Blog
Coronavirus
Religious Life



Bandra suburb of Mumbai, India, as seen from the sixth floor of Holy Family Hospital in August 2018 (Wikimedia Commons/Frederick Noronha)



by Joyce Meyer

International Liaison, Global Sisters Report

View Author Profile

Join the Conversation

September 23, 2020

Share on BlueskyShare on FacebookShare on TwitterEmail to a friendPrint

It was overwhelming to listen to Dr. Beena Madhavath, an Ursuline of Mary Immaculate from India, share her experiences of the impact of COVID-19 on her and her coworkers at Holy Family Hospital in Mumbai.

She told her story at a Sept. 16 webinar for grantees of the Conrad N. Hilton Foundation's Catholic Sisters Initiative that had the theme "Catholic Sisters on the Frontlines of COVID-19." The webinar was hosted by Sr. Jane Wakahiu, head of the initiative, and her staff as a way to support sisters in their ministries and to create a community of practice.

Sister Beena is deputy director of Holy Family Hospital and health secretary for the Mumbai Archdiocese. Her emotion was evident when she shared the fear that captured her heart hearing about the coronavirus infecting China and Italy, thinking of what would happen to India with its weak economic context and fragile health care system.

Clearly a woman of action, she and her staff immediately organized trainings on the nature of the virus and hygiene protocols, searched for personal protective equipment and established a medical isolation ward.

While putting infrastructure for care in place, she also had to deal with fears of patients, panic of relatives and infection of caregivers. There was the anxiety of protective masks blurring vision while doctors carried out delicate procedures, intense India heat and fatigue that drained staff energy, and the added pressures from activists and media accusing staff of not doing enough for patients.

And that was only the beginning. Financial challenges soon inundated the system: New costs increased, but income-generation decreased as it was necessary to close outpatient clinics and delay elective surgeries. Then the government required capping charges at 80% of cost. Keeping staff was difficult and required motivation, incentives and access to personal counseling, to say nothing of just hand-holding. It all took immense energy and stamina.

But, Sister went on to say, there were positives, too, as patient satisfaction improved, hospital reputation and visibility was boosted, people donated resources and, the best of all, 1,350 patients recovered from the infection, each a source of

joy.

"The joy of saving a life is beyond all joys of life," she said.

Advertisement

She also discovered the great importance of self-care for leaders to sustain their own ability to keep going. Sleep, good nutrition, exercise, prayer, community sharing and friends are all necessary.

As she described her experience so vividly, there is no doubt that others of the 55 participants could identify with her experiences.

Her colleague, Redemptorist Fr. Mathew Abraham, director-general of the Catholic Health Association of India, affirmed Sister Beena's words and briefly described the association and its 2030 vision.

He noted that the Catholic Health Association of India's 3,572 staff members are mostly women religious who serve about 21 million people in India. Its vision is "health for all," including physical, mental and social health and spiritual well-being, not just "not being sick." The 2030 vision is a commitment to reach out to the marginalized, those most isolated from health care.

Kristen Fanfant, program manager for Latin America for Medicines for Humanity, shared briefly that her organization's commitment is to partner with sisters because they are "on the ground with the people." Medicines for Humanity facilitates their work, providing them with capacity-building programs in clinic management, early childhood development and training of community health workers.

Sisters from 36 congregations in 79 sites, many in very remote areas, in Haiti and the Dominican Republic received immediate assistance when the pandemic began, Kristen said: educational materials in local languages, training in how to teach the needed hygiene protocols, personal protective equipment, and assistance in training community health workers in COVID-19 safety protocols.

These personal stories were inspiring, as was Sister Jane's update on the status of the new Catholic Sisters Strategic Initiative that will be voted on by the Hilton Foundation's board of directors in November. (The Hilton Foundation also funds

Global Sisters Report.)

She reviewed the goals and sub-strategies that will facilitate a vibrant global network of women religious, promote sustainable congregations and support sisters' ministries and partnerships for the transformation of lives of children, youth and families. A fourth strategy attends to evaluation and research. She noted that attention to equity and advocacy are additional elements in this new strategy, which emphasizes a strength-based approach in analysis and commits to having sisters' voices part of all future decisions.



Students at the Missionary Sisters of the Holy Rosary's training school in Chipapa, Zambia, take their national exams in catering in November 2018. (GSR photo / Joyce Meyer)

Tarra McNally, assistant director of evaluation at the University of Southern California's Center for Religion and Civic Culture, was invited to present her initial research on the short- and long-term impacts of COVID-19 among sisters.

She outlined effects such as the significant morbidity of older women religious and depression among sisters because of risks encountered in ministry and being unable to serve people they know are in great need. Other impacts included: loss of children's education, monthly loss of income in the thousands of dollars, food shortages, limited access to personal protective equipment for those working in small institutions, limited church attendance and pastoral/spiritual ministries, halting of vocation activities, lack of funding for accommodation and transport for sister students, isolation from distant community members because of limited or no electricity and internet capacity, and others.

Along with the practical part of the session, there was time for reflection. At the beginning, participants were given time to be attentive to their interior responses to this time of COVID-19 in their ministry to others. Each participant was invited to write three submissions of one word each describing how they were feeling in general, how they were coping with this difficult time and how they felt about the future. Responses to these questions were collected into a word cloud and shared with the entire group. "Prayer," "family," "community," "faith" and "hope" were some of the words that appeared in all three responses.

As I read the comments on the videoconference's chat feature, it was clear that the participants appreciated the attention given to their well-being as ministers to others. It confirmed what Sister Beena later reminded us: To be effective ministers to others requires that we take time to attend to ourselves.

After a brief question-and-answer period, the webinar ended with an inspiring prayer of hope and trust in God. What struck me profoundly about the session was how it was building community of practice, yes, but also of spiritual connections. We were gathered, sisters from many parts of the world, praying together, sharing the pain and the joys of this common experience of pandemic, inspiring each other to keep going.

Sister Jane and her staff are to be commended in continuing these sessions in their efforts to help us sisters build our dream of global community of sisterhood.

[Joyce Meyer is a member of the Sisters of the Presentation of the Blessed Virgin Mary and is GSR's liaison to women religious outside of the United States.]

Related: Hilton Foundation webinar shares how COVID-19 has affected sisters globally