GUIDING PRINCIPLES FOR CONDUCTING GLOBAL HEALTH ACTIVITIES

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Renewing Relationship

JESUS IS WITH US IN THE BOAT — A PERSPECTIVE FROM MUMBAI

CHA
Catholic Health Association of the United States

The global nature of the COVID-19 pandemic offers an unprecedented opportunity for those of us involved in global health to look at current philosophy and practice.

We've had a universal experience of isolation, of shortages, fear and new rules. How might those shared realities help us consider new ways to renew our solidarity with our partners in low- and middle-income countries and to assist us as we build something different through our global health strategies?

"The pandemic is a crisis and we do not emerge from a crisis the same as before: either we come out of it better or we come out of it worse. We must come out of it better, to counter social injustice and environmental damage. Today we have an opportunity to build something different," said Pope Francis.*

In order to come out better, we will need to identify where breakdowns occurred when travel was banned and consider if new paths need to be created. Many public health and access challenges have become more evident, requiring lengthy research and analysis, but, overall, how do we emerge from quarantine with greater meaning and purpose? What are we learning from all that is happening amid this global pandemic?

The following essays are an offering to set the stage for collective consideration of how the complexities and challenges of the pandemic create an opportunity for us to rethink, reset and renew our global health relationships. While COVID-19 and the isolation we have experienced inspires more questions, they provide us with renewed hope and inspiration to do it better in the future. We hope you will take this time "apart" to reflect on our future opportunity to be brother and sister to our global neighbors.

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**From Pope Francis' General Audience on Aug. 19, 2020.*

JESUS IS WITH US IN THE BOAT — A PERSPECTIVE FROM MUMBAI

Jesus is With Us in the Boat — A Perspective from Mumbai

BY SR. DR. BEENA MADHAVATH, UMI, WITH
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In February 2020, three COVID-19 cases were reported in Kerala, India. As we watched what was happening in China and Italy, those of us working in the medical sector in India were quickly gripped with fear and anxiety. How would we be able to manage this crisis, given India's socioeconomic context and fragile health care infrastructure, with the wide gap between the poor and the rich, rural and urban, profit-oriented medical treatment offered by corporate hospitals, our fragmented medical supply chain and our shortage of trained medical personnel?

These past six months certainly have been and remain fraught with difficulties. COVID-19 has made glaringly visible issues we already knew all too well. But it has also provided many moments of grace and hope, including new possibilities and paths forward for advancing our original mission — to serve the needs of a multi-layered community that once had too little access to quality health care. Here we reflect on the pandemic from the perspective of one hospital providing care in India, which is a member of Catholic Health Association of India (CHAI), a network of more than 3,500 member institutions, providing a wide range of services from primary care to tertiary care across India. The experiences of our ministries — the Holy Family Hospital Bandra in Mumbai, India run by the Congregation of Ursulines of Mary Immaculate, and the Navjeet Community Health Centre — provide a distinct vantage point for reimagining new priorities and practices for global health on the other side of COVID-19.

COVID-19 Storms Holy Family

Holy Family Hospital Bandra is a 268-bed public, charitable, trust-run hospital and center of medical excellence that serves the health care needs of Mumbai's vast suburbs, with 15,000 in-patient and 80,000 outpatient visits each year. With a strong research and teaching culture, the hospital is a pioneer in cardiac diagnostics, treatment and research, with the Holy Family Heart Institute and the Hybrid Cath Lab providing cutting-edge cardiac catheterization, MRIs, cardiac CT scans, as well as a host of basic and clinical research initiatives and continuing medical education. The Navjeet Community Health Centre provides integrated health care, comprehensive education and community development projects for the rural and urban poor. Navjeet partners with disadvantaged communities to develop projects that are driven by the community — projects that improve health by addressing acute environmental and social problems and equipping communities with skills, knowledge and access to information and government resources.

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As the storm of the virus surged over the globe, our hospital management team recognized that the novel coronavirus was going to be a major pandemic and would severely affect our country, especially Mumbai. Planning and follow-up action began immediately. We were one of the first hospitals in Mumbai to follow infection control measures, including fever clinics and training. When many hospitals went into lockdown in fear of the pandemic, we started to offer triage and referral services. Later, in mid-March, we procured high-quality personal protective equipment (PPE), to provide the best possible protection to our medical team. Intensive training and motivation-building sessions were conducted regularly for doctors as well as for other employees. Standard operative protocols were prepared.

It took almost one month to operationalize the COVID-19 ward and ICU, since the regulations for isolation wards required major changes in our existing setup. We were one of the first hospitals to partner with the government in the battle against COVID-19, when we signed an official Memorandum of Understanding with local authorities and started a COVID care center. Thereafter, we allotted 25 hospital beds exclusively for the

care of COVID-19 patients, including 12 ICU beds. Today, due to the spiraling number of cases in Mumbai, we are caring for around 130 COVID-positive patients a day, with 26 on ventilators.

The Shoals of Global Health

Implementing these changes required us both to redirect our resources to meet the demands of the pandemic and to incur substantial new, unplanned costs. But, as in so many other countries, it has also brought into glaring relief underlying problems in the system. One is the for-profit nature of global health care. For example, due to the realities of the supply chain, we, like so many others, faced acute shortages of critically-needed items. And to make it worse, many vendors used these shortages to increase prices exponentially.

The pandemic also made visible and exacerbated the precarious existence of the poor and those who live on the margins. We anticipated a tsunami of cases in thickly populated cities like Mumbai, especially in its slums. Flattening the curve in Asia's largest slum — Dharavi, located in Mumbai — was almost mission impossible. Almost 1 million people live within Dharavi's one-square-mile boundary: families live and sleep together in ten-by-ten-foot quarters, sharing public bathrooms. Not only is social distancing culturally foreign, it is nearly impossible to do. Yet through a coordinated government effort, the pandemic within Dharavi was remarkably contained, with only 2,000 cases and 79 deaths by mid-June. Will we be able to maintain these numbers now that the lockdown has been lifted? Only time will tell, but we remain vigilant.

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However, following the law of unintended consequences, the very measures which stemmed the tsunami spawned a new humanitarian crisis. In India, as elsewhere, few anticipated the economic and social ramifications of physical distancing and social lockdown. With the immediate closure of our society and economy, the poorest among us — the unorganized sector of the Indian economy of migrant workers and daily-wage laborers who flock to the cities for work, and sleep in slums like Dharavi — lost their livelihood. Overnight they found themselves homeless and jobless, with no means to provide even daily sustenance. After it became clear that the lockdown would last longer than a few weeks, we suddenly saw an egress of migrant workers — some half a

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million — rushing back home. With no money in their hands and with train service cancelled, many walked for several days, some 100 kilometers, to reach their home villages. Desperate to be back home and deprived of even primary health care, at least 22 died on the way. Many who made it met discrimination and stigmatization when they arrived. The neighbors at home were not entirely wrong: many who had left Mumbai asymptomatic carried the disease with them, seeding peripheral outbreaks from the city epicenter.

These experiences have only cemented our fundamental belief that affordable health care is a basic right for every person. This pandemic provides powerful new evidence that caring for each person is crucial for the well-being of the whole community. But it also raises questions about a paradigm of public health or global health that focuses almost exclusively on disease or diseases. Masks, PPE and physical distancing are important and effective measures. However, the protocols for containing the virus have either overlooked or ignored the complex social, economic and personal realities that make them almost impossible for people in poor communities to follow.

Technological Developments Improve Well-Being

Yet while this humanitarian crisis continues to grow in India and across the globe, we have seen an outpouring of creativity in a variety of arenas, particularly technology and caring for caregivers.

TECHNOLOGY: The converging of digital technologies like mobile phones, the cloud, analytics, robotics and artificial intelligence has had impacts across the health care spectrum. India's experience mirrors that of many other countries. Many hospitals have seized this opportunity to initiate teleconsultation. Paired with online delivery of medicines, telehealth has helped millions of people during days of lockdown restrictions. Online medical purchases and online payments are becoming the new normal in our hospital and society at large. Some departments — like our finance team and hospital information system teams — are working from home. In just five months we have become accustomed to virtual meetings and tele-CMEs on Zoom and Google Meet platforms. We have been using smartphones in isolation wards to bridge the gap between patients and their family members. Certain corporate hospitals are using robots to

disinfect areas and to deliver food to patients. Various social media platforms have enabled us to raise public awareness and education. WhatsApp groups have been created within health care organizations to enable management to disseminate information and communicate important policies to the medical team and other hospital employees. Many educational institutions have started offering online training programs for doctors and nurses —both regular classes or CMEs. In fact, via a collaboration with CHAI, about 50 Sister Doctors from India have completed an online certificate course in COVID-19 from the University of Melbourne!

CAREGIVER WELL-BEING AND MENTAL HEALTH CARE: As in many other countries, we quickly recognized the many ways that fear and stress were affecting our staff. We strove to provide adequate PPE, but while it protects, wearing PPE in Mumbai's hot humid weather is suffocating; we are drenched in sweat within minutes of putting it on and we find it difficult to move around. Protective goggles mist up and blur our vision. Wearing an N95 mask requires us to speak loudly to be heard, making it very tiring to communicate with patients and other medical team members. In addition to this, a lot of information has to be given over the telephone, as anxious relatives cannot come into the isolation ward.

These work stresses are compounded by family concerns. To protect their families, some staff members have had to miss important family celebrations and events — even to postpone their own wedding dates! And family members of our medical team, far away from loved ones, are worried. Horrifying news updates about COVID-19 in Mumbai flood news channels. Many of our nursing staff from southern India have been compelled by their parents to resign from their jobs, creating an additional burden on those who remain. Yet, again, those fears are not entirely unfounded. About a month ago a doctor and three religious sisters from my team started showing COVID symptoms. They tested positive and were admitted to the same isolation ward. The news of their sickness was deeply distressing. Certainly, we are so worried about their well-being, but we have to admit — we are afraid of contracting the illness ourselves, and we stress about managing the COVID ward with such an acute shortage of personnel.

With all these difficulties, no wonder frontline warriors are feeling exhausted and stressed. Therefore, we have engaged a counselor to accompany the staff. The management team also spends a lot of time listening to, reassuring and motivating our caregivers. To address the pandemic's broader mental health burden, we have partnered

with CHAI in a project named *Corona Care Life*. This is a web-based platform with a call center facility for anyone who wants to talk about the coronavirus over phone. Infected people looking for comfort and support or people with fear and suspicion about their own condition can avail this facility. An online platform was launched to provide counseling sessions in different languages jointly by CHAI, Project Vision, Billion Lives, Sister Doctor's Forum of India and several other organizations.

After the Storm Ends: Collaboration and Caring

COVID-19 has left the world in extraordinary disarray. It has jolted our very basic social, economic and political frameworks. However, even as the grip of the virus is evolving, it has begun to open up new possibilities for how we think, live and interact. This indeed is an inflection point. The pandemic has in many ways ignited and paved new pathways and breakthroughs within social, pastoral, environmental and cultural spheres and calls us to imagine more. Let us briefly name two.

The pandemic has in many ways ignited and paved new pathways and breakthroughs within social, pastoral, environmental and cultural spheres and calls us to imagine more.

First, when travel restrictions are finally eased, we will need to continue to collaborate and to develop new partnerships leveraging technology to share the wealth of knowledge and experience across borders. How might an INDO-U.S. partnership build on all of these online educational and collaboration technologies to more intentionally and intensively expand opportunities to train doctors, nurses, paramedics and community health agents to meet local needs, especially in remote villages? And how might those in the U.S. benefit from hearing the interesting stories of how we managed COVID in India with our limited resources, fragile health care system and fragmented medical supply chain?

Yet technology is only part of the answer and has its own downsides. As mentioned earlier, PPE, physical distancing and virtual meetings are technological solutions that are important and effective. But they are clearly exacting an extraordinary toll on persons and communities. Our experience with this pandemic has only reaffirmed the patient-centric approach that has always been central to our spiritual mission. While state-of-the-art diagnostic and therapeutic interventions are important for healing, we have always

believed that by building a personal rapport with every patient we strengthen our bond with the community we serve. Now we see even more clearly the need to consider the *human* dimensions of our technological medicine. Going forward, we are going to need to develop much greater ability to attend to the spiritual, mental and emotional health of our patients, our caregivers and our communities — an area in which there is a dire shortage of trained professionals across many countries of the Global South.

Jesus is With Us in the Boat

The battle is not over. Even though we are putting in our best efforts, we still are not able to give optimum care to our patients given our billon-plus population in India. The disease is spreading fast from cities to the rural areas. The government hospitals in certain states do not function well and do not have modern equipment, essential drugs or other medical supplies needed to manage critically-ill patients. As we write, India currently stands third globally for total number of cases, at 2.9 million (behind the U.S. and Brazil) and fourth globally for total number of deaths, at almost 55,000 (behind the U.S., Brazil and Mexico). Given the Indian socio-economic status and resource constraints, we have so far responded rather well, although recent news suggests that COVID-19 is now spreading faster in India than in any other country.[1]

Yet there are reasons for hope. We have watched as people from all strata of society, irrespective of caste, creed and economic status have come together to pool their resources and help each other. Goodwill abounds and caring and sharing has become the norm. Love your neighbor is the new culture. It is heartening to witness the plethora of doctors, nurses, researchers, scientists, government leaders, religious leaders, economists, corporations, civil societies, hospitals, institutions, philanthropists, church volunteers and many more coming together and giving their best to fight against this virus. In many ways, it has generated a new globalization of solidarity and interconnectedness.

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And while the COVID-19 global crisis has caused much anxiety, suffering and uncertainty, it has also

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been a time of intense prayer for us. Our sister's communities pray for us daily. Their prayer and support have helped us to gather courage, wisdom and strength in these days of trials. The spiritual and material support from many friends, well-wishers and benefactors has been a tangible experience of God's providence and protection. Their generosity and magnanimity helped our hospital to steer ahead even when we have suffered financial crises. Amid this lockdown, when churches are closed our homes have become sanctuaries and communities are remaining together and connected in prayer and worship. This pandemic indeed has made us all find new ways of gathering in Jesus' name and worshipping the Triune God. And despite the difficulties in our hospital wards, each time a patient recovers, each time a COVID-positive mother delivers a baby, we all experience another moment of joy, affirming the powerful presence of the Divine Healer and his miraculous healing touch.

ENDNOTE

1 https://www.cbsnews.com/news/coronavirus-in-india-spreading-fast-but-government-claims-strategy-is-working/

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The current pandemic has highlighted our interdependence: we are all connected to each other, for better or for worse. Therefore, to emerge from this crisis better than before, we have to do so together; together, not alone. Together. Not alone, because it cannot be done. Either it is done together, or it is not done. We must do it together, all of us, in solidarity.

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