to a patient, he writes it on a prescription form and it is given to the family. A family member then goes out to the pharmacy to see if they have the medicine there. If it is not in stock there, then the family member must go to other nearby pharmacies until he finds one with the needed medicine. He buys

the drug and brings it back to the hospital where it can be given to the patient.

So, just after noon on the day before surgery I found María at the front of the hospital with a requisition for an echocardiogram and a prescription for dobutamine, dopamine, nitroglycerin, protamine, and #0 silk ties (sutures). I couldn't leave the hospital at this point so I called one of the secretaries in our Community Development offices across town. We arranged for María to take Johana to the named clinic for the echo at the appropriate time (2:00 PM). Luís would meet her there with the money to pay for the echocardiogram. From there, he would help her find a pharmacy/clinic/hospital from which to buy the drugs and suture that had been prescribed, since the pharmacy at Eugenio Espejo had none of what was needed. They found everything on the prescription at Hospital Vozandes, (a mission hospital operated by HCJB Global). María took it all to EE that afternoon and turned it in for the surgery the next day.

Now we were left only with the blood that was needed for the surgery. As I said earlier, a "reservation" is made at the Red Cross for the number of units of blood and FFP that the surgeons estimate will be required on the day of surgery. Then, one must show up at the Red Cross at 6:00 AM on the morning the surgery is to be performed to pick up the blood products and take them back to the hospital.

As Johana's surgery would be associated with life threatening risks, I felt that her mother should be allowed the luxury of staying with her that morning before she went to the operating room. As I would have to be at Eugenio Espejo that morning anyway, I said I would pick up the blood. I drove to Eugenio Espejo, parked my car, and took a taxi down to the Red Cross.

At the Red Cross, I found the side door that is used for night-time pick-up of blood and rang the bell. After about five minutes a man showed up and let me in. I was surprised that things went as well as they did. I had the appropriate paperwork, which I passed through the window to him. We had been promised a discount because of the family's financial status, and he even knew about that and didn't try to charge me extra. Instead of \$156.00 for the six units of blood products we were charged only \$106.00. I paid in cash, he gave me a receipt, and then he passed the six units through the window. I had brought a cooler with me in which to transport the blood products, so I was all set. I was thrilled that things had gone so well and figured that

we had everything in order for the surgery. All I needed to do was get the blood back to Eugenio Espejo.

As I exited the side door of the Red Cross, I found Luís and María (along with her one-year-old baby) waiting for me outside. I thought that was a little strange, as I had hoped María would be able to stay with Johana. I found we had two new problems. First, on the night before María had been presented with yet another prescription for a drug that would be needed during the surgery. Second, the silk suture ties the surgeon had requested, and that Luís and María had bought, were not really what the surgeon wanted. He needed cotton – not silk.

It was now after 6:00 AM. The surgery scheduled to start at 7:30 AM, and we had more supplies to hunt down and buy. But, first, we needed to get the blood back to Eugenio Espejo. We walked back up to the hospital, and while María and Luís tried to buy the new medicine at the pharmacy, I went in to the operating room (OR) to turn in the blood.

Of course, no one was in the OR save an armed guard. He told me I probably needed to turn the blood in to the lab. So off I went to the second floor. I found myself conversing with a less than pleasant technician. After a short discussion we had everything in order. The blood and FFP would wait in the lab until it was needed in the operating room.

I met Luís and María outside the hospital and found they had had no luck in their search for the new medicine. I told María to stay at the hospital with Johana, as I knew that she would need to be outside the OR once the operation started in case the doctors needed something. Family members are important to have in the OR waiting room, because they are used as “runners” to get lab work done, to buy medicines, supplies, etc.

Luís and I then took off in my car to try to locate the last medicine and exchange our silk suture for cotton. We first went to Vozandes since they had had everything we had needed the day before. We arrived about 6:40 AM. Neither the pharmacy nor central supply was open. We went down to the basement and banged on the door at supply. A man answered, but told us that he could not attend to us until 7:30 AM. We told him our predicament, and explained that the surgery was supposed to *begin* at 7:30 AM. All we wanted to do was exchange the silk suture that Luís had bought from him the day before for cotton suture. He informed us that Vozandes did not carry this cotton

suture – that we should try either the Hospital Metropolitano or the Clinica Pichincha (CP).

Next, we went to the Hospital Metropolitano. I had never been to Metro, so on our arrival we stopped in the emergency room to ask directions to central supply. Once we located the correct door in the basement, we were thrilled to have someone answer our knock. We again went through the story of our silk suture that needed to be exchanged for cotton. No problem. He went off, and after a few minutes returned with four packages of ties and began to write up a charge slip.



Nurse Sheila Leech with Johana

As he told me what I owed him I caught sight of the packages – they looked an awful lot like silk to me. “Is that silk?” I asked. Oh yes, was the reply – he didn’t have any cotton, so he was substituting silk for us. I informed him that I *already had* silk, and we left empty handed again.

It was now close to 7:30 AM as we headed for Clinica Pichincha. This took a while in the morning traffic, but we finally arrived and found our way to the pharmacy. We made the same request for the third time. The pharmacist did find the last medicine we needed and found four packages of the alleged suture. Once again, as she was typing up a bill for us, I saw the packaging that looked suspiciously like silk to me. Again the same question, “Is that silk?” Again, the same reply. Yes, it was silk. They no longer carried the cotton suture, so she was giving us silk instead! I paid for the medicine, left the silk, and raced off toward Eugenio Espejo (as it was now close to 8:30 AM).

Luís took a taxi from Espejo back to Vozandes and I ran down to the OR with our supplies. I found the nurse from Johana's operating room and handed her the medicine and the suture. Her first words were, "This isn't what we need." I told her that in the past hour or so we had been to Hospital Vozandes, Hospital Metropolitano, and Clinica Pichincha (the three best equipped hospitals in the city) and if it wasn't to be found in one of those three places, it didn't exist in the city. She backed off. She accepted the silk in place of the cotton, took the medicine that we had bought, and handed me a NEW prescription and told me that she needed this URGENTLY. I couldn't believe it!

This time what they were asking for was a central venous catheter – something that is needed for *every* open-heart surgery and is known about well ahead of time. Why we were not told that we needed to buy this ahead of time I'll never know. They had waited until almost 9:00 AM to let us know that they needed this catheter for a 7:30 AM surgery.



Johana with her older sister, Carla.

So, I asked where I was going to be able to find this catheter. They suggested the Hospital Militar, which is just down the road from Eugenio Espejo. They promised me I could buy one there. As I came out of the OR I ran into María, who had been able to see our entire interaction through a window in the waiting room. She began to cry, as she was sure that things were going poorly in the operating room. I asked her to stay in the waiting room and I took off for the Militar.

I ran down the road, made my way into the hospital, and found the pharmacy. There I had to wait in line. When I got to the counter I asked for the catheter that I needed. I was informed that they didn't have it. I

argued a little bit, told them that I was from Espejo, and that we had bought this catheter from them before. Oh yes, she said, they used to have it, but they had run out. Unbelievable!

So, I ran back to Espejo and headed for the emergency room. I was sure that I had on one or two different occasions seen central lines in the ER. I asked at the nurses' station, but they couldn't find one. The woman who runs our emergency operating room looked for one as well, but she couldn't find one either. By this time the main OR was calling up to the ER asking them to look for the catheter. Then, a nurse found one in a corner somewhere!

As with every little piece of equipment that one uses in the emergency room, a prescription must be written for it before it can be used. I don't have a special stamp with my signature and registration number on it (since I don't *have* a number yet) so they don't think my signature is official. I filled out a prescription, signed it and started to run off with the catheter. The nurse wasn't crazy about that and told me that she was going to hold me responsible for that catheter. That was fine with me, and I went down and delivered the catheter.

Finally, we seemed to be caught up. They didn't need anything else at the moment, and things seemed to be running smoothly in Johana's OR. I told the OR nurse that I would be up in the emergency room if they needed anything. I told María that if they came to her asking for something and she didn't know what to do, to come find me in the emergency room and I would help with whatever they needed.

When I got to the emergency room we had a cholecystectomy just going into the operating room, so for the next hour and a half I was operating. When I got out I went down to see how things were going, only to find out that they had tried to get in touch with me but couldn't. The anesthesiologist had drawn blood for an arterial blood gas, electrolytes and hematocrit.

They had brought the blood out to María and her husband and told them to take it to the Clinica Pichincha, get the tests done, wait for the results and bring the results back as quickly as possible. Unfortunately, they did not have enough money to pay for the exams. Unable to find me in the emergency room, they had called the Community Development offices to ask what to do. Our secretaries told them to make their way to Pichincha with the blood sample, and Luís would meet them there with the money for the exam.

María took the sample and Johana's father stayed in the waiting room outside the OR. Before she could make it back with the results they had brought out another blood sample that they wanted taken to Clínica Pichincha. He set off immediately to deliver the sample, again without sufficient funds to pay for the tests.

When I made it back down to the operating room, María had returned, but informed me that her husband was on his way to CP with another sample. I gave her some money, and she set off to try to catch up with him. When he arrived at CP to turn in the sample, he discovered that the syringe was now empty and he had nothing on which to perform the studies. Back he came to EE.

By this time they were finishing up in the OR, but wanted another specimen sent off, as the second one had been ruined somewhere in transit. Johana's father took the new blood sample *and* money once again to CP. I waited with María for Johana to come out of the operating room and be taken up to the intensive care unit.

Around this time, the physician who had run the bypass machine came out of the operating room and needed to be paid. I was grateful to be there when he showed up. Otherwise, I am not sure how we would have settled his fee. I had known that he would charge \$40.00 for his part in the operation, and I paid him in cash before he left. I asked him how everything had gone. He said there had been no problems. I was so relieved that it appeared that Johana had made it through the surgery safely.

By now I thought we were done with all the hassles and nothing else could get messed up. . . .

Johana was brought to the intensive care unit (ICU) on a breathing machine and with two medicines for her heart running as continuous infusions. On the first day after surgery, these medicines were successfully weaned and removed, and she was taken off the breathing machine. She did have some problems with an irregular heartbeat and was kept in the ICU for several days postoperatively.

By July 2, she was transferred out of the ICU to the regular floor. On July 3 when I went to see Johana, she had a pacer on. When they do open heart surgery, they often insert pacer wires. Before they close at the time of surgery they put two leads into the heart muscle itself and bring them out through the chest wall. Then, if the patient has postoperative problems with

arrhythmias they can hook these wires up to a small box which they can set to pace the heart. This is what Johana had on Wednesday when I went to see her.

They had the pacer strapped to her chest/belly and further supported by hanging it around her neck. We got her out of bed that afternoon and she kept wanting to fall backward – the thing was so heavy it was throwing her off balance. That afternoon, I found out that they were planning on leaving the pacer on all night and into the next morning. Thursday morning they were planning to turn it off to see how she would do.



Johana with her one-year-old sister, Rosa.

When I went up to see her Thursday (July 4), she was sitting up in bed eating her lunch, trying to scoop every last drop of her "sopita" out of her bowl with a plastic spoon. There was no one with whom to talk, but the monitor was gone from her bedside and the pacer was gone.

I went downstairs to find her parents (who the guards wouldn't let into the hospital since visiting hours hadn't started yet) and they told me that the doctors were talking about discharging Johana the next day (Friday, July 5).

Now of course, you can't get out of the hospital without paying your bill. In Ecuador, you can't physically leave the hospital until the entire bill is paid. That means that you have PAID for everything – not just an agreement to pay. Most things you have to pay for ahead of time – like the surgery, the patch,

medicines, lab work. But the cost for staying in the hospital must be settled before you leave. The ICU is what is really expensive – there the cost is \$20.00 per day. To stay in a room on a regular floor costs \$5.00 per day.

Before Johana had even been admitted to the hospital, I had spoken with Pilar, the social worker in the ICU (who I know because of the six weeks I spent in the ICU at the beginning of my time at Eugenio Espejo). I had told her that Johana would be coming to the ICU and that we would be helping with the bill. She had told me to wait until the day of Johana's surgery and talk to her then. We could arrange something at that time.

The morning of the surgery, I spoke to Pilar again – and told her that Johana was in the operating room and would be coming up to the ICU. Again, she told me to wait until Johana was physically in the ICU and then we could talk.



Doctor Jane with Johana and Rosa.

I was in the ICU when Johana came up from the operating room and stayed with her until they had her settled. I managed to get up to the ICU to check on her fairly frequently postoperatively – and Pilar was never too worried about getting things settled before she left the ICU.

Johana stayed in the unit for six days. So at \$20.00 per day that comes to \$120.00. I spoke with Pilar the day that they transferred Johana to the floor to arrange to pay for the bill. I was not really expecting the discount

that she offered. She asked me how \$60.00 would sound. I thought that was great – a 50% discount – so I told her I would be prepared to settle the bill with her the next day.

María had been very concerned about the bill as well. She, too, had spoken with Pilar to make arrangements for payment. María qualifies for something called the “bono de los pobres,” which is a special monthly cash allowance given to the poor. Currently, the bono is \$11.50 per month. You must make less than a certain monthly wage to qualify. María had been told that if she would bring in verification that she qualified for the bono – they would discount Johana's ICU bill – and it was suggested that they might not charge anything at all for her time spent in the ICU.

Of course, getting the actual piece of paper to prove that one qualifies for the bono is no easy task. It took a lot of running around one day, but María was finally able to obtain this special little slip of paper. I was impressed with her initiative. It is not uncommon for people to become complacent once they know that someone is helping them pay their bills. Instead of continuing to make an effort to pay the bills themselves, they *expect* the help to continue and stop making an effort to contribute. María went one step further.

There is an organization in Quito called Caritas – with which I am not very familiar. María was so worried about not having enough money to pay the hospital bill that she went to see them as well. She told them about Johana, and they apparently called Eugenio Espejo to verify what she had told them. Then they gave her a \$40.00 check made out to Eugenio Espejo to help cover the hospital bill. Again, I was impressed with María's initiative. No one had told her to go down to Caritas; she had done it on her own. And if she hadn't done it – we would have simply paid that extra \$40.00.

So, Thursday when they began to talk about a Friday discharge, we tried to pay Johana's bill. When we tried to pay the ICU bill, we discovered that Pilar had requested special leave and was not working that day. There was another social worker to take her place – but this woman knew nothing of our arrangement for a discounted price. We decided it was best to wait until Friday. Hoping that Pilar would be back Friday, we planned to pay Johana's bill in the morning at the special price that Pilar had arranged.

Friday I spent most of the morning in the operating room and could not get out to help with the bill paying

process until almost 1:00 PM. That had not stopped María and her husband. They had gone up to the ICU to look for Pilar. Unfortunately, she was not at work on Friday either. So, they went to the office of the director of social work. She told them to wait until 2:00 PM and go to the ICU again, at which time Pilar's replacement would be there to help them get things settled.

I went with them at two o'clock. No one was there. So, we went back down to the director's office. We explained everything to her – including the promised discount, María's paper verifying her "bono," and the Caritas check for \$40.00. She asked us if María's bono verification was the justification for the discount to \$60.00, or if that was to lower the price to *less* than \$60.00. Neither of us knew.

So, she finally said that they would accept the \$40.00 check as full payment. We could not pay *her* however – so she called up to the social worker on the seventh floor – the same one who we had gone to see to make all of the preoperative arrangements – and told her of our agreement to pay \$40.00. We would need to go to the seventh floor where the social worker there would fill out a form stating how much we needed to pay. From there, we would go back down to the ground floor to the cashier to turn in this slip of paper, and where we would finally be allowed to pay – and thus be able to get Johana out of the hospital.

Of course, when we got to the seventh floor we had to wait in line, as several other children were being discharged and were waiting in line to pay their bill so they could go home. When our turn finally came, we went in and sat down.

When the social worker started to talk, I thought that either we had come to the wrong office or she had had a personality transplant. I thought she had been helpful the first time we had spoken with her. Now, she just seemed disrespectful and condescending. It also appeared that she had not paid one bit of attention to what the director had told her on the phone.

She told us that six nights in the ICU at twenty dollars a night came to \$120.00. We tried to explain the discount we had been promised, and María showed her the bono verification. She just sat and stared at us. She finally said that she would allow us to pay only \$60.00 and repeatedly told us what a great deal she was giving us. She asked to see the Caritas check, and when María handed it to her she looked at us like we were imbeciles and said the check could not be accepted unless it was certified. Then, to make matters worse

she proceeded to lecture María on how this should have been taken care of long ago. She said that María had had eight days to see that this check was certified (even though María had only received the check three or four days prior).

I was so mad I could hardly see straight. If someone had actually *told* María to get the check certified she would have been happy to do it – but of course no one had. Then, the social worker realizes that she hasn't charged us for the three days Johana spent on the floor, which would be an additional fifteen dollars. She adds that in and tells us our total is now up to \$135.00 – apparently forgetting that she just told us we only had to pay \$60.00. She scribbled on the paper some more and then returns to telling us what a great bargain she is giving us, and that she is only going to charge us sixty dollars of the \$135.00 that we really owe. By now María is thanking her repeatedly and acknowledging what a wonderful thing the social worker is doing. I wanted to throw up – and aim it carefully as well.



Johana, after her heart surgery.

The social worker gave us our slip of paper, but we still had the problem of the uncertified check. She told us to go down to the cashier's office and maybe they would accept it. I knew that she was just trying to get us out of her office.

By now it was after 3:00 PM. We went down to the cashier, handed him our slip of paper, and he asked for \$60.00. We handed him the check and twenty dollars in cash which he immediately handed back, saying

that the check needed to be certified. This meant that María would have to go to the bank that issued the check (not nearby), get it certified and return to pay the bill. The cashier stated that when she returned with the certified check before he would accept it she would have to go upstairs to another accounting-type office and get the check initialed/approved and THEN return to the cashier's to pay. Of course, he said, he would only be there until 3:50 PM. What a joke!

I gave María some money for a taxi, and she hurried off to the bank to see if she could get the check certified before the bank closed. If she were not able to get to the bank before it closed or pay the bill in time at Eugenio Espejo, Johana would have to spend the weekend in the hospital until the bill could be paid on Monday. Once at the bank, María convinced a woman to give her her spot in line so she could be attended to

rapidly. She was able to get the check certified and returned to the hospital quickly. She went to the appropriate offices in the appropriate order and *finally* had permission to take Johana home.

The week after Johana was discharged from the hospital, the association of government hospital employees went on strike. That meant that all return visits to see the doctors at Espejo were cancelled. Therefore, Johana was not able to see her surgeon postoperatively. I saw her in her home however, and she is doing wonderfully. Praise the Lord that everything turned out so well! After seeing the system firsthand, I realize that only through His grace and mercy was Johana able to come through this ordeal unscathed.

The ISAAC Network is a group of individuals who give out of their abundance so that others, like Johana, can receive the medical care they so desperately need. Most recipients of ISAAC Network funds are very poor. To them, medical treatment is a luxury they learn to live without. The sad truth is, in places like Ecuador, many people suffer and some even die simply because they cannot pay for medical care.

Through the ISAAC Network, ordinary people are accomplishing extraordinary things! Although we may be limited in what we can do individually, by joining together we can accomplish great things. If you would like to contribute to the ISAAC Network on a monthly basis, or with a one-time gift, please send your donation to:

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