



MEDICAL MISSIONARIES of MARY

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**INSIDE you can see
what your support
has made possible.**

Rooted and founded in Love

MMM

Overheard...

Early one morning recently I was travelling to work on our local commuter train. Like many of my fellow travellers I was not wide awake. Then the chatter from a little girl in the seat behind me caught my attention.

"Look, Mummy I can wiggle my tooth with my tongue!" A few moments passed before a smaller, worried voice asked, "Mummy, are you sure another tooth will grow in when this one falls out?" Now there was reassurance from an attentive mother. "Yes, darling, I'm sure it will."

There was another moment of silence, then the rattle of a newspaper. "What happened to the little girl, Mummy?" Now there was a longer, reflective pause as Mother struggled to answer a more troubling question. "She was shot." The child's voice was now bewildered as she asked, "Shot?"

"She was shot," her mother repeated. The chattering stopped. The next station was mine. As I got up and turned to head for the door, I saw a child still gazing at the paper, at the headline screaming: "62 killed in Nairobi!"

Today even young children cannot be shielded from these terrible realities. Such stories are easily available: from the paper handed



out at the station every morning, from social media, television, and radio. More shocking is the fact that the little girl's peers are the victims of similar realities: from typhoons in the Philippines, to war in Syria, gun violence in Brazil, trafficking in Nigeria – the list is endless. If we cannot shield children from these tragedies, can we each do something this Christmas to change them? Our Risen Saviour, born at Christmas, gives us this hope.

Sr. Carol Breslin, MMM

Promoting healing with safe medicines



When prepared according to approved standards, drugs are essential in the prevention, treatment, and curing of disease and greatly improve our quality of life. Unscrupulous groups and individuals prepare and sell counterfeit or sub-standard medicines solely for profit, putting the lives of millions at risk. Drug safety is an issue that affects us all.

Sister Zita Ekeocha, MMM, told us about the collaborative project in which she is involved to provide safe drugs in Africa.

"It all started in December 2004 when MMM was getting ready to hand over Kabanga Hospital in Tanzania to Kigoma Diocese. I was looking for pharmacy work in another place in Tanzania and at first it was not clear what I should do. Providence came in the form of a visit from a Lutheran German missionary collaborator, George Kamm. He is a friend of MMM and a household name for missionary health institutions in Tanzania. He had come to say good-bye to the Sisters.

"He asked where we would be going after December. Hearing that I was investigating another assignment, he asked if I would join his team in Moshi. They had started the Kilimanjaro School of Pharmacy and needed an experienced pharmacist to help build up the staff and pass on skills to pharmacy assistants. So in January 2005, I found myself working, teaching, and living with twenty students. Six were Sisters from three other religious congregations in Tanzania.



Passing on skills

"I have been involved in teaching pharmacy assistants in a two-year programme. In 2008 I convinced my colleagues to begin a three-year diploma course for upgrading to pharmacy technician status.

"In July 2008, I began an advanced training programme for African pharma-scientists: The Industrial Pharmacy Advanced Training (IPAT) programme at the St. Luke Foundation/Kilimanjaro School of Pharmacy in Moshi. It is a collaborative ministry involving the Lutheran Church Saint Luke Foundation; German Government

Sister Zita, from Nigeria, is on mission in Tanzania.



Maintaining high manufacturing standards



Fake antimalarial medication has been threatening efforts to control malaria in Africa. According to WHO, in 2011, 64% of Nigeria's imported antimalarial drugs were fake.

[From "Bad Medicine",
The Economist, 13 Oct 2012]

Technical support; US partners from the Purdue School of Pharmacy, Indiana and from Howard University, Washington, D.C.; the United Nations Industrial Development Organization, Vienna; and the Medical Missionaries of Mary."

Sister Zita explained that IPAT is an approach that enables local production of quality-assured medicines in sub-Saharan Africa. Ideally, money from non-governmental organizations should be used to purchase products made in Africa, create jobs, and promote industrial development. While there had been discussions about strengthening local production, approaches neglected human resource development.

Manufacturing quality medicines

Originally developed to train US scientists, the IPAT programme is used to train African drug regulators and pharmaceutical professionals. Upon completion of training, attendees are prepared to implement good manufacturing practice and quality management principles. They are prepared to write new drug applications. World Health Organization and US Food and Drug Agency approvals confirm that companies can make high-quality medicines and qualify them to offer their products to agencies such as the Global Fund for AIDS, Tuberculosis and Malaria or the US PEPFAR.



Prof. Stephen Byrn, of Purdue University College of Pharmacy, IN, USA, is part of the team of teaching professionals in IPAT.

National drug regulatory agencies and professionals can recognize and reject counterfeit or sub-standard medicines and create good relationships among those involved in drug production.

Africa can build a strong generics drug industry. The question is how quickly African production meeting quality standards can be scaled up to eliminate the “out-of-stock syndrome” and to end millions of unnecessary deaths because essential medicines are lacking.



Practical training in the laboratory

A counterfeit medicine is “one which is deliberately and fraudulently mislabelled with respect to identity and/or source.” (WHO)



This applies to both branded and generic products and may include those with correct ingredients or with wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging. The problem of counterfeit drugs exists in both developed and developing countries. In 2003, WHO cited estimates that annual earnings from substandard and/or counterfeit drugs were over US\$32 billion.

The challenge is to maintain and expand a programme to develop African production of quality-assured medicines.

The support of international donor agencies is needed. Through the training of trainers, IPAT will implement its goals far beyond what can be accomplished in a single center at the Saint Luke Foundation. Sister Zita is happy to be part of this initiative. Everyone deserves medicines of assured quality.



Read more about the stories of our MMM Sisters on our website.

Come and visit us at:

www.mmmworldwide.org

A priceless gift

Sister Maria Borda is an MMM doctor from Malta. She has spent many years on mission in Tanzania and is currently based at Makiungu Hospital. She told us how our supporters helped to save the life of four-year-old Bariki.

“Bariki had inhaled a bead from his mother’s necklace the day before he finally reached us. His father brought him when he was quite breathless, especially if he tried to walk, eat, or get involved in any other activity. He was better at rest. We took a chest x-ray. The chest showed some reactive shadowing. I told his father that because the bead had blocked one of the air passages, there could be permanent damage to the part of the lung that it supplied. We are not equipped for children’s bronchoscopy in Makiungu, so I started phoning the referral hospitals. Fortunately the phones were working. I found that the nearest one that could deal with the child’s problem was seven hours away by a rough road. I was not sure how Bariki would survive the dusty journey. Often buses breakdown and there are further delays along the way.

Not a moment to spare

“I phoned Arusha Flying Medical Service, expecting them to say that it would take at least ninety minutes for them to come from Arusha, and then ninety minutes to go back with Bariki and his father. To my relief, the plane was already at a hospital only a twenty minute flight away. The next priority was to get the watchmen to quickly check the airstrip and make sure that no cows would wander onto it for the next hour at least. We bundled up the child, drove the five minutes to the airstrip, and were just in time to meet the plane as it landed. As I expected, it was equipped with oxygen.

“Thankfully, the worst of the story is now over. The bead had gone so far down the airway that bronchoscopy was not enough to remove it. The child had to be operated on through his chest. I kept in touch with the thoracic surgeon over the phone and was glad to learn that the offensive bead had been removed from Bariki’s chest. Four weeks later I was told there was someone coming to see me in my office. When a man came in holding his child by the hand, I recognized with joy that this was Bariki back with us, walking and talking and breathing normally. The chest scar had healed beautifully. I felt that my energy trebled that day.”



Sr. Dr. Maria Borda with another child in the busy children’s ward



The airstrip at Makiungu: Each member of the team is vital.



Sister Maria is the Medical Director at Makiungu.

Sister Maureen Brennan is an area medical officer based in Dublin. She works at the only major reception centre for asylum seekers and refugees in Ireland.

After qualifying in medicine from UCD in 1970, Maureen went to Kenya, where she was medical officer in Turkana during a cholera epidemic and famine in that region. She then went to our MMM hospital in Mzuzu, Malawi for two years. After gaining experience in Zimbabwe in obstetrics and gynaecology, she was assigned to Nigeria, where she worked at our hospital at Afikpo from 1976–78. Further studies in obstetrics and gynaecology followed at Birmingham Hospital in England, where Maureen gained her membership in the speciality. After working in Uganda, in 1980 she was again assigned to Nigeria as a consultant.

In our MMM hospital in Urua Akpan, where she was based from 1980 – 2000, she instituted a Safe Motherhood Programme. This included the training of traditional birth attendants in the local community. The programme helped to reduce the Maternity Mortality Ratio by 50%. Maureen was invited to Washington, D.C. by the World Bank to present a paper at the International Safe Motherhood meeting.

Preparation for a new venture

When she returned to Ireland this background was an ideal preparation for her current work, which she started with the Health Service Executive in 2002. She works in a team to assist asylum seekers and refugees from many countries. Most of those who attend the Direct Provision Reception Centre at Baleskin are from sub-Saharan Africa, the Middle East, Asia, and Eastern Europe. They have experienced injustice, war, and disease. Recently thirty-one programme refugees arrived from Syria. They came through the European Commissioner for Refugees and more are expected.

Asylum seekers are people who exercise their right to seek protection under the 1951 UN Geneva Convention. World events determine the numbers applying and their countries of origin. Refugees are people who have been granted permission to remain in the host country on specific grounds that prevent return to their own country.



At the Direct Provision Reception Centre at Baleskin, Dublin



Sr. Dr. Maureen Brennan helping to provide safe motherhood in Nigeria



With staff in the office at Baleskin

With Doctor Maureen as medical officer, the team is composed of a clinical nurse specialist in asylum seekers' health, two nurse-midwives, a psychologist, and two general practitioners. Voluntary health screening is offered to all new centre residents. A nine-year study by Maureen and the team showed that 10,014 people availed of screening between 2004 and 2012. This was over 73% of those offered the service. Nevertheless there are problems in following up those who screen positive for infectious diseases. Some reasons for this are the gradual withdrawal of community care staff and the dispersal of many clients to different parts of the country.

Reaching out to the marginalized

Maureen told us, "The importance of our work is in reaching out to a marginalised group of people fleeing wars and conflicts within their own countries. We help to prevent the spread of diseases. When necessary, we are advocates for those who have been most traumatised and victims of physical and/or sexual abuse and torture."

Her prayer for this Christmas is: "May we see all people in this global village as our sisters and brothers. Be with those who live in fear for their lives through war, religious persecution, or violence."



*We wish all our friends
a blessed and peaceful
Christmas and New Year.
Thank you for your
support throughout 2013.*

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.



*Leave an
enduring gift of
health & healing
in your will.*

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 setting courtesy of Philou Dubeaux

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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.

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