DOING MUCH WITH LITTLE

Sister Mary conducting internal medicine rounds

Running a remote hospital in the Congo, Sister Mary Felice, MD '90, helps care for the poorest of the poor.

RENÉE GEARHART LEVY

Sister Mary Felice, MD '90, can't tell you the air temperature at her hospital in the Democratic Republic of Congo; there is no thermometer. She only knows that it's hot. Often oppressively hot.

Located on the Congo River in the remote town of Lukolela, the St. Vincent the Servant General Reference Hospital is a world apart from developed nations, both geographically and medically. Located 91 miles from the nearest city, most patients travel by boat because roads are often impassible. For many, it is a day-long journey. While they come with varied medical needs, the commonality among patients is their poverty. By Western standards, most are devastatingly poor, living in houses with dirt floors and roofs made of palm branches, with no running water or electricity. Public sanitation is scarce. Hunger is not.

But perspective is important, cautions Sister Mary, who offers dignity to all she serves. "A house with a dirt floor, no running water or electricity is not considered poor here unless it is in poor repair," she says. "To Americans or Europeans, the people seem poor, but here, if you have enough to eat, you go to school, have basic housing and medical care, it would be insulting to be referred to as poor."

Nonetheless, paying for healthcare is a challenge for most. When a person is sick in a rural area, they go to a local health center staffed by nurses. If their problem is serious, they are referred to the closest of the country's reference hospitals. The health district for St. Vincent the Servant General Reference Hospital spans a geographic area of 7,000-square miles with a population of 176,063, and also draws many patients from outside the district due to the scarcity of hospitals.

"People often delay coming, both because of the cost and because they likely have to travel a long distance," says Sister Mary. "As a result, they tend to arrive to us in an advanced state."

The most common conditions treated are malaria (as well as anemia that is secondary to the rupture of red blood cells caused by malaria), typhoid, tuberculosis, HIV, filariasis, trypanosomiasis, amebiasis, and malnutrition. The hospital is also equipped for basic surgery—appendectomies, hernia operations, cesarean sections, and a significant number of laparotomies and

bowel repairs/resections for bowel perforations secondary to typhoid.

As medical director, Sister Mary has administrative oversight for the hospital, which is operated by the religious order the Daughters of Charity with some support from the Republic of Congo government. As a physician, she is in charge of the internal medicine department and for isolation and psychiatric patients. She also conducts ultrasounds, the only imaging method available at the hospital, which also includes departments of emergency services, obstetrics and gynecology, pediatrics, surgery, and intensive care. A basic lab assists with diagnosing tropical diseases common to the area.

The hospital has six physicians, which include two sisters: Sister Mary and Sister Emilienne, who is Congolese. Being medically understaffed is a given. In 2020, the hospital recorded 8,322 patient visits, 4,962 hospitalizations, 923 major surgeries, and 183 caesareans.

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To cut costs, nursing staff is kept to a minimum. All patients are required to have a family member present, who is responsible for the patient's hygiene, laundry, and food needs, often sleeping on the floor.

"Although medical care here is simple, it is amazing how many lives can be saved by focusing on what is essential for a particular population," says Sister Mary.

Growing up near Binghamton, New York, Sister Mary never imagined a life devoted to God. Always a strong student, her father encouraged her to become a doctor. But she had grown up dancing and her dream was to dance professionally.

She went to SUNY Brockport to major in dance. But something was missing. She was surprised by how much she missed academic challenge. Perhaps her father had been right.

Sister Mary transferred to SUNY Binghamton as a biology major. At the end of four years, she had four-credits of biochemistry remaining. "I didn't want to go to summer school and then straight into medical school," she recalls. Instead, she decided to take a gap year to finish biochemistry and take other courses she hadn't had time for.

It was during that year that an older priest visited her family's parish to give a retreat. "To be honest, it's not something I normally would have attended," Sister Mary recalls. But she had just been accepted to Upstate and knew her life would soon be consumed by medical school and residency. "I thought perhaps I will never have another chance to do something like this," she says.

School children at the nearby school, which is also run by the Daughters of Charity

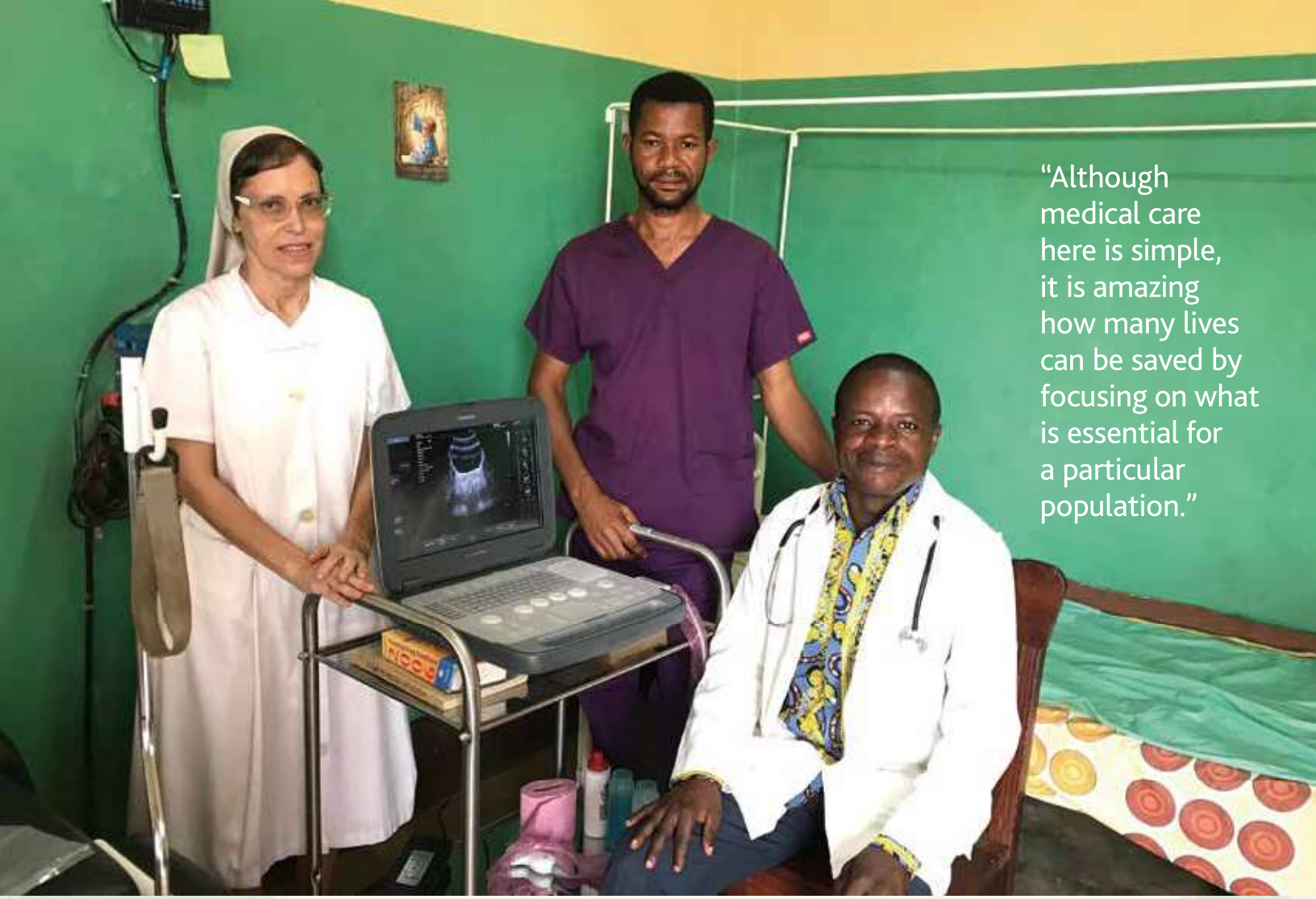
The experience would turn out to be life changing. "The priest made such an impression on me," she recalls. "In retrospect, I think that he was so given to God that I could see God's presence in him quite clearly."

In her own prayers, Sister Mary expressed admiration for the priest. While she didn't know exactly what it was about his life that touched her so, she knew she wanted the same for herself.

In response, she says she felt God inviting her to do as the priest had—to give him everything by living a religious vocation. "It was a shock really and I'm not sure I welcomed it, but I couldn't deny how real it seemed and the peace that the idea brought," she says.

In the subsequent months, Sister Mary faced an internal struggle between her desire to follow the example of that priest and things in the world that attracted her. By the time she entered the Upstate College of Medicine, she knew she intended to become religiously affiliated and aspired to a life of missionary work. She thought internal medicine would provide the most valuable foundation, and simultaneous with her medical study, began to research different religious orders. As a third-year student, she chose the Binghamton track for the opportunity to rotate at Lourdes Hospital, run by the Daughters of Charity.

Sister Mary developed a relationship with the hospital administrator, Sister Margaret Tuley, who became a mentor and arranged for her to do rotations at other Daughters of Charity hospitals. During her primary care internal medicine residency at the University of Rochester, Sister Mary lived with the Daughters of Charity sisters there.



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Sister Mary and members of the medical staff pictured with the hospital's new ultrasound machine, a gift from a family in the United States.

After completing residency, she formally joined the order, becoming the group's only sister in the United States who was also a physician (another joined years later and is still practicing). She spent her postulant year in Bridgeport, Connecticut, then 18 months in seminary. Although she longed to do international mission work, the Daughters of Charity does not allow sisters to work abroad during their first 10 years. Sister Mary returned to Bridgeport, where she worked at St. Vincent's Hospital for five years in the outreach department and helped run a youth group for inner city kids. She worked the next five years as a hospitalist in Troy, New York, where she helped run another youth group.

The Daughters of Charity has 16,700 Sisters working in 97 countries. Once her 10 years in the United States were complete, Sister Mary requested and was accepted to go to the Missionary Center at their Motherhouse in France to prepare to go out on mission.

She studied French and tropical medicine. While there, she was informed she would be sent to the Congo.

The Democratic Republic of Congo is one of the most populous countries in Africa and one of its poorest. Nearly three in four people live on less than $1.90 per day, representing one of the largest populations in the world living in extreme poverty.

Despite abundant natural resources—copper, cobalt, diamonds, and gold—the country is characterized by underdevelopment and instability, including well-documented government corruption and internal conflict (illegal mining by armed groups and two decades of warfare).

There are currently 90 Daughters of Charity sisters in the Congo spread among 13 locations. Two thirds are native Congolese and the rest are missionaries from other countries. They communicate both in French and in the local language, Lingala. Sister Mary spent five years in Mbandaka helping to start the Daughters of Charity's Project DREAM program, which provides testing and integrated, comprehensive care to those who are HIV-positive, with a focus on the treatment of pregnant women to prevent mother-to-child transmission of HIV.

While she had dreamed for years of just this kind of work, she had never imagined the level of

Preparing hospital staff for the possibility of Ebola

poverty she now witnessed. "I could never choose to live in the midst of this degree of poverty, but I believe that this is what God is asking of me and I would try anything He asks," she says. "I just have to also ask for his grace."

Sister Mary has been in Lukolela since 2014. There are seven sisters living in the house there, who run the hospital, the school, and social services, all within about a block of each other. Her days are long and full, beginning and ending with prayer. In between, she may have meetings at the local health district (a mile walk); a weekly report on infectious diseases treated; medical education; grant writing to raise funds; and of course, patient care—doing rounds, seeing new patients, and performing ultrasounds. "Life is very adventuresome," she says. "There can be many problems, but we take them in faith. We never have a boring day."

By necessity, she also used to perform surgeries—appendectomies, hernia operations, and cesareans, but has not operated in two years due to her administrative demands.

Operating in Lukolela is not like operating in the United States, she says. There is no air conditioning and it's rare to have a fan. "Also, we don't have electric suction, and we don't have a Bovie, so all the vessels have to be tied off. For cesareans and peritonitis, we use suction that someone pumps with their foot," says Sister Mary. "We lack a lot of the little luxuries, and it makes it longer, harder work when you operate. It's really quite the workout."

Satisfaction comes from feeling she is doing God's will. "The charism (mission) of our community is the service of Christ who is present in the poor. We are close to the poor, and I feel that that makes us closer to Him," says Sister Mary. "It gives me great joy when we improve conditions in the hospital," she says. "We have made many improvements, but we still have a long way to go."

During her time in Lukolela, Sister Mary has helped spearhead several projects, beginning with construction of a new stabilization and intensive care building.

"Our old building was very small with 14 beds not even a meter apart," she says. "During outbreaks of malaria or typhoid there might be two or three children per bed, many in a coma being transfused. For me, it was intolerable."

In the new building, constructed in 2019, each patient has a cubicle curtain, "so it's almost as if each patient has their own little room if you draw the curtain," says Sister Mary. The following year a separate building was constructed that includes four isolation rooms (including partitioned areas for families to sleep), and rooms for psychiatric patients.

Sister Mary recalls a young boy who came in very sick with monkey pox. He got better, but then other family members who'd come with him became ill, and his younger sister died. "He was in our old isolation rooms that were very small and lacked proper windows," says Sister Mary. "His little sister should not even have been present, but they came from far with multiple family members sleeping in

the same room. Now we have more spacious rooms, with the small partition for family members."

Other grants have funded a concrete fence around the hospital grounds, which helps keep out goats, pigs, and thieves, solar lighting, and repainting the entire hospital, a simple improvement that Sister Mary says makes a big impact. "We serve the poor with more dignity because it looks nicer," she says.

Sister Mary's current focus is on replacing the hospital's outdated emergency room building, which was built in 1947 and was in poor condition. "It is too small for the number of patients that we receive, making it more difficult to maintain the level of order and cleanliness necessary for providing quality care and decreasing the transmission of infections, especially during this time when we have to be on the alert for cases of coronavirus or Ebola," she says.

Through grants and fundraising, the hospital has raised $60,000, allowing construction to begin. As usual, nothing usable goes to waste. "We saved many things from the old building," says Sister Mary. "The sheet metal roof will be used to finish a building to raise chickens and to create an outdoor conference room. We also saved 12 windows, which we will use in the new building, and many bricks, a water tank, and gutters, which are being used for various purposes in the hospital and community."

In the best of conditions, an epidemic is challenging. In Lukolela, that challenge is particularly acute. "We are eight hours on the river from the nearest city. If we don't get enough IV fluid, or chlorine to disinfect, people can die," says Sister Mary.

During her tenure, the hospital has experienced epidemics of cholera, measles, and last year, cases of polio. Typhoid and malaria are endemic, but each year there are periods where the number of cases greatly increase.

And while hospitals across the globe have struggled for two years with the COVID-19 pandemic, St. Vincent's did not see its first COVID patient until January 2022 and had only seen six by mid-February. All but one recovered.

"We've increased screening procedures at the door of the hospital," says Sister Mary. "Anyone with a fever, cough, or shortness of breath, doesn't follow the normal circuit. We have an outside consultation room to see them."

The hospital staff has yet to receive vaccinations, but Sister Mary hears they are coming.

Daughters of Charity missionaries are eligible for three-month trips home every three years. Sister Mary was due in 2020, but because of COVID-19, did not travel. She is hoping to make it stateside this year to reconnect with Sisters, family, and friends, and to recharge her strength and spirit.

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Whether or not COVID becomes a pandemic in Lukolela, Sister Mary will take it in stride. "One thing I've learned is to really rely on God," she says. "There are so many problems that seem like there's no solution, but I can look back and see how many times I was worried, but God always seemed to come through. I have that experience to carry with me as problems arise."

Sister Mary would love to hear from her Upstate classmates. If you would like us to forward a message, please email medalum@upstate.edu with Sister Mary in the subject line. To learn more about her work, visit www.congoriverjourney.org.

When time permits, Sister Mary enjoys cooking for the sisters in their wood-fired oven.