When this WCET Journal comes out the 2016 Congress will be imminent. If you are unable to attend this year, perhaps you will in 2018. The 2018 Congress will be April 14-18, 2018 in Kuala Lumpur. Your WCET executive board understands that staffing issues and limited conference budgets means you may not be able to attend even when you want to. That’s why we try to plan the Congresses’ around the world. At the WCET it is our hope that you can still feel connected.

Over the years I have learned about many innovative care and treatment options from our articles. Some care issues are universal and some are geographic specific. The one thing in common is that all of us want to do the best we can for our patients. Similar but maybe different. For example, during the past year I moved from Montana to Hawaii. Montana has long, cold winters and Hawaii is tropical and warm. Bugs, birds and illness is similar but may have different trajectories or seasonal variations. Culturally there are similarities between Native Americans and Native Hawaiians, but there are also many differences as well. Understanding these sensitive concerns and ways of life is critical to good care just as much as the physical treatment is. In both cases access to care may be challenging. Montana is a very large state so travel, usually by car, to specialized care can be problematic especially in the winter. In Hawaii specialised care many mean travel by air to a different island. These two states are not alone in these issues and problems are found worldwide.

In addition, there are diseases that are different. Tropical mosquito borne illness is not at all common in Montana. In Hawaii there has been an outbreak of dengue fever on the Big Island, where I live. Certainly worldwide there is concern about the Zika virus, including a case on one of the other islands. In all locations there are homeless populations with many medical needs – needs that often go untreated. Recently my friend and I bumped into a woman providing wound care to a homeless gentleman on the downside sea wall. Both were gracious enough to talk to us, although we obviously made them nervous. The “nurse” had very limited actual schooling but saw a need and was filling it. The homeless trusted her and her care was certainly appreciated and well done. She wasn’t getting paid. Rather, she said, she felt a calling to help.

Across the world I’m sure she isn’t alone. I’m sure many of you provide unpaid care – I know I do. Once in Montana I had an older gentleman actually find my address online and show up at my door for care of a diabetic foot wound (and I lived in a very rural area). I did provide care and a great deal of wound education and got him a clinic referral to a friend of mine. He said he just didn’t believe anyone would care. He had very little money and felt most medical people brushed him off rather than talking to him.

So as we come to the 2016 Congress in Cape Town, and plan for the 2018 Congress in Kuala Lumpur, think about sharing your experiences. Let’s help each other. The 2018 Congress theme is “Ethnocentric challenges in nursing care”. So let’s come together and celebrate our differences, embrace our commonality and help each other learn.