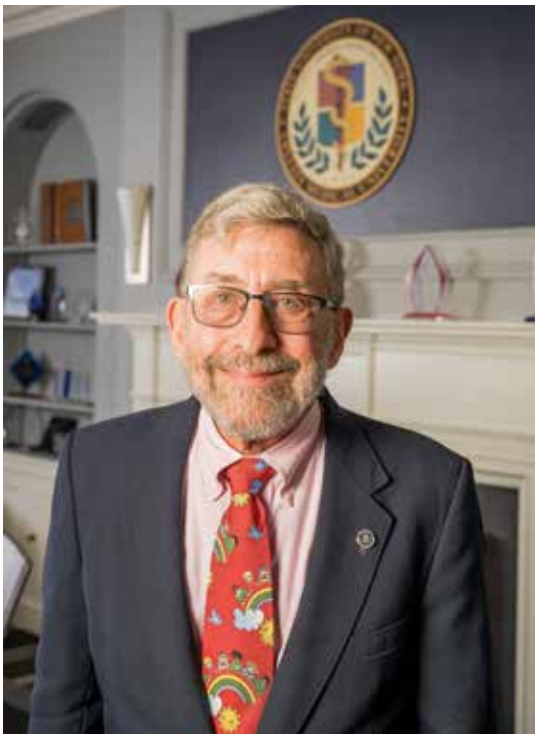
Care Beyond Sy

Distinguished Alumnus Mark Wolraich, MD '70, reshaped the understanding and treatment of ADHD and changed the way medicine cares for the whole child.

2025 Award Winner

When Mark Wolraich, MD '70, decided in high school that he wanted to become a doctor, he could not have imagined the profound impact his career would have on millions of children and families around the world. Over more than five decades, his work has transformed how physicians understand and treat attention deficit hyperactivity disorder (ADHD) and advanced a model of pediatric care that looks far beyond symptoms to address the needs of the whole child.

In September, the Upstate Medical Alumni Foundation recognized Wolraich's lifetime of achievement with its Distinguished Alumnus Award—a fitting honor for a physician whose compassion, curiosity, and rigor have shaped modern developmental and behavioral pediatrics.



Mark Wolraich, MD '70

Growing up in New York City—first in the Bronx, then on Long Island—Wolraich was drawn to science early on. After earning his undergraduate degree in chemistry from SUNY Harpur College (now Binghamton University), he entered Upstate Medical University, where a clinical rotation would change the course of his life.

"Of all the rotations I had in medical school, the one that was the friendliest and most interesting for me was pediatrics," he recalls. "I didn't warm up as much to the others as I did to working with children."

But it wasn't just pediatrics that captured his imagination. It was the people—three extraordinary mentors—who showed him how deeply medicine could touch children's lives.

THE POWER OF MENTORSHIP

Julius Richmond, MD, dean of the College of Medicine and chair of pediatrics, had just returned from Washington, DC, where he and educator Betty Caldwell co-created the federal Head Start program. "He really set an example of what you could do beyond the exam room to improve children's health," Wolraich says. Dr. Richmond met weekly with students on pediatric rotations and those discussions opened Wolraich's eyes to the physician's role in public policy.

Howard Weinberger, MD '58, introduced him to the rigor of clinical research, demonstrating how to balance excellent clinical care with rigorous academic research—a model that would define Wolraich's own career. "He had a particular support and interest in me over the two years that I was there," says Wolraich.

But perhaps the most transformative influence came from Ted DeBono, MD, who worked with children with developmental disabilities, particularly those with intellectual disabilities. Dr. DeBono had established an interdisciplinary clinic that included psychologists, therapists (PT, OT and speech clinicians) and educators alongside physicians—a novel approach at the time.

mptoms

"It was exciting to see how people in disciplines other than medicine looked at children and took care of them," Wolraich says. "I really enjoyed being able to work together in a clinic model, which had multiple disciplines involved in both the evaluation and services provided to the children."

Through an elective with DeBono, including exposure to the Syracuse State School (one of the institutions that then served individuals with intellectual disabilities), Wolraich gained insight into state services and programs. By his internship year, he knew with certainty that he wanted to pursue caring for children with developmental disabilities.

"These children in particular require coordinated care that focuses not just on medical care, but also on their educational needs," he says. "And that it was important as physicians for us to think more broadly about what their needs would be, particularly on how the kids do in school."

AN UNEXPECTED DETOUR

As he was completing his intern year at Upstate in 1971, Wolraich's career took an unexpected turn due to the Vietnam War. Although he had an offer of a one-year naval deferment, a friend suggested he apply to the Indian Health Service because of his interest in Native American families, sparked by exposure to the Onondaga Nation near Syracuse.

Through what he describes as "sheer luck," he secured a position at the Phoenix Indian Hospital, which had recently lost its pediatric accreditation and needed general medical officers with pediatric backgrounds. For two years, he served diverse Native American populations from nine native nations across Arizona. This experience reinforced his commitment to comprehensive, culturally sensitive care—principles that would guide his work throughout his career.

By the time the Vietnam War ended and Wolraich could return to complete his pediatric residency, positions were scarce. Based on a recommendation from a colleague who had trained there, he completed his residency at the University of Oklahoma Health Sciences Center. He had no plans to ever return. "It was too conservative for us," he says.

Wolraich and wife Debra on graduation day, 1970

Life, however, had other plans. But first came a fellowship in "care of handicapped children," now called developmental and behavioral pediatrics, at the University of Oregon Medical School in Portland from 1974 to 1976. He and his wife Debra had fallen in love with the Pacific Northwest during a summer position in Seattle in 1968, shortly after their wedding, and Oregon represented a return to a region they cherished.

It was during this fellowship that Wolraich's research career truly began to flourish. He started focusing on a condition then called Minimal Brain Dysfunction (MBD), now known as ADHD. The condition had first captured his attention back at Syracuse through his work with DeBono, who treated children with MBD using medications such as methylphenidate (Ritalin) and dextroamphetamine. In Oregon, Wolraich was able to conduct studies and publish his first research on the condition.

LAUNCHING A RESEARCH CAREER

In 1976, Wolraich accepted his first faculty appointment at the University of Iowa Hospital School, launching what would become a 14-year tenure. The position offered everything he had been seeking: the opportunity to practice, teach, and conduct research in an interdisciplinary setting.

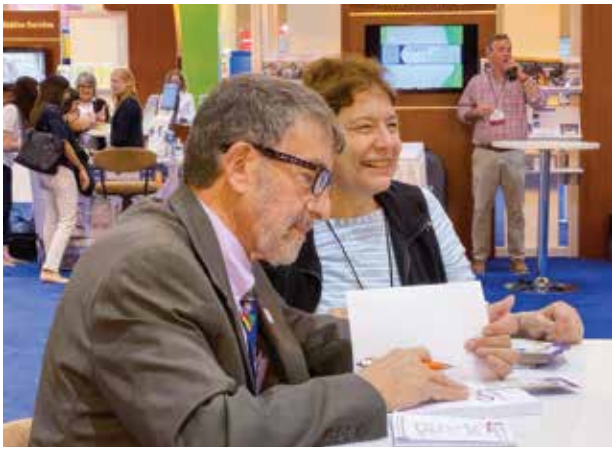
At Iowa, Wolraich established himself as a leading researcher in developmental and behavioral pediatrics. He took on the spina bifida program and worked with children with cerebral palsy and other conditions, but his primary research focus remained on ADHD—by then renamed Attention Deficit Disorder, and eventually Attention Deficit Hyperactivity Disorder in the mid-1970s.

He also tackled one of the most persistent and problematic myths in pediatrics: the belief that sugar causes hyperactivity in children. "There had been—and unfortunately, still continues to be—the myth that sugar was adversely affecting kids' behavior and that's why they were having hyperactivity," Wolraich explains.

Securing a grant from the National Institutes of Health, he designed what would become a landmark study. The research was extraordinarily rigorous: his team provided all food to participating families throughout the study period, used different sweeteners (saccharin and another artificial sweetener) in a controlled design, and made families believe the diet changed weekly when it actually changed every three weeks across three conditions.

"We had a van set up as an evaluation room where they could test the children weekly," he says. "We made it look like the diets changed weekly by the vegetables and other food we provided." The study included teacher and parent rating scales, direct observation, and neuropsychological testing.

The results were as definitive as possible. "At the end of it, we could find no relationship between what diet the children ate and their behavior or learning," Wolraich says. "It was really a definitive negative study. It's pretty rare to have something that set."



Wolraich and wife Debra at a book signing event

Yet the myth persists. "Despite that, I still have calls asking about diet playing a role in behavior," he says.

At Iowa, Wolraich also secured grants to study the effects of better training for pediatricians caring for children with ADHD. Throughout his research, he maintained close collaborations with psychologists—particularly Scott Lindgren, PhD, who served as co-investigator on both the sugar study and ADHD research.

By 1990, having reached the rank of full professor, Wolraich was ready for new challenges. When an opportunity arose at Vanderbilt University Medical School, he seized it.

As director of the Division of Child Development at Vanderbilt, Wolraich spent 11 years expanding clinical services, research, and training programs. It was during this period that he completed work on what would become one of his most enduring contributions: the Vanderbilt ADHD Rating Scale.

The scale's name reflects Wolraich's practical approach and sense of humor. He and his team needed a good measurement tool for their studies, but existing scales were proprietary and expensive, and weren't adequate for his needs. So, he developed his own, starting the work at Iowa and finishing it at Vanderbilt.

"I decided to call it the Vanderbilt scale, although Vanderbilt University did not provide any particular resources. But if I named it after myself, which is what some of the other scales had done, most people wouldn't be able to pronounce the name right," he says with a laugh. The scale is now used worldwide and has become a standard tool for diagnosing and monitoring ADHD.

Beyond his research, Wolraich played a crucial role in establishing developmental and behavioral pediatrics as a formally recognized subspecialty. Working with colleagues from the Society for Developmental-Behavioral Pediatrics (SDBP), he helped facilitate its approval as a new subspecialty in pediatrics. He also served as president of SDBP, helping to shape the field's development and standards.

FULL CIRCLE

In 2000, Wolraich made a decision that surprised even him: he accepted an endowed chair at the University of Oklahoma, becoming the Shawn Walters Professor of Pediatrics—returning to the state he once thought he'd never revisit. He would spend the final 20 years of his career there, expanding services, research, and educational programs for children with disabilities throughout Oklahoma.

One of his most significant accomplishments during this period was developing a service navigation program for children with disabilities that eventually served most counties in Oklahoma. The program helped families navigate the complex landscape of services

Wolraich was appointed to an endowed chair at the University of Oklahoma in 2001.

> "I really cherish the interdisciplinary approach I learned at Upstate. It shaped everything I did throughout my career and helped countless children receive the comprehensive care they deserved."

and support available for their children—embodying the comprehensive, family-centered approach that had guided Wolraich's work since his days with Ted DeBono at Syracuse.

Throughout his career, Wolraich remained active in the American Academy of Pediatrics (AAP), where his influence extended far beyond his own institutions. He helped develop training programs for pediatricians in the diagnosis and treatment of ADHD and played a major role in creating and subsequently revising the Academy's ADHD Guidelines—documents that have shaped how pediatricians across the country approach the condition.

He also authored AAP books for parents on toilet training and ADHD and edited the organization's Classification of Child and Adolescent Mental Diagnoses in Primary Care. His scholarly output over his career was prodigious: 24 books, 111 articles, and 50 chapters.

LESSONS FROM A LIFE IN MEDICINE

Wolraich's contributions have earned him numerous prestigious awards, including the C. Anderson Aldrich Award from the American Academy of Pediatrics, induction into the CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) Hall of Fame, and the Career Achievement Award from the Society for Developmental-Behavioral Pediatrics.

But perhaps more important than the accolades is the lasting impact of his work. The Vanderbilt ADHD Rating Scale continues to help clinicians accurately diagnose and monitor millions of children. His research debunking the sugar-hyperactivity myth has provided evidence-based guidance to countless families (even if the myth stubbornly persists). His work on AAP guidelines has shaped standard practice across the country. And his advocacy for interdisciplinary care has influenced how medical centers structure their services for children with developmental and behavioral challenges.

Since retiring in 2020, Wolraich continues to contribute to pediatric care through training programs with the REACH Institute. He and wife Debra—whom he met during his senior year of college and married in his second year of medical school—have settled in Connecticut, enjoying outdoor activities and spending time with their children and grandchildren. They maintain close friendships with a group of four couples from college days, gathering each summer and for New Year's Eve—a tradition that speaks to Wolraich's capacity for lasting relationships.

Reflecting on his career, Wolraich remains deeply grateful for the foundation he received at Upstate. "I really cherish the interdisciplinary approach I learned at Upstate," he reflects. "It shaped everything I did throughout my career and helped countless children receive the comprehensive care they deserved."

As developmental and behavioral pediatrics continues to evolve—with growing recognition of conditions like ADHD, autism spectrum disorder, and learning disabilities—Wolraich's contributions remain foundational. His insistence on rigorous research, his commitment to interdisciplinary care, and his practical approach to developing tools that clinicians actually use have left an indelible mark on the field.

His story reminds us that the most important question isn't always "What condition does this child have?" but rather "What does this child need?" Answering that question well requires listening to many voices, drawing on many disciplines, and never forgetting that behind every diagnosis is a child and a family deserving comprehensive, compassionate care. ■

Standing Her Gr

Caitlin Bernard, MD '10, and the fight to preserve reproductive healthcare

2025 Award Winner

Caitlin Bernard, MD'10, is in her car driving from her home in Indianapolis to Champaign, Illinois, where the OB/GYN travels twice monthly to provide medical care at a Planned Parenthood Clinic. The two-hour drive each way is a perfect time to catch up on books, podcasts, and calls, including with reporters who want to share her story.

Three years ago, Dr. Bernard became a lightning rod in the national abortion debate, transforming her from a locally respected OB/GYN into one of the most recognized physicians in America.

It all started with a phone call she received in June 2022 from a child-abuse pediatrician in Ohio. Would Bernard see a 10-year-old rape victim who needed an abortion but had just passed Ohio's newly imposed six-week limit?

As horrifying as that scenario is to many of us, the urgent request was not unusual for Bernard. "Unfortunately, these stories are very common in our world," she says.

It came just three days after the Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision overturned *Roe v. Wade*, and the consequences were already becoming devastatingly obvious. When an *Indianapolis Star* reporter overheard Bernard mention the case at a rally and asked to include it in an article, she agreed—never identifying the patient.

The story went viral. President Joseph Biden referenced it in an executive order announcement. Media outlets worldwide covered it as dramatic evidence of post-Dobbs America. Then came the backlash: accusations that Bernard had fabricated the story, an investigation by Indiana's Republican attorney general, claims that she had failed to maintain professional standards, and a reprimand from the state medical licensing board for allegedly breaching patient privacy—an allegation both Bernard and her employer, Indiana University School of Medicine, rejected as politically motivated.

> "In many ways, there's nothing special about me or the stories that I've told. So, I've really tried to the best of my ability to represent the voices of my colleagues and our patients across the country."

During a 14-hour hearing, as white-coated colleagues sat behind her in solidarity, Bernard faced intense, even personal, questioning. "Do you have a tattoo of a coat hanger that says, 'Trust Women'?" one deputy attorney general asked. (She does, on her foot.)

Bernard received death threats requiring security measures, faced harassment from politicians and pundits, and saw her professional record tarnished. The experience was "very scary," she says. "Not knowing exactly what was going to happen; not knowing if this was going to impact my ability to continue working where I work, my ability to continue

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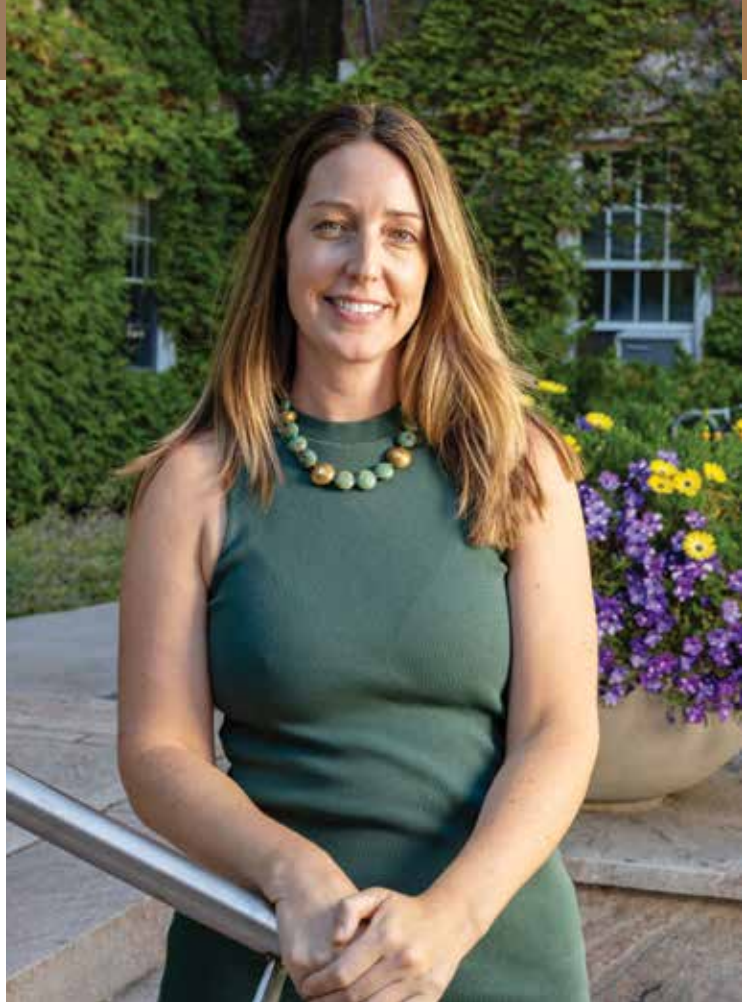


Caitlin Bernard, MD '10

seeing patients. And certainly, I was scared for my personal safety and for the safety of my family."

Yet support poured in. Colleagues raised nearly $100,000 for her legal defense. Hundreds of Indiana doctors signed an open letter in her support. National organizations honored her courage: the ACLU of Indiana's Sig Beck Award, the AMA Foundation's Courage in Women's Health Advocacy Award, and *Time* Magazine's list of the 100 most influential people of 2022. She was profiled in *Vanity Fair* and the *New Yorker*. In September, she was honored at her 15-year College of Medicine Reunion as the 2025 Outstanding Young Alumna.

"In many ways, there's nothing special about me or the stories that I've told," says Bernard. "So, I've really tried to the best of my ability to represent the voices of my colleagues and our patients across the country who are dealing with all of the exact same things that I'm dealing with."

A NEW REALITY

Bernard loves being an OB/GYN. "It's a really unique way to be able to support women at a critical time in their life during a pregnancy, whether that's unplanned or planned and wanted," she says. "Whether they're having complications or just having a happy, healthy delivery, you can really be a good supporter for them."

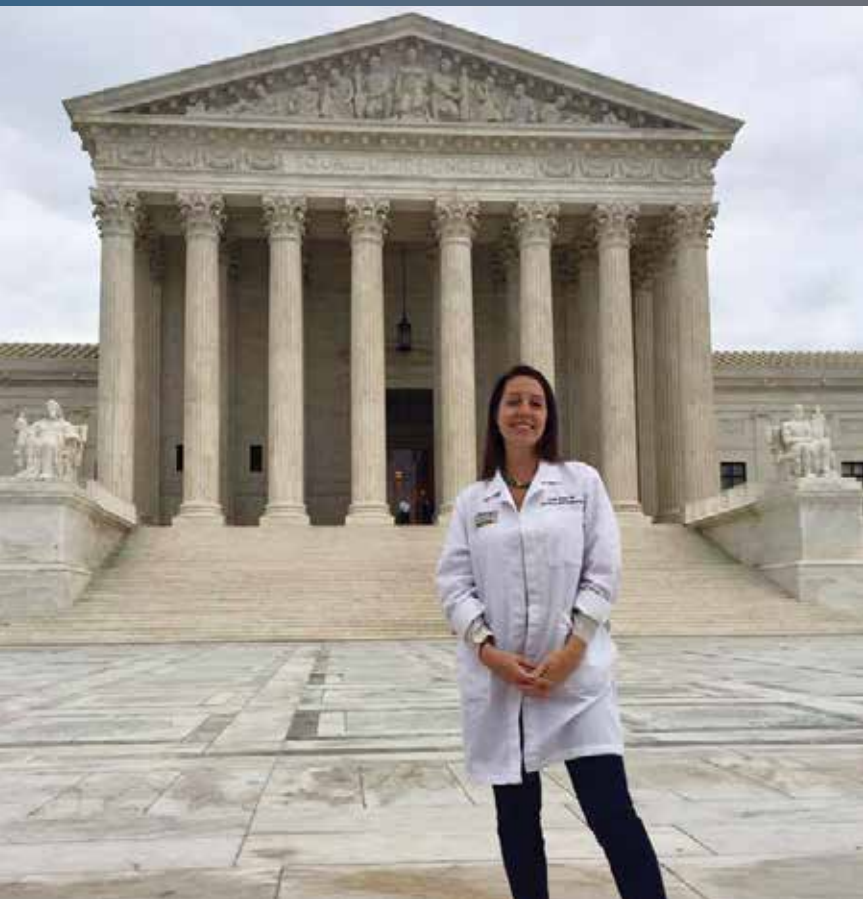
But her current work life reflects the fragmented reality of reproductive healthcare in America. Recently promoted to associate professor and serving as director for Indiana University's Division of Complex Family Planning, Bernard splits her time between providing complex family planning care within Indiana University's hospital system—the only legal abortions in the state—and traveling to Planned Parenthood in Illinois to provide care for Indiana residents who don't meet the strict exceptions. She also maintains a full OB/GYN practice, covering labor and delivery, taking overnight hospital calls, and staffing emergency rooms.

"The amount of work that we have to put in for each individual patient to be able to get the care that they need is really tremendous," she explains. Each potential abortion in Indiana requires consultation with at least two physicians, including a high-risk OB specialist, extensive documentation, and careful legal review.

"We have policies and protocols in place at the institution level, which has obviously taken a lot of work to develop with lawyers and administrators," she says. "But at the end of the day, we really don't know what could happen if somebody disagreed with us. Our state government has certainly made it clear they intend to enforce the law."

Bernard fields calls from physicians across Indiana who have "really quite sick" patients who would benefit from abortion care but are afraid to even advise it as an option. "Certainly, there's nothing in the Indiana law that says that you can't advise a patient that an abortion would be helpful, but physicians are still very scared," she says.

The consequences reach far beyond access. Three maternity hospitals in northern Indiana have closed since the abortion ban took effect, partly due to difficulty staffing them with physicians. Bernard has seen an increase in requests for permanent sterilization from women worried about pregnancy complications. She counsels patients worried about getting pregnant because of previous complications during pregnancy. "If that happens again, and I poten-



Bernard in front of the U.S. Supreme Court during a 2017 leadership training institute hosted by Physicians for Reproductive Health

tially need what might be considered abortion care, would my life and my health be put in jeopardy because I can't access that care?" they ask.

Bernard is also training the next generation of OB/GYNs and worries about the future of women's healthcare. Applications to OB/GYN residencies in states with abortion bans have dropped nearly seven percent.

"At first, we saw increased interest," she says. "But as more states ban abortion and fear rises, students are second-guessing taking this on as a career because of the risk associated with it."

Still, she encourages them. "It's a wonderful field. There's nothing else I would ever want to do," she said. "But advocacy is now absolutely part of the job."

Practicing in a conservative state, Bernard knows her activism has made an impact. "Pushing institutions to do the right thing for patients and for their doctors is definitely a big part of what I do," she says.

"I think I've been successful in changing the culture of my institution to recognize the importance of our role. If we're not here, there's literally no one to take care of these women," she says. "Whatever their personal beliefs, the administrators, the lawyers, the nurses, the other physicians that I work with really understand that this is life-saving medical care that needs to be preserved."

ROOTS OF ADVOCACY

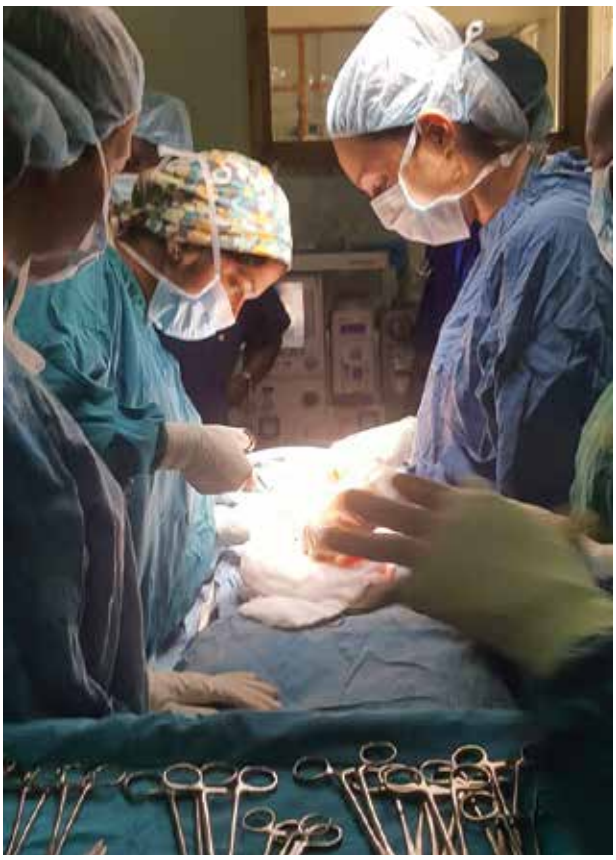
Bernard's path to activism was set long before medical school. Born in 1984 on a communal farm in Binghamton, New York, she grew up in a household where social justice was a core value.

Her father, a carpenter and community organizer, brought her on volunteer trips to Puerto Rico to build playgrounds and install septic tanks. Her mother, a laboratory researcher, took young Caitlin to Take Back the Night marches.

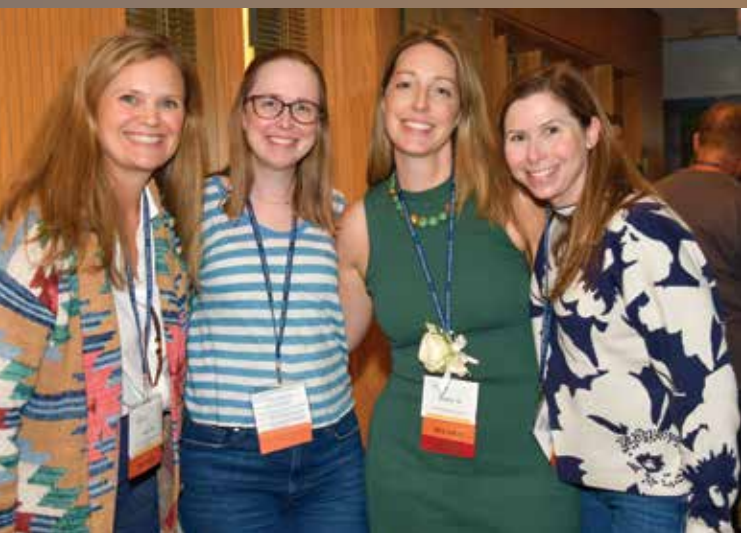
"It was really impressed upon me that it's important to kind of find something that can help you contribute to the world," Bernard says of her upbringing.

By high school, she knew she wanted to become an OB/GYN. While studying at Binghamton University, she volunteered as a doula and at Southern Tier Women's Health Services, the clinic once targeted by militant anti-abortion activist Randall Terry. Bernard saw firsthand how the reproductive rights community—her parents included—rallied to protect and support the clinic. "Showing them that they were protected made a lasting impression," she says.

When Bernard entered Upstate Medical University in 2006, she found a mentor who would help shape her career: Phil Ferro, MD '54, one



Bernard's clinical work encompasses the full spectrum of reproductive healthcare, from routine obstetrics to complex pregnancy complications and contraceptive care.



Bernard with fellow class of 2010 alumnae at Reunion 2025

of New York's first abortion providers, who had performed the procedure even prior to Roe.

Dr. Ferro's stories of women who had died from unsafe abortions and physicians who practiced in secrecy made clear the stakes of reproductive freedom.

"He and others of his generation felt they had to hide, that they couldn't be public about what they were doing, even though they knew it was right," Bernard says. "I really believed it could be different, that we could make progress from his career to mine and be public about why this work is important and necessary."

Another influential figure, Peter J. Cronkright, MD, ran migrant farmworker clinics where Bernard volunteered. These physicians helped provide Bernard with more than clinical skills; they gave her a moral framework and a sense of mission.

After completing her residency at Upstate in 2014, Bernard spent a year in Kenya with AMPATH, a collaborative focused on sustainable, equitable healthcare led by Indiana University and the Kenyan government. She then pursued a fellowship in complex family planning at Washington University in St. Louis, earning a master's in clinical investigation along the way.

It was there that her advocacy sharpened. As Missouri lawmakers advanced increasingly restrictive abortion legislation, Bernard testified against measures designed to limit access.

In 2017, she joined the faculty at Indiana University School of Medicine with two clear goals: to continue her global health work with AMPATH and to build the university's Complex Family Planning Program in a state already hostile to reproductive rights. She also began working with Planned Parenthood clinics in Indianapolis, Bloomington, Louisville, and eventually—after Indiana's abortion ban—Champaign, Illinois.

Her work extended beyond clinical care to education and institutional change. She developed curricula for medical students on pregnancy options counseling, created surgical simulation training for residents, and pushed administrators to improve access to reproductive healthcare.

Bernard's own advocacy continues on multiple fronts. She serves as co-legislative chair for ACOG's Indiana section, provides expert testimony in legal challenges to abortion restrictions, speaks at national conferences, and writes op-eds. In November 2024, she spoke at the Association of American Medical Colleges annual meeting on a panel titled "How can we confront the criminalization of medicine?"

She maintains her global health work with AMPATH in Kenya, overseeing educational programs and research. To recharge, she practices yoga, spends time outdoors, and visits family scattered across the country.

BALANCING MISSION AND RISK

Bernard and her husband—with whom she has two young children, ages three and six—have discussed moving to another state. But the idea that people can simply relocate from red states to blue states for safety rings hollow to her.

"We're the United States. We need to stand together wherever we are," she says.

Her mission-driven career is non-negotiable. "That includes providing abortion and ensuring access to reproductive health care in places where it's not easily accessible," she says. "I don't think that I would be as happy not doing that, but it is hard, sometimes, to balance against the risks."

That determination reflects lessons from Dr. Ferro and the generation of providers who provided abortion care in the years before Roe. "I don't intend to go back into the shadows," Bernard says.

When asked what she wants her medical school peers to know about her career, Bernard turns reflective. "I went to medical school with a very clear plan of what I wanted to do," she says. "The fact that I was able to achieve that is a testament to the support that I received at Upstate, from my mentors, teachers, friends, and colleagues. I'm forever indebted to that."

She says her career illustrates that you can make a big impact in ways you never expect or anticipate. "When we support each other, no matter what our specialties are, we hopefully can see progress in access to care and move towards social justice together."

That collaborative vision—rooted in the communal values of her childhood and nurtured through her medical training—sustains Bernard through the most difficult days.

"There is something to be said for having a mission-aligned career that is much more than just a job," she says. "I am very thankful for that." ■

A Calling Across

The mission of Sister Mary Felice, MD '90

2025 Award Winner

Sister Mary Felice, MD '90, sits in a conference room in Weiskotten Hall, sharing a PowerPoint presentation about the St. Vincent the Servant General Reference Hospital in Lukolela, Democratic Republic of Congo, where she has served as medical director for 10 years.

The 130-bed hospital is run by the Daughters of Charity, the religious order Sister Mary belongs to. Its facilities are spread across a campus of modest cement-block buildings—all of the bricks made on site—with separate structures for the emergency room, internal medicine, pediatrics, obstetrics/gynecology, surgery, intensive care, psychiatry, and isolation. Several of these buildings are new, constructed under Sister Mary's oversight, including a much-needed isolation unit for epidemics.

Sister Mary Felice, MD '90

The most recent outbreak—cholera—emerged shortly after Sister Mary left Lukolela in June to visit the United States. Every three years, sisters working abroad are granted a three-month furlough to rest, reconnect with family, and reenergize before returning to their missions. This year, Sister Mary received a special extension of 22 days so that she could attend Reunion at Upstate and accept recognition from the Medical Alumni Foundation as the 2025 Humanitarian Award recipient. For Sister Mary, it's not about the personal accolade, but the opportunity to share the work of her hospital and community. The need to fundraise is constant.

In a matter of days, she will embark on the long return. The route itself illustrates the hospital's remoteness: Albany to Chicago to Brussels to Kinshasa. From the Congolese capital, Sister Mary will board a smaller plane to Mbandaka, a city where the Daughters of Charity maintain their provincial house. Then comes the final leg—a boat journey down the Congo River to Lukolela. Under the best circumstances, the trip will take at least a week.

In Mbandaka, she will reunite with sisters from her hospital who have been making their annual retreat and travel together back to Lukolela. If they weren't there, she'd look for a merchant boat heading in the right direction. Three years ago, all flights to Mbandaka were mysteriously canceled and she ended up making the entire journey by boat.

Traveling the river reveals the Congo in all its beauty and difficulty. Along the way, she'll witness village after village with no industry, just camps and nature and people living in rustic housing, who traverse the river in long, narrow pirogues carved from tree trunks. She'll see roadside stands selling fried dough and tea, little boys hawking green vegetables from their mothers' fields, houses with roofs of palm thatch that might someday be replaced with sheet metal as families earn enough money.

Continents

Travel along the Congo River

A HOSPITAL AT THE EDGE OF THE RIVER

Lukolela is a remote river town about 118 miles from the nearest city, accessible mainly by boat. St. Vincent the Servant General Reference Hospital serves as the hub for a vast health district covering nearly 8,700 square miles and a population approaching 200,000.

Families come by canoe, motorcycle taxi, and sometimes bicycle, often arriving in advanced stages of illness because of the distance, the cost, or initial reliance on traditional medicine.

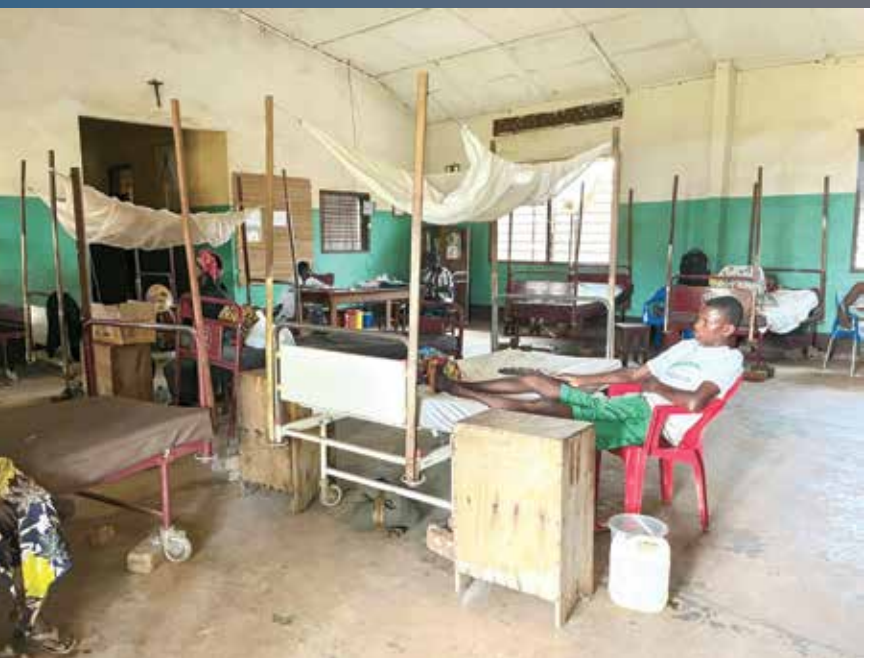
Inside the hospital, modern medicine is performed with limited resources. Despite constant high heat, there is no air conditioning. Sterilization is done with a pressure cooker. Suction during surgery comes from a manual foot pump. Patients' families provide meals, wash clothing, and sleep on the floor beside their loved ones.

And yet, under the Daughters of Charity's leadership, the hospital has flourished. In 2024 alone, it recorded 9,141 patient visits, 3,556 hospitalizations, 801 major surgeries, and 123 cesarean sections.

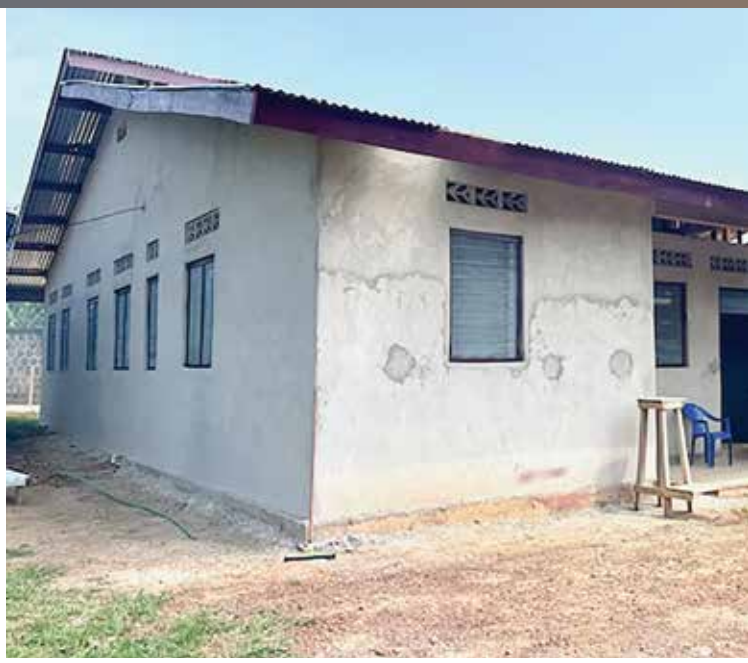
Malaria, typhoid, tuberculosis, HIV, trypanosomiasis, and malnutrition are constant challenges. Surgeons operate regularly for typhoid-related bowel perforations—cases that are often fatal without timely intervention.

During peak malaria seasons, the pediatric ward may overflow with comatose children, many needing blood transfusions. Sister Mary recalls that before the intensive care building was constructed in 2019, two or three children often shared a bed. "It was intolerable," she says. The new facility offers cubicle partitions, giving each child privacy and better infection control.

Step by step, building by building, Sister Mary has worked to transform a crumbling mid-century hospital into a facility that meets the essential needs of its community.



An annex was recently added to the hospital surgical department, allowing for more space between patient beds.



The new isolation building, used most recently to house patients during a cholera outbreak last summer

DOING MUCH WITH LITTLE

In Weiskotten Hall, Sister Mary clicks through images of construction projects that have transformed the hospital during her tenure. Every brick visible in the photographs was made on site by hired groups who know the craft. Workers carry sand from the river's edge to the hospital grounds—at least half a mile, perhaps more. School children and youth groups from the local parish help transport supplies, a way for schools to earn money to pay teachers who haven't yet made it onto the government payroll, a process that can take years.

The urgency behind this construction becomes clear when Sister Mary shows photos of the old buildings—structures built in 1947, too small, in poor shape, with leaking ceilings and rooms separated only by curtains. In the old emergency room, patients crowded into a main room with just two cubicles branching off. The old internal medicine building was similarly inadequate, beds crammed so close together they touched, the heat oppressive, the lack of space dangerous during epidemic outbreaks.

Now there's a new emergency room and administrative building, blessed and opened on December 23, 2022. It features the hospital's first tile floor. "The employees kidded me that it's going to be like the United States," Sister Mary says. Instead of rooms separated by curtains, there are now four proper examination rooms. Medical records and the administrator's office have dedicated space.

An addition to the surgical building followed, creating more distance between beds and allowing the hospital to better separate clean wounds from dirty wounds. The new internal medicine building, funded in part by the Italian Bishops' Conference, took 11 months to construct. During that time, the hospital faced the difficult challenge of continuing to treat patients while tearing down and rebuilding. They used the surgical addition temporarily for internal medicine patients and started using the new building before it even had windows installed, blocking openings with plywood out of sheer desperation.

The isolation building is perhaps the most crucial addition, as evidenced by a cholera outbreak three weeks after Sister Mary left for the U.S. "Our hospital was particularly hard hit," she says. "We had more than 600 patients in our health district."

Doctors Without Borders came to help. But Sister Mary was half a world away, following the situation remotely, trusting in her staff and the systems in place. Photos arrived on her phone: patients first crowded into the old isolation building, then overflowing into the new facility even though it wasn't finished, beds were placed on a dirt floor while workers frantically completed the pavement in an adjacent room.

Cholera comes roughly every four or five years in Lukolela—rice water diarrhea so profuse it kills through dehydration unless patients receive Ringer's Lactate Solution intravenously. But cholera isn't the only threat. During Sister Mary's tenure, the hospital has also managed epidemics of measles and polio. Last year brought a monkeypox outbreak. She shows a photo of a child with the characteristic lesions. "This little girl did live," she says with relief.

Tuberculosis patients are constant, often exceeding capacity in the hospital's four-bed TB facility. And always, always, there's malaria and typhoid—the two most common diagnoses by far. Patients with severe malaria arrive in comas or needing blood transfusions. They stabilize for two or three days in the intensive care unit before transferring to pediatrics or internal medicine.

A DAY IN THE LIFE

Nine sisters live in the house in Lukolela, running the hospital, the school, and social services—all within about a block of each other. Their days begin and end with prayer, bookending the long hours of medical work, administration, and community life.

Life revolves around the river and the community.

Sunday Mass averages three hours, four on feast days, filled with singing and dancing, the congregation moving together in worship. "The people are very adept at singing and dancing spontaneously," she says. "I think it's because they don't have access to radio, television, or internet, so this is their own form of entertainment."

The feast of St. Vincent brings a massive celebration for hospital and school employees. There's a soccer game the night before, election of employee of the year, and abundant food preparation. The social service department celebrates with the poor, giving each person a new shirt or dress.

World Women's Day on March 8 is another annual milestone. "If I asked you the date, you likely wouldn't know," Sister Mary says. "But there, everyone knows it's March 8." Women have local seamstresses make special dresses and hold a joyful march around the hospital and through the village. "It's a very big day. I think it's because the women work so hard and it's the one day that they're honored," she says.

At 62, Sister Mary has stepped back from surgery. "I don't operate anymore," she says. "I leave it to the younger doctors." She's also moved from the demanding internal medicine service to pediatrics, which has fewer patients, giving her more time for her administrative duties and to mentor the next generation of physicians.

Her days begin with meetings. Mondays and Tuesdays, she meets with the health district leadership. A part of her responsibilities is to fill in for the head of the health district when he's away—which is frequently for meetings, training programs and since his family lives in Mbandaka. Mondays are for planning the week's activities. Tuesdays bring the painstaking work of infectious disease surveillance.

"There's a very tight monitoring system," she says. Every health center and the hospital must report weekly on infectious diseases—how many malaria cases, typhoid cases, whether anyone has presented with measles, Ebola, or other concerning conditions. Every Tuesday, the hospital compiles cases from the week, reviews the report, and transmits it to Mbandaka. Wednesday, Mbandaka holds a meeting and transmits data to Kinshasa. It's an early warning system, designed to catch epidemics before they explode.

Sister Mary Felice with colleagues at the St. Vincent the Servant General Reference Hospital In Lukolela

A family with an infant patient seeking care at the hospital

If an epidemic is detected and a specimen tests positive, the Provincial Health Department often arranges for a specialist from the World Health Organization to come to guide the response. The system works remarkably well, Sister Mary says, particularly for vaccinations. Children can get immunized for free at any of the 16 health centers in the district if families follow the preschool clinic schedule.

The Health District and Hospital receive free medications for HIV, TB, malaria and trypanosomiasis and leprosy. Sister Mary is not sure how many of these are funded through USAID, but she worries about the impact of the agency's dissolution. "I'm dreading what I'm going to find going back," she admits. The hospital also received free treatment for malnutrition, clearly marked from USAID. "I can't even fathom what we're going to do, because to buy the powdered milk to fabricate it ourselves is so expensive," she says.

Beyond meetings and disease surveillance, Sister Mary does pediatric rounds, conducts patient visits, and performs ultrasounds—the only imaging available at the hospital. As medical director, she handles all the requisitions: medical reports for trauma cases, violence, and sexual assault. These go to local law enforcement at their request.

FAITH, FAMILY, AND FULFILLMENT

Her summer in the United States has been restorative. Sister Mary spent time with family, made an eight-day retreat and connected with other sisters. She visited the Daughters of Charity's all-girls high school in Bladensburg, Maryland, outside Washington, where she shared her PowerPoint presentation with students. "They were very interested and asked a lot of questions," she says.

She's given the same presentation to various organizations, to family members, to gatherings of Sisters. And she's shopped—the practical work of preparing to return. In her luggage will be two handheld nebulizers and two handheld ultrasound devices that plug into iPads, one for Lukolela and one for a health center that the Daughters of Charity have, located another 5 hours down the river and staffed by Sister Emilienne, a Congolese, Sister-physician along with two other Sisters.

She's also bringing gifts: clothing, balloons for children, jewelry from a friend for the women on World Women's Day, handmade bags in different colors made by another friend for each of the nine sisters in the house.

Despite the challenges, it's clear from the way her face lights up that Sister Mary loves her work and the people she serves.

"Whenever I come back to the United States, after about two months I start getting restless," she says. "If I didn't get restless, perhaps that would say something to me. But it would be hard for me if I couldn't go back."

Sister Mary looks forward to slipping back into a familiar rhythm: early mornings, rounds, consultations, emergencies at all hours. Meetings with staff, with sisters, with community leaders. Planning for the next project—that new OB-GYN department they dream about, the first two-story building with pediatrics and neonatology on the second floor.

Retirement isn't on her mind. "Well, I'm just 62," she says when asked, as if that settles it. She knows sisters in their 80s still on mission. The decision of when to leave, like the decision to come, ultimately rests with her religious order and with what she discerns as God's will.

For now, she carries both worlds with her: the warmth of family connections, the honor of the Humanitarian Award, the renewed energy that comes from rest, and the reassurance that her colleagues handled the cholera crisis and that the hospital continues its work with or without her.

This is the paradox of her vocation: she is both essential and replaceable, uniquely suited to this work yet ultimately just one person serving something far larger than herself.

In the conference room at Weiskotten, Sister Mary closes her PowerPoint presentation. The photos freeze on screen—cement buildings along the river, patients arriving by pirogue, children playing with homemade toys, sisters gathered for prayer. Within weeks, these images won't be photographs but her daily reality.

She's ready to go home. ■

For more about Sister Mary's path to medicine, see the Spring 2022 Alumni Journal. For more about the St. Vincent the Servant General Reference Hospital, visit www.congoriverjourney.org.