Learning from the Guyanese

BY SR. PATRICIA A. TALONE, RSM, Ph.D.
Sr. Talone is vice president, mission services,
Catholic Health Association, St. Louis.

En route to Guyana this past May, I realized what excited me most about my visit to the Catholic hospital in the capital city of Georgetown: the people. How might individuals, laboring in the Third World and lacking resources that other health professionals take for granted, teach me and my peers in Catholic health care about the healing ministry of Jesus?

Guyana, located on the northeastern coast of South America along the Atlantic Ocean, is a combination of both Caribbean and South American cultures. Once a British colony, Guyana is the only country on the continent whose official language is English. The Guyanese people are a mix of persons with Amerindian (the indigenous people, many of whom live in the interior), African, East Indian, Spanish, Dutch, Portuguese and Chinese roots. A country rich in natural resources like sugar cane, bauxite, timber, precious metals and gems, it is poor in its infrastructure and finances. Despite a paucity of internal resources, remnants of the British school system remain, providing a sound education for the nation’s youth. However, the exodus of educated women and men to England and North America in search of jobs further contributes to the country’s challenges.

Although several hospitals are available in Guyana, most are in the capital city area and patient care and services vary tremendously from facility to facility. People suffer from many tropical diseases and Guyana ranks second in the Caribbean area in its HIV infection rate. The hospital that I visited, St. Joseph Mercy Hospital, has been serving the health needs of the people of Georgetown since 1943. Founded by a group of committed Catholic lay persons, the hospital came under the administration and sponsorship of the Sisters of Mercy just one year after its inception. The congregation had ministered in the country since 1894. One of the reasons I visited the staff, board and administration was that the hospital is now under the skilled management of its first lay leader since 1944, Helen Browman, who is assisted by an able executive staff, including director of mission, Patricia Liverpool. Both women bring extensive business education and experience to the health care ministry.

Chief among my learnings is that concern for mission, sponsorship and continuity is not limited to facilities in the United States. In fact, because St. Joseph Mercy is the only specifically Catholic and religious hospital in Guyana, associates expressed an even more acute concern about mission than one often encounters in Catholic facilities in the United States. Virtually every group I met, from trustees to staff members, could recite the history, mission statement and core values of St. Joseph Mercy. They expressed tremendous pride in their commitment to caring, excellence of care, and sense of collaboration among co-workers. They also recognized that although fewer sisters can now minister at the hospital, a need for outstanding care continues to grow within their city. Religious sponsors,
trustees and administration resolved to insure that the healing ministry of Jesus remains the driving force of all that they do.

St. Joseph Mercy, like many of its mid-20th century counterparts, founded an excellent nursing school that continues today. Guyana is an equatorial country with an unyielding high temperature and humidity that is daunting to one accustomed to air conditioning, yet St. Joseph Mercy nurses and their associates never seemed to mind the heat, instead exuding a calm, unhurried demeanor that can only arise from excellent professional training. One nurse manager laughingly told me that the internal culture dictated that “Mercy nurses never run.” Their crisp uniforms and caps indicate the sense of pride they take in their vocation to care for the sick. One day I stood in the noonday heat and watched a nurse who, unaware of my presence, carefully positioned a patient’s bed so that he was in the shade and could feel the effects of one of the ward’s two fans.

Another thing I learned from the St. Joseph Mercy staff was that commitment to the needs of patients fosters collaboration and ingenuity among everyone in the facility. Similar to any community hospital, the Georgetown hospital has designated departments and units (intensive care, emergency room, maternity, medical-surgical, etc.). However, staff on each of these units willingly moves to other sections of the hospital as needs arise, collaborating with co-workers in other departments. Additionally the intense heat can cause electrical outages in the whole city, which, even with emergency generators, can still wreak havoc with machines. Among the most important employees in the facility are the maintenance workers. One man spoke about his job with pride, observing that he was not simply a maintenance man, but a member of a team that problem solves, troubleshoots and collaborates with colleagues to insure that patients receive the care they need and that staff has the equipment needed to care for patients. Because Georgetown is geographically isolated, replacement materials are difficult to find and obtain, therefore each unit carefully stewards its equipment and sup-

A SIGN OF GOD’S GOODNESS

In equatorial countries, the sun comes up at about 6 a.m. and sets at about 6 p.m. virtually year-round. In Guyana, a huge, red globe bursts upon the eastern sky in the morning without the gradual dawning that we in more temperate regions have come to relish. When the sun does rise, it does so accompanied by a cacophony of sound. Birds don’t quietly start to chirp, they belt out symphonies. Dogs, awakened from their slumber, bark their protest, and cocks begin to crow with abandon. One does not need an alarm clock to awaken to a new day.

Shortly after dawn the streets begin to fill with persons going about their daily lives. Pedestrians walk from their homes to local corners awaiting the jitneys that are a major mode of transportation to places of work. Standing erect, women and men often carry packages on their heads. Bicyclists avoid traffic jams by weaving in and out between cars, avoiding ubiquitous potholes. Children are perfectly polished and groomed in their uniforms. The boys sport khaki shorts, ironed pastel shirts and knee socks, while the girls dress in plaid skirts and pastel blouses, with matching hair bows. All tote that universal burden of young scholars, a backpack, as they join arms and laugh and chatter wending their way toward school.

One member of St. Joseph Mercy Hospital, sharing with colleagues about the meaning she finds in her day’s work, expressed the fact that for her each new sunrise is a sign of God’s goodness and an opportunity to offer thanks for the privilege of serving God. What a wonderful way to greet the day!

— Patricia A. Talone, RSM, Ph.D.
plies. A nurse-anesthetist recounted visiting a Catholic hospital in a major U.S. city to learn from the surgical team there. He watched in dismay as the team discarded materials that the Guyanese hospital would sterilize and reuse.

Although St. Joseph Mercy Hospital is in a country that is poor in resources in comparison to this country, it nonetheless embraces the church’s mandate to care for the poor. Similar to many former British colonies, Guyana has a free hospital, so that most patients admitted to St. Joseph Mercy pay something for their care. However, as a Catholic hospital, the staff takes pride that the excellent surgical team gives charitable care to Amerindians who travel by boat from the heart of the country to the capital. While I was in Guyana, the hospital was in the midst of preparations to receive three children from the interior. The children were traveling with their mothers to receive surgery that was available nowhere else in the country. Staff busily prepared for their housing prior to surgery, for their entertainment while in the capital, and for their recovery period.

If U.S. Catholic hospitals want to assist St. Joseph Mercy, the facility could benefit from almost anything offered — money, surgical equipment, beds, wheelchairs, EKG machines and laboratory supplies. The staff is grateful for visiting teams of medical professionals who come to share their expertise. But what would benefit these ingenious, persevering professionals even more is the opportunity to come to the United States and observe how things are done in a hospital here. One nurse asserted to me, “Don’t just come here and tell us how to do things here. We know our challenges better than persons from beyond our country. What would be the greatest help to us is to see how things are done elsewhere, and then allow us to problem solve with our own staffs to put in place what we learn abroad.” If any hospital or health system could offer such a “scholarship” to one of these dedicated medical professionals, its benefits would extend far beyond that one nurse or technician.

Returning home from Guyana, I realized that I had learned far more than I had been able to teach. I stand in admiration of these women and men whose resourcefulness, creativity and energy continually find ways to serve sick and needy persons. Their dedication carries the healing ministry of Jesus to people and places about which I had only dreamed. We are graced by their good works.