

Dr. Alan Brown's remarks from the PTRC Open House

February 11, 2013

Let's talk briefly of hospitals, hospitality and hope.

The word "hospital" comes from the Latin "hospes" or "stranger" – which comes from the ancient Greek, *xenos*. The Greeks placed great emphasis on the obligations of the host toward the stranger – no less than Zeus was designated as the deity protective of strangers. Hence, the word "hospitality" comes from the same Latin root "hospes" and this remarkable idea of obligation toward the stranger, the other, comes to us from this ancient thread.

The idea of "hospitality" was extended in the next millennia to include a broader definition of the "other" to include not just the stranger, but those among us who were poor, ill, and mentally ill. The hospital came into being.

The French philosopher Derrida points out that there is something inhospitable in "hospitality" as it maintains a certain distance and power relationship between host and guest. You are welcome, but only so far (my house is your house, but don't take the silverware). Far better to be the host than the guest, the expert than the non-expert, the doctor than the patient, to sit in the back room rather than the day room. He points out this tension between host and guest, not to dismiss our ancient notion of hospitality or to resolve this tension, but to suggest opportunities for greater hospitality that may arise if we recognize this paradox – opportunities to further open our homes and hearts.

How psychiatric hospitals respond to this tension makes all the difference. At our worst, we can hide behind a rigid notion of host and guest, an arrogant, ossified and defensive expertise that tends to make permanent the distance between the ill and the well, at terrible cost to patients. The great American psychiatrist Harry Stack Sullivan, the father of the 20th century psychiatric hospital, tried to deal with this tension in two ways. First, he emphasized and developed techniques to reveal the common humanity of those who suffer severe psychiatric illnesses and the common fears and hopes among all of us. Second, Sullivan took the responsibility that came with the power of being a so-called "expert" seriously – he was most demanding of other professionals and applied the new American social sciences to his study of interpersonal relationships and the design of the mental hospital.

However noble and helpful Sullivan's efforts, they perpetuated a notion of expertise that maintained a bright line running through our offices and our wards – experts on one side and patients on the other, albeit wiser experts and more empathically embraced patients. Now if you have spent time listening to patients and families and being a patient yourself, you slowly (at least in my case) realize that expertise in living with mental illness does not line up so neatly across that line between staff and patient; that wisdom and knowledge and certainly courage and other virtues are distributed quite generously in ourselves, our patients and their families, and our communities. Fittingly, this awareness of expertise distributed through our community has gained increasing force through consumer-led recovery movements. These movements lead us to new opportunities and new challenges to collaborate in our support of persons with psychiatric illnesses and strengths. As providers, we must begin anew to

question and answer how we can be of service and offer genuine expertise and support to those who come into our homes, hospitals and hearts as patients.

Since its opening as a DMH-funded replacement unit for the old Worcester State Hospital acute wards, the Psychiatric Treatment Center has attempted to make real all of these notions of hospital and hospitality – to offer shelter and care for those who need it most, to bring expertise to those who are mentally ill, to continue to strive for a meaningful engagement with our community and consumers and to remain open to evolving notions of recovery and health.

This new unit offers us a chance to continue this embrace of ancient and new notions of hospitality and hospital. It is beautiful and hospitable in the traditional sense of the words; long overdue for those who knew us in that accursed Bryan Building. Its location embedded in the heart of our community and our community agencies, presents new opportunities to think about how we engage hospital with community, provider with consumer, host with guest.

Let us take time to offer our thanks and recognize those who have supported this wonderful opening of a hospital unit embedded in the heart of our community.

Since the PTC opened 20 years ago, we have been reminded that hospitality is more about people than buildings; of our many wonderful staff that has come, gone and stayed, 12 have been here since the beginning: Mike Baldino, Mark Piermattei, Mary Tisdell, Priscilla Calcagni, Pam Barrett, Harriett Paulson, Laurie Morrow, Garry Beaulac, Maggie O'Brien, and Noreen Flavin.

Two other folks have been with the unit since its inception, our quiet leader and embodiment of modest, effective, and utterly thoughtful kindness, our medical director Ron Greene. Second, our nurse manager Theresa Beauregard, who has magnificently supported, badgered, directed, demanded, taught, wheedled, plead, guided, modeled and expected compassionate professionalism from all of us.

Let us give special mention to our team from facilities: our project manager Martha Boyd and her bosses Gary Valcourt and Dana Swenson. Martha has herded us toward the design and renovation of this beautiful space. We are grateful for your thoughtfulness, attention to detail and to design, for giving physical reality toward our dreams of hospitality.

Thanks to the administrative leadership for the department's adult clinical services division: Kevin MacDonald, who was with us two decades ago to manage the opening of the PTC, came off the bench to help manage this transition with my other brother in arms Bill O'Brien and my sisters in arms as well, our senior director Lori Dakin and our department administrator Carol DeCoursey. This amazing team makes the sausage – the hard operational work and management that makes visions and strategies and care possible.

To our department leadership under Doug Ziedonis: Doug has done so much to lead and to embrace the notion of recovery for our department – not always an easy task for an academic department to accept that expertise lies outside the ivory tower and our task as experts includes developing innovative engagement with expertise wherever it may be found.

And finally to our medical center and clinical system leadership: You have so much to proud of. While it is popular to say no margin, no mission, it is more deeply true that with no mission, there is no mission. Here, the mission has come first – to extend not just our hospitality, but our hospital, to those who need it most. To begin with mission, and to work for the resources to make it happen. Your steadfast support for mental health services has been unbelievable and humbling to witness.

Our Senior VP and service line director, Barbara Fisher – a force of focusing intelligence that guides and leads. Thank you.

Our COO, Jenifer Daley, who has joined with us in this project from her first days at UMass. The siting and support for this critical service has been a priority in her administration. Once it was clear to Jen that “we need to do this,” the rest followed.

To our clinical system leadership, John O’Brien and Gary Lapidas. While I will let Doug speak for the department, let me extend my personal gratitude. We come to this work with so many personal hopes and dreams, but our opportunities and careers are often shaped by the wave we surf, the times we live in. Let’s face it, American health care has not been a pretty wave for the last two decades, particularly for the providers and patients and families involved in mental health care. The illnesses are tough enough, but the payer-system-inflicted problems that stand in the way of sensible care are even tougher. But for myself, for this unit, for this town, you have provided hope and opportunity to join in good hospitality, good care and good work and for this we are most grateful.