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A puzzled expression usually emerged on the faces of friends and colleagues when I told them I had accepted an ASA-sponsored opportunity to participate in the education and training of anesthesiology residents at the Georgetown Public Hospital (GPH) in Guyana. I must admit that when I decided to spend three weeks there in April last year, after learning about the program through the Committee on Global Humanitarian Outreach (GHO), I knew little of the country. The only lasting connection that I, and many fellow San Franciscans, would forever have with Guyana was the 1978 mass murder-suicide of members of Jim Jones’ Peoples Temple and its terrorizing effect on our city, which occurred when I was a UCSF medical student. In the nearly 40 years that have passed since those tragic events, Guyana has receded into relative obscurity as the only English-speaking South American country, but which is connected more through culture and identity with the Caribbean islands. Indeed, I have had the good fortune to rediscover Guyana, its unique culture, history and people and to have participated a little in the beginnings of their robust, locally grown, anesthesiology residency training program.

A previous Monitor article (May 2017 issue) by Drs. Berend Mets and Whitney McLeod described this program and their experience as visiting teachers, which happened a few months before my trip, so my purpose in this article is to further highlight some of the special aspects of the experience and remind readers that this opportunity may be available to ASA members through the GHO Committee.

Guyana, formerly the colonial British Guiana, is situated on the Caribbean coast of South America, between Venezuela and Surinam (formerly Dutch Guiana) with Brazilian Amazonia to the south. Sea breezes and relaxed atmosphere, in addition to historical ties to Trinidad, Tobago and Barbados, give Georgetown, the country’s commercial and cultural center, a decidedly Caribbean identity. With the declared ending of slavery in England and its colonies in 1833, the need for human labor to work colonial commercial activities, notably sugar cane production and mining in Guyana, was shifted to “indentured servitude” of individuals brought from India. Today, this results in the majority population of Guyana being of Indian descent. The large number of Hindu temples, Indian restaurants, sari shops and especially the ubiquitous, lush lotus flowers, give a special charm to the numerous canals throughout Georgetown and even emblemize the nation’s currency.

The diversity and character of the Guyanese is revealed in the photograph of the residents with whom I had the honor to work and teach. We posed for this picture, at the conclusion of an unofficial PALS course that I put together for them, displaying a laminated copy of the “Pedi Crisis” manual downloaded from the Society for Pediatric Anesthesia website. It will now be available for reference in the O.R. of the GPH, where the residency program is based. Although I spent my days in the O.R.s participating in clinical teaching and patient care, many of my afternoons were given to lectures and discussions on various topics in pediatric anesthesia with the two, first-ever, graduating...
senior residents, Drs. Youlanda Hendricks and Onica Higgins (far left and third from left respectively). The classroom where we are standing is a part of the unique and very special facility affiliated with the GPH, known as Project Dawn.

Despite whatever additional connotations might be imagined, “Dawn” stands for “Donors and Workers Now” and was founded in 1985 by Sister Mary Carmen Gannon, RSM, M.D., a native of Baltimore who worked in Guyana over many decades. By all accounts, Sister Mary Carmen (Dr. Gannon) was a remarkable person who was originally sent to what was then British Guiana by the Sisters of Mercy after receiving her nursing degree, spending much of her time there caring for patients suffering from leprosy. Upon returning to the U.S., she completed medical school at the University of Maryland and residency in internal medicine at the University of South Carolina. Eventually, she established a practice in Savannah, Georgia, where she died in 2010 at the age of 79. She was the recipient of a Medal of Service from the nation of Guyana for her contributions to the welfare of its citizens.

Project Dawn is essentially a large industrial-looking building a few miles from the city center and GPH, near the sea and in a rapidly modernizing neighborhood. It serves as a dormitory for visiting health workers from mainly U.S. and Canadian institutions who represent a variety of medical specialties. The upper floor has a dozen or so spacious bedrooms with private bath-rooms and a large living space, including a well-equipped kitchen and dining area that is shared by current guests. The property has a 24-hour security guard and a caretaker who lives in an adjacent home with her two friendly dogs. Project Dawn also houses a well-equipped paramedic ambulance service on the first floor of the building as well as classrooms utilized by GPH for skills labs and exams. For the volunteers who travel far and work long days on their various missions in Guyana, it is a welcoming and peaceful place to relax and renew each day, and a continuing legacy from the Sister whose vision it represents.

During my three weeks in Georgetown, every day in the O.R.s of the GPH with my new-found colleagues and trainees was a fascinating opportunity to witness and take part in the continuous pursuit of excellence at this facility, vital to the health needs of the country. I worked alongside other attending anesthesiologists whose training had been acquired in many distant lands from nearby Cuba, South and North America and even China. Now, under the direction of Dr. Alexandra Harvey, the residency director and the GHO’s liaison there, Georgetown Public Hospital has begun to train its own anesthesiologists, thus beginning another legacy that promises lasting and increasing quality of anesthesia care for the people of Guyana.