



MEDICAL MISSIONARIES of MARY

Supplement to
Healing & Development

VOL. 74, Easter 2013

INSIDE you can see
what your support
has made possible.

MMM

Rooted and founded in Love

He is risen!



“Let us be today’s Christians. Let us not take fright at the boldness of today’s church. With Christ’s light let us illuminate even the most hideous caverns of the human person: torture, jail, plunder, want, chronic illness.” *Oscar A. Romero*

HIV: Pushed to the sidelines

A recent article, "America's Staggering Defense Budget," was posted by Brad Plumer on January 7, 2013 in the Washington Post.

Mr. Plumer said:

"The United States spent 20 percent of the federal budget on defense in 2011. All told, the U.S. government spent about \$718 billion on defense and international security assistance in 2011... That includes all of the Pentagon's underlying costs as well as the price tag for the wars in Iraq and Afghanistan, which came to \$159 billion in 2011. It also includes arms transfers to foreign governments. (Note that this figure does not, however, include benefits for veterans, which came to \$127 billion in 2011, or about 3.5 percent of the federal budget. If you count those benefits as "defense spending", then the number goes up significantly.)"

It was encouraging that, as Mr. Plumer noted, "U.S. defense spending... is set to fall in 2013 to \$716 billion, as spending caps start kicking in."

A summary of the United States Department of Defense Budget request for Fiscal Year 2013 stated:

"The FY 2013 Base Budget provides \$525.4 billion... and is consistent with Adminis-



Practical demonstrations of life-saving medications for HIV: antiretroviral treatment.

tration-wide efforts to make tough cuts and create savings. The budget adjusts programs that develop and procure military equipment, begins to re-size ground forces, [and] slows the growth of compensation and benefit programs... The incremental costs of Overseas Contingency Operations (OCO), including ongoing efforts in Afghanistan and support for the Office of Security Cooperation in Iraq, *are funded separately* (emphasis mine) in the FY 2013 budget request at \$88.5 billion."

US Dept of Defense stated that the program cost of the drone RQ-1 Predator was \$2.38 billion (2011).

Medicines or Guns?

I went to the PEPFAR¹ website to find data about the latest PEPFAR Funding: "PEPFAR is leading with science and making smart investments to save lives. With continued support from the U.S. Congress, PEPFAR will be able continuing [sic] working towards the goals of treating more than 6 million people. For FY 2013, President Obama is requesting \$6.4 billion, including more than \$4.5 billion for bilateral HIV/ AIDS programs, \$1.6 billion for the Global Fund, and \$232 million for bilateral TB programs."

According to UNAIDS, as of 2011, an estimated 34 million people worldwide were living with HIV. The WHO Africa Region is most affected. UNAIDS stated that in 2011, about 1.2 million died of HIV-related illnesses, or 71% of the global total. By 2011, 56% of the 11 million people eligible in sub-Saharan Africa were receiving ART.

Dr. Carol Brestin

¹ President's Emergency Plan for AIDS Relief

Still with us: HIV/AIDS in Singida

MMM Doctor Marian Scena described the reality of HIV in one part of Tanzania.

I began treating people living with HIV at Makiungu Hospital in 1989. I had done a Counseling Course in the USA and ran a short course for six nurses. We didn't have voluntary counseling and testing (VCT) but the nurses developed skills that enabled them to listen to patients and know what questions to ask. Those were also the days before we had antiretroviral treatment (ART). I became involved full time in 2006, when I came to Faraja Centre.



Faraja Team members prepare food supplements for clients receiving ART.

Faraja Centre Community-Based Health Centre (CBHC) is located in Singida Municipality in north central Tanzania. The municipality covers an area approximately thirty-five km by thirty km on the major lorry route. The population of 120,000 is in Singida town and sixteen outlying wards.

In the municipality, 98,163 people have had VCT since 2005. Though the Tanzania National AIDS Control Programme states that the incidence of HIV is going down except in two Regions, we see many newly-diagnosed

clients. In Faraja Centre in 2012, of the 4,551 people who received VCT, 206 (4.5%) were HIV positive; two-thirds of these were female.

Some positive changes

The most striking change in the management of HIV/AIDS over the years has been the availability of ART in Singida since 2005. In Tanzania the government provides anti-retroviral medications free to all who need them. In the early days most clients died. Now they can live for many years if they adhere to treatment. Clients need daily psychological support to adhere to lifelong medication.

ART has had a major positive impact on quality of life for our clients. Very few are bedridden and a few months after starting ART most are able to work again. They benefit from income-generating activities, micro-loans, etc. We now have SILC, a form of lending and borrowing that encourages clients to be financially independent. It takes commitment and supervision, and working capital or a loan.



Women learn practical skills to earn an income.



*Sr. Dr. Marian Scena
counsels a client
before HIV testing.*

*Water purification
tablets ensure clean
water for clients.*



With VCT more common, fewer clients are diagnosed at a late stage so they tend to have better health even if they aren't on ART. Nevertheless, many on ARTs do not have sufficient food and say they cannot take the medicine. Now they are awaiting the harvest so they will have food again. We have nutrition supplements but only give them to the malnourished.

Prevention of mother to child transmission (PMTCT) of HIV has significantly reduced the number of positive babies. This lowers the risk for clients who want a child at any cost, needing someone to care for them in old age. I have not seen any child born with HIV if the mother has taken treatment. Sadly, some have been positive if she has not. Children with HIV are living longer and new orphans are fewer. The latter are usually children whose parents died some years ago and are being raised by another family member.

HIV is not finished

Despite these signs of hope, we have many challenges. Since the introduction of ART some clients feel AIDS can be controlled. They get careless and have risky sexual encounters. Because follow-up is important, I worry about clients who default on treatment. They can develop drug-resistant strains of HIV that are much harder to deal with. People with HIV are still being stigmatized so many do not go for help.

The number of clients needing ART has increased, as have the cost and logistics of providing

it. If donor fatigue affects ART provision the impacts on services will be great. Many clients are poor and sick when they first come and cannot pay for care. Some make local beer to earn a little money and often use it themselves. We discourage the practice for people taking ART.

Some still come for testing in very serious condition. Last year 516 people (109 male and 407 female) received regular support through home-based care from our nineteen trained volunteers. We started a palliative care programme in August 2012 after a needs assessment showed that people with chronic and terminal illnesses in Singida Municipality had no access to basic treatment. The service embraces their physical, psychological, spiritual, and social needs. We expect to accompany up to fifty people for end of life care.

For years there was so much publicity about HIV/AIDS that some donors think it should no longer occur. They have changed the focus of their support, so accessing funds is our biggest challenge. Some will not fund staff salaries, transport, etc. Understandably they want funding to go directly to clients. This is hard for us because the staff members provide the client services.

Donors want to see results, which often means: 'no one with HIV.' In our experience, the reality is much more complex.

My Journey with MMM and a life "Rooted and Founded in Love" *Anne Choon, AMMM*

I live on Penang, a small island off the west coast of Malaysia, with my husband, Jonathan, an ophthalmologist, and our four children.

It seems like only yesterday that I was a student nurse in St. Vincent's Hospital in Dublin. I met this lively, very spiritual Maltese doctor, Maria Borda. I was shocked to learn that she was about to make her final profession as a nun. I could imagine her as a wonderful wife and mother. I met a bunch of happy nuns in the MMMs. I was immediately drawn to them, especially when I heard that their motto is "Rooted and Founded in Love" – exactly what I felt life should be – and they lived it!

I seriously thought about a vocation in MMM but felt that I needed more time to make a decision. I did my midwifery in Our Lady of Lourdes Hospital, Drogheda, where, as fate would have it, I met my future husband, a Chinese doctor from Malaysia. We married in 1991 and later moved back to Malaysia. Maria was based in Tanzania but we kept in touch.

Life-changing events

In 2002 I went back to Dublin to look after my father, who had cancer. Soon I received a most uplifting phone call. It was Maria, on her

way to Malta to look after her mum. We supported each other during that time. Three months later my father died.

I shared my experiences with Cathy Lanigan, whose sister, Patricia, is an MMM in Kenya. I had been doing palliative care work for years. Cathy asked, "Why don't you become an Associate MMM? You are living it anyway." The dream came true when I made my covenant as an MMM Associate in Makiungu, Tanzania in August 2003. I embraced all aspects of life there, where Maria was the doctor in charge of the hospital.

Sharing gifts as an MMM Associate

I am a volunteer palliative care nurse for cancer patients. I look after the poor in their homes or in hospital. That involves nursing, counselling, sorting out welfare support, and adjustments for their changing situations. We designed our house as open plan. The downstairs is fully equipped for patients to stay occasionally for a break. I work with a full-time nurse, Krishna, 70, who has been doing hospice care for over thirty years. She is Hindu and has a loving and compassionate heart.

I have been blessed with so much that I have to give back with unconditional love and compassion. I pray, "May everything I do and think and say be from You and for You. May only Your will be done in and through me."

Thank you for this opportunity to share my experience as an Associate MMM. God bless and guide all of us on our journey together.



Anne and her family with Father Alex, who presided at Anne's AMMM Covenant renewal Masses. He was also her patient and has since died.



Thank You to ...

The Apostolic Work

MMM associations with the Apostolic Work reach back a long way. Founded in Belfast by Agnes McAuley as the Irish Catholic Women's Missionary Association in 1923, it became the Apostolic Work in 1929 to bring it into line with the Pontifical Apostolic Work.



A beautiful display of work and Mass kits



Religious articles at Rathkenny Parish display in Navan

At that time a group of women, including Mrs. Martin (*mother of Marie, the future MMM foundress*), was already meeting in Dublin to make vestments for the missions. It was here that Marie first met Miss Ryder, a wonderful friend of MMM since its beginnings. Mrs. Martin invited members of the Apostolic Work, Belfast to meet the group at her home on Pentecost Sunday in 1931, with a view to starting a Dublin branch. Marie was ill in bed and unable to attend so her mother gave the lunch.

One of Marie Martin's first companions, Bridie O'Rourke, later Sister Magdalen, wrote: "Mother Mary, with Mrs. Blackmore, who had a nursing home, organized a medical section making up medical kits for the nursing."

"I didn't know about the Apostolic Work until I met [Marie's mother] in 1934 and I joined. At that time supplies were sent out direct to the missions... It was a lot of work packing tea chests and getting them off from the North Wall. When we left for Africa in 1936 we got an amount of stuff from the Apostolic Work in Belfast and from the Dublin Branch."

Marie's sister, Ethel, also worked tirelessly in the Apostolic Work for many years.

The Apostolic Work spread to the whole country and assisted missionaries throughout the world. There is a National Council and diocesan branches, while Guilds not affiliated to the National Council have also answered requests for funds and materials. Parish members meet to pray and work together.

These dedicated groups of women have provided sacred vessels, vestments, Mass and Office books, as well as financial support for projects such as education of MMMs, seminarians, and project staff, and for transport. They prepared beautiful displays of materials in venues around Ireland.

Along with other similar societies, the Apostolic Work has been discerning how best to play a role in the Church today. It is often expensive to send items overseas and some are available locally. Some MMMs are trying to introduce the basic principles of this work in their situations overseas. For example, local people could be trained to make vestments for a source of income and to meet home needs.

We are grateful to all the members of the Apostolic Work, including the Armagh branch, and all the other groups who have given to MMMs individually. Their enduring support and partnership have helped us to bring the healing love of God to so many places around the world.



Irvinestown Parish, County Fermanagh provided a motorbike for Fr. Gonzaga to visit his parishioners.

Called to be with God forever

Sister Anne Elizabeth Comaskey, MMM



Sister Anne Elizabeth was born in Cloncovid, Co. Longford in 1924. One of eleven children, she attended school in Longford. After studies in domestic economy she joined MMM in 1946. Her first assignment was to Nigeria in 1949. She opened MMM missions in Urua Akpan and Use Abat.

Returning to Ireland, she guided young women in their early days in MMM in Clonmel and then spent sixteen years in Airmount Hospital, Waterford. She was an excellent cook and had a great spirit of hospitality. Three years in MMM leadership in the US were followed by a year in the Apostolic Delegation in London, and then six years in vocation work in Ireland. After training in pastoral care in Pittsburgh, PA, USA, Sister Anne served as a pastoral associate. She continued in pastoral ministry in Ireland, spending twenty years in hospitals in Drogheda: the IMTH, the Cottage Hospital, St. Mary's, and Boyne View House. She retired to Beechgrove in 2001 and transferred to Aras Mhuire in 2007. Her anniversary is December 31.



Sister Ancilla Domini O'Reilly



Born Kathleen O'Reilly in Bruskey, County Cavan in 1914, Sr. Ancilla received her early education in Cavan. She joined MMM in 1951. Her first assignments were in catering and hospitality in Ireland, beginning with three years in Drogheda. She spent twelve years in catering in the MMM House of Studies in Dublin, where she was noted for her kindness to the students, always having a warm welcome and a hot meal ready. She spent nineteen more years working in the kitchen in Drogheda.

In 1987 she became sacristan in the hospital, which she did with love and devotion for eighteen years. Sister Ancilla retired in the Motherhouse, Beechgrove in 2002 and transferred to Aras Mhuire in 2005. Her life revolved around the Mass and she spent many hours in prayer. She was the oldest member of the Congregation when she died on 6 December 2012.

How you can work with us

- Pray with us.
We remember you each day.
- Make a donation by mail or online
at www.mmmworldwide.org
- Join us as members of MMM.
- Share our charism as MMM Associates.



Remembering us in your will or giving a donation in memory of a loved one will help us to plan for our work.

You can specify how and where your gift will be used.

Please include: "the Congregational Leader, for the time being, of the Medical Missionaries of Mary".

Floral settings pp 6, 7, 8 courtesy of Philou Dubeaux

Our Promise to our Donors

When a donor specifies a country, project or special need (e.g. famine, AIDS), 100% of that donation is transferred to the specified country or project. We allocate non-specified donations to the most urgent needs overseas or add them to our General Mission Fund, which pays for airfares, professional training of Sisters, and emergency needs overseas.

Your Privacy is Important:

In careful compliance with Data Protection legislation, information you provide to us is stored on computers that are not connected to the Internet. It is never shared with another agency, except for the purpose of a tax claim when you request us, in writing, to do so.

Our Addresses:

Please mail your donation to:

MMM Communications, Rosemount Terrace,
Booterstown, Co. Dublin, Ireland. Tel: +353 1 2887180

OR Mission Development Office, 4425 W. 63rd St., Ste 100
Chicago, IL 60629-5530. Tel: 773-735-3712

OR Direct to our Bank Account:

Medical Missionaries of Mary, Bank of Ireland, Merrion Road, Dublin 4, Ireland.

Sort Code: 90-12-12.

Account Number: 62835417

IBAN IE88 BOFI 9012 1262 8354 17

BIC (Swift) BOFIE2D

N.B.: Ask your Bank to include your name with your transfer.

Charity Reg. Nos. Ireland: CHY 7150 England: MMM Trust 293494

In USA, we are a Tax Exempt 501 (c) (3) Non-Profit Organization.



We wish all our wonderful friends and supporters every blessing at Easter.

Come visit us at: www.mmmworldwide.org