

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.

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.



Sister Mary Felice, MD '90

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 continu-

ing 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.