Savannah Facility Has a "Sister-Hospital" Partnership with a Guatemalan Organization

BY SR. MARGARET BEATTY, RSM; PAUL P. HINCHEY, MHA; & RAY R. MADDOX, PharmD

Sr. Beatty is vice president, mission services; Mr. Hinchey is president and chief executive officer; and Dr. Maddox is director, clinical pharmacy, research and pulmonary medicine, St. Joseph's/ Candler Health System, Savannah, Ga.

n November 2004, St. Joseph's/Candler Health System (SJ/C) in Savannah, Ga., formed a unique "sister-hospital" relationship with the Obras Sociales del Hermano Pedro (Obras for short) in Antigua, Guatemala. The relationship was created as a formal covenant between the two institutions and is an extension of the mission and purpose of each entity. In this article, we want to suggest:

 How this model of collaboration can be used to develop formal partnerships with needy Third World hospitals

• How such partnerships can benefit the missions of participating U.S. facilities by extending their medical outreach outside the borders of the United States

How such partnerships can aid the leadership development of participating U.S. facilities

THE SISTER-HOSPITAL PARTNERSHIP

For more information, contact:

St. Joseph's/Candler Health System, 5353 Reynolds Street, Savannah, Ga. 31405 (www.sjchs.org)

Obras Sociales del Hermano Pedro, 6^a Callé Oriente No. 20, Antigua, Guatemala, Central America (www.obrashermanopedro.org)

Faith in Practice, 7500 Beechnut Street, Houston, Texas 77074 (www. faithinpractice.org)

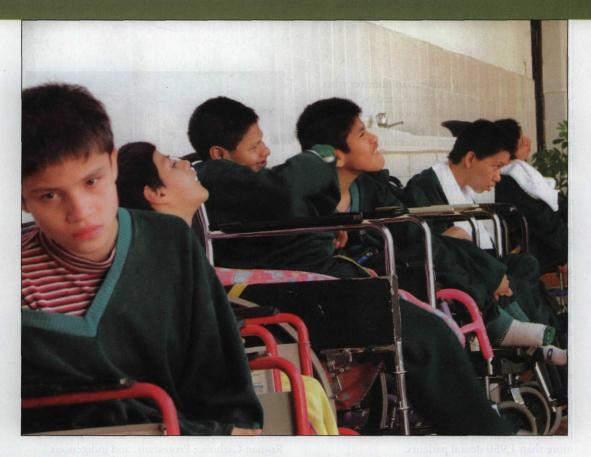
PARTNERS IN THE SISTER-HOSPITAL RELATIONSHIP

The sister-hospital relationship between SJ/C and the Obras developed in part as a result of an existing medical missionary program in which members of Savannah's health care community were participating. The sister-hospital project itself involves three entities: SJ/C, Obras, and Faith in Practice Medical Missions (FIP), Houston.

St. Joseph's/Candler Health System SJ/C is a two-hospital, tertiary-care, community referral system recognized for its local outreach programs. It is the only faith-based health care system in the region. SJ/C's two hospitals, St. Joseph's Hospital and Candler Hospital, are two of the longest continually operating hospitals in the United States. St. Joseph's, founded in 1875, is associated with the Catholic Church; Candler, founded in 1804, is associated with the Methodist Church. Although the two facilities came together in 1979 to form SJ/C in a joint operating agreement, each hospital retains its religious affiliation.

The system's mission and vision is simply stated: "Rooted in God's love, we treat illness and promote wellness for all people. Our vision is to set the standards of excellence in the delivery of health care throughout the regions we serve."

St. Joseph's Hospital is sponsored by the Sisters of Mercy, Regional Community of Baltimore, and has a legacy of care that goes back more than 130 years. Founded in Ireland in 1831 by Catherine McAuley, the congregation is part of the Institute of the Sisters of Mercy of the Americas and extends from Maryland south to Georgia, Alabama, and Florida. In these states, five health care facilities are sponsored by the Baltimore Sisters of Mercy. The congregation's presence in Savannah began in 1845 when sisters came from Charleston to establish St. Vincent's Academy. St. Joseph's Hospital was founded when the St. Vincent's sisters were asked to take

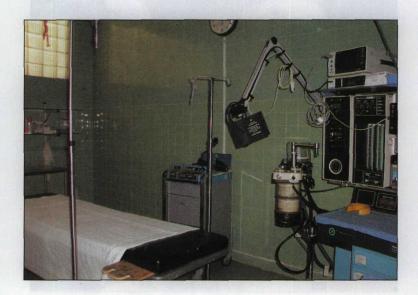


over a hospital for sick seamen. The congregation is dedicated to community outreach to the needy. **Obras Sociales del Hermano Pedro** The Obras is a multiservice facility providing medical help to the poor of Guatemala, including surgical and medical services, as well as a home for the elderly, the orphaned, the mentally challenged, and the chronically ill. It is operated by the Franciscan order of the Catholic Church and receives minimal government support, relying primarily on donations.

The Obras is a place unlike any other. It occupies an entire city block close to the center of town and includes a church that adjoins the facility. It has approximately 500 beds, including cribs, and is a permanent home for more than 400 people ranging in age from just a few days to over 90 years.

Most of those who live at the Obras have chronic disorders such as cerebral palsy, muscular dystrophy, mental retardation, polio paralysis, deafness, blindness, and Alzheimer's disease and other forms of senile dementia. In addition, the Obras offers a school for handicapped children and a nutrition center where malnourished infants and children are treated. Services are offered to the public through a medical and dental clinic, a small basic clinical lab, a pharmacy, and a physical therapy department.

The surgical operating facility functions only when missionary groups provide volunteers to staff it. Faith in Practice FIP's mission is to improve the physical, spiritual, and economic conditions of the poor in Guatemala through short-term surgical, medical, and dental mission trips and health-related educational programs. FIP is based on the ecumenical understanding that, as creatures of God, all people are called to demonstrate the love and compassion that is an outward sign of God's presence. FIP's life-changing medical mission is to minister to the poor while providing a spiritually enriching experience for volunteers. FIP was



founded in 1994 by a Presbyterian minister who, visiting Antigua, was strongly affected by both the tremendous needs of the poor in that beautiful city and by the courage and conviction of Franciscan friars dedicated to meeting those needs.

The first Savannah FIP team was organized in 1997. Medical staffers typically constitute 75 percent of each team's members; the other 25 percent are support staff. All volunteers pay their own expenses, and medical supplies are donated by various agencies.

Since 1997, more than 325 volunteers from Savannah have participated in FIP missions. SJ/C teams are generally composed of surgeons (plastics, ENT, GYN, general surgery, orthopedics, and urology), primary care medical practitioners, dentists, OR support staff, pharmacists, nurses, and lay support staff.

In 2006, 22 FIP surgical and medical teams went to Guatemala from the United States, Canada, and Europe. These teams had a combined volunteer pool of more than 625 people. The teams performed 713 surgeries, treated more than 9,900 patients in villages, and also treated more than 1,950 dental patients.

THE COUNTRY OF GUATEMALA

Guatemala is a constitutional democratic republic located in Central America. The northernmost of the Central American nations, the country is the size of Tennessee. Its neighbors are Mexico on the north and west, and Belize, Honduras, and El Salvador on the east.





Guatemala has a population of about 12,293,545; a birth rate of 29.9 per 1,000 people; an infant mortality rate of 30.9 per 1,000; and a life expectancy of about 69 years. Its indigenous languages are Spanish (spoken by 60 percent of the population) and Amerindian (spoken by 40 percent of the population). (There are 23 officially recognized Amerindian languages, including Quiche, Cakchiquel, Kekchi, Mam, Garifuna, and Xinca.) Guatemala's religions are Roman Catholic, Protestant, and indigenous Mayan beliefs. The country's economy is based on the export of agricultural and natural resources products.

In Guatemala, as in many other Third World countries, access to health care is very limited for those unable to pay. Because most Guatemalans have incomes below the international poverty line, the nation's health coverage is inefficient. In fact, it has been estimated that more than 40 percent of the population receive no health care services whatsoever. Most people rely solely on selftreatment.

Guatemala has the lowest life-expectancy rate in Central America, as well as the highest infantmortality rate. In 1998, approximately 11 percent of the government's budget was allotted for health care. In 1999, there were an estimated 0.9 physicians and one hospital bed per 1,000 people. It has been hypothesized that, if it were not for medical missionary groups like Faith in Practice, most of Guatemala's poor, especially those in remote areas, would have no health care at all.

THE COVENANT BETWEEN SJ/C AND THE OBRAS

In 2002, Paul Hinchey, SJ/C's president and CEO (and one of this article's authors), accompanied a Savannah FIP team to Guatemala. He was so moved by the experience, and by the work being done in the Obras, that he volunteered SJ/C's assistance in helping to renovate the facility's old, poorly furnished operating rooms and adjoining support areas. Hinchey's offer included

surgical equipment (which, although no longer in service, was still useable), as well as supplies that could be used for patient care.

Hinchey and Sr. Margaret Beatty, RSM (another of the authors), committed themselves to, first, involving the SJ/C board in the project, and, second, supporting a proposal that SJ/C and the Obras become sister hospitals. Hinchey and Sr. Margaret identified several probable benefits from this relationship. It would:

• Offer SJ/C an opportunity to expand and strengthen its mission outreach internationally, allowing it to develop a unique model of international collaboration with a Third World health care facility

• Enable the Obras to provide patients with medical services that otherwise would not be available to them

• Offer SJ/C and the Obras an opportunity to explore their cultural differences and to foster friendships, mutual respect, and mutual understanding

Offer SJ/C a field in which it could develop executive leaders

In addition, a formal relationship with an innovative U.S. tertiary-care referral center would bring the Obras periodic donations of equipment and supplies, referral of patients for medical treatment, occasional training of the Obras staff at SJ/C, and further collaborative projects that would enhance the Guatemalan organization's ability to provide improved patient care and hospital management.

SJ/C's board endorsed the proposal, and in November 2004 a formal signing ceremony established a *covenant* between SJ/C and the Obras. This ceremony was held in Savannah and attended by numerous dignitaries, including Fr. José Contran, director of the Obras; Gary Card, MD, president of FIP; and Richard Moore, president of SJ/C's board. The covenant–intended to signify *commitment*, *promise*, and *permanence* in the relationship–was signed by Hinchey and Fr. Contran. The covenant is today appropriately displayed in both SJ/C and the Obras.

RESULTS OF THE PARTNERSHIP

The sister-hospital relationship has been a tremendous blessing to SJ/C and the Obras, with innumerable benefits to both:

The large amount of equipment donated by SJ/C has helped make the Obras' renovated operating suites the equivalent of First World facilities.

Three patients have come to Savannah for surgery not available in Guatemala.

Many supplies have been donated by SJ/C

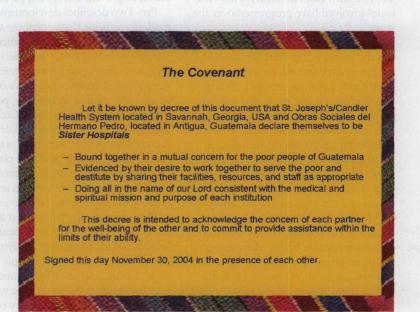
to the Obras for patient care.

■ SJ/C is now working with the Obras to plan the implementation of a computer network system.

Over the past several years, physicians, staff, and SJ/C leaders have participated in multiple FIP mission trips to Guatemala. As a result, these individuals have grown significantly—strengthening their personal faith; gaining insight into other cultures, people, and themselves; and forming new, deep relationships with each other.

The medical team's experiences in Guatemala have benefited SJ/C in the sense that, when team members return to Savannah, they see and value each other—and also their patients—differently. During their visits to Guatemala, a renewing of their spirit and focus occurs. This leads to a strengthening of the bond that should rightly exist among all members of a health care team, regardless of position, title, or role. This sense of renewal is the work of the Holy Spirit binding team members together so that they can better fulfill the Great Commission in a practical way, by ministering and demonstrating their faith through their practice.

The SJ/C relationship with the Obras is deeper than an annual mission trip. It is a relationship strengthened through ecumenical, Christianbased service enhanced by the FIP. It is a relationship demonstrating commitment, promise, and permanence. The SJ/C-Obras partnership is a model that other Catholic health care organizations might consider as they seek opportunities of outreach to the world.



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