

# Healing & Development

2006  
EDITION

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## Yearbook of the MEDICAL MISSIONARIES OF MARY



*Rooted and Founded in Love*

## Volume 67 – 2006

### Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Marie Martin, to-day MMMs number almost 400 Sisters, who come from 14 different countries. The three words in the Congregation's title carry the inspiration that gives us energy to become engaged in healing some of the world's pain.

**Medical:** "Be with those who suffer, the oppressed, and those on the margin of life. Heal the sick, excluding no one... Let your particular concern be the care of mother and child..." MMM Constitutions

**Missionaries:** "You are missionaries... work with all people of good will. Join resources with them especially in the field of health, so as to bring about a world of justice and peace, where true human development is fostered, and human dignity and rights are respected." MMM Constitutions

**Mary:** "Ponder in your hearts the mystery of the Visitation. Be inspired by Mary's selfless love, her simplicity and faith, as she goes in haste to answer a human need, bringing with her the light that is life." MMM Constitutions

### Our Motto:

Rooted and Founded in Love (Eph.3,17)

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## Leader's Letter

Dear Friends,

Our world has experienced a great deal of pain and loss since I wrote to you this time last year. Terrible disasters like the devastating tsunami in Asia, the hurricanes in the Gulf Region of USA, the earthquake that struck Pakistan, Afghanistan and India and the ongoing conflict in Iraq, Darfur and elsewhere, can make us feel very insecure. These events can shake our faith.

At the same time, we see daily miracles that give us strength to keep up our efforts to heal the world's pain. The generosity of people who responded to

the various disasters was amazing. We were very happy when three of our Sisters volunteered to go to Niger when the food crisis there was at its worst. It is difficult and strenuous work supplying food to tens of thousands of hungry people at feeding centres. Listening to their stories has been worthwhile. It gives us some understanding of what becomes possible when agencies network well and are backed up with faithful supporters.

As you will read in the following pages, with your help we have been able to continue our work in eleven developing countries in Africa and Central and South America. It is good to see all the positive steps that are being taken to address enormous problems like AIDS. This continues to be one of our greatest challenges in all the countries where we are working. The problem of human trafficking is also a great concern.

People who are trapped in poverty also confront us on all sides. Goals are set globally to address the situation. But we all need to keep up pressure on those who have the power to achieve these goals. It is a terrible experience to see a child born who is very likely to die before reaching five years of age for want of the basic necessities of life. We witness this, again and again. In many cases, your support helps us to turn around the situation for families we can reach through good health care and through income generating activities.

I am also very encouraged by the number of young women who continue to respond to the call to devote their lives to this work as Medical Missionaries of Mary. Your support for their professional training is greatly appreciated. Our growing Associate Membership is also encouraging for us all.

Every evening, when our communities gather in prayer, you are remembered. We know that without your help we could do nothing. You play an essential part in all that is written in this Yearbook. May God bless you and your loved ones during the year ahead.

*Se Margaret Quinn*  
Congregational Leader

### *Mission Statement*

*As Medical Missionaries of Mary  
in a world deeply and violently divided  
we are women on fire with the  
healing love of God.*

*Engaging our own pain and vulnerability  
we go to peoples of different cultures  
where human needs are greatest.*

*Our belief in the inter-relatedness  
of God's creation  
urges us to embrace holistic healing  
and to work for  
reconciliation, justice and peace.*

# The Price of a Smile

**L**IKE MANY TODDLERS, our smiling cover baby, Isilda, ran into a domestic hazard. It is one that easily happens when adults take their eyes off the little ones for an instant. Others tots playing with Isilda thought it would be great fun to stuff a little piece of foam into her nose. Then, the harder they tried to remove it, the further in it went – until it was firmly stuck and soon became infected. She was very sore and running a fever.

Luckily, she lived within reach of our Health Centre on the outskirts of Huambo, Angola’s second biggest city. Sister Jacinta had a look at the problem. There were howls and tears when she produced the forceps. But in a few seconds it was all over – the blood mopped up, tears dried and a candy bar helped bring back her smile.

Would that all health problems were so easily resolved! Would that all toddlers had access to a Health Centre like that run by the MMMs in Huambo.



Sister Jacinta





# Angola through the Years

The MMM tradition in Angola stretches back to the early 1950s. In those days, the late Fr. Bernard Keane CSSp pleaded with missionary groups in Portugal to send Sisters to establish a hospital at Chiulo, southern Angola. He was unsuccessful. It was too far from the coast, from roads, from supplies, from logistical support.

Then three women in succession died in childbirth. Julieta Joaquim Olivia Kauarta was the first; Angelica Basilio the second; then Maria Mulombwelwa followed them to the grave. Their names were recently recalled at the celebration of the Golden Jubilee of Sister Brigid Archbold, who has spent 43 years in Angola.

Fr. Keane was eventually successful and the first MMMs arrived in 1953. The Hospital at Chiulo was running well when, on February 4 1961, a long



*The late Fr. Bernard Keane*

struggle began to seek independence for Angola from the Portuguese who had initiated the colonization of this land in 1483. This war lasted until Independence was won in 1975.

However, factions within the Independence movement soon began to struggle for power, leading to Civil War. The group to whom the Portuguese had handed over power had links with the Soviet Union, then in the grip of Communism.

They supplied the Cuban Army to do their work. Western powers backed another faction. Later, South Africa, then in the grip of Apartheid, invaded from across the Namibian border in a violent attempt to keep Communism out of its area of influence.

Thus, the long-suffering people of Angola saw their homeland become a great theatre of war where clashing ideologies – funded from abroad – spared no mercy.

Through these troubled years, MMMs assigned to Angola remained with the people despite great danger and harassment.

Eventually, on April 4, 2002, a Peace Treaty was signed. The time had come when we could hand the running of Chiulo Hospital back to the Diocese of Ondjiva, while Italian lay missionary doctors from CUAMM agreed to supply staff.

The people say they will never forget the contribution made by MMM. When we returned to celebrate the Jubilee with them, it was very touching to see how many graduate nurses from



*Sister Elis Weber was Nurse Tutor at Chiulo Hospital for many years. Returning to Angola for the Jubilee Celebrations brought back many memories and an opportunity to meet her former students. Travelling to Chiulo from Lubango, she showed us the spot where she was once ambushed by South African soldiers who shot into the wheels of the landrover, causing it to overturn in the bush. Luckily she and all her passengers survived to tell the tale and were later airlifted back to Chiulo.*



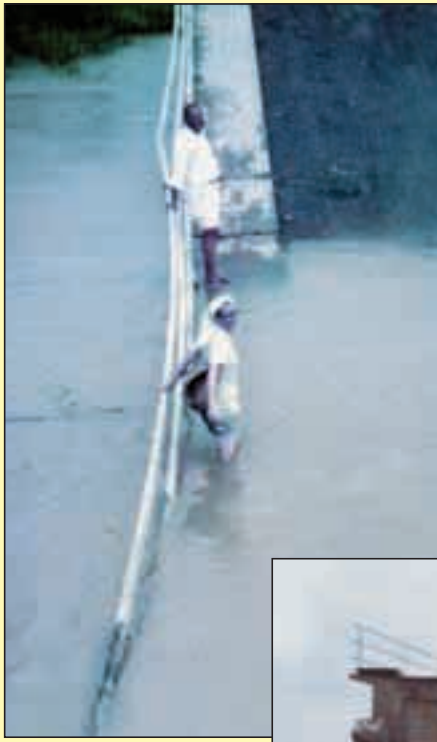
*Italian lay missionary doctors from CUAMM now staff Chiulo Hospital*

several cities made the long and difficult journey back to Chiulo to be with us. With their help, we availed of the occasion to form the Association of Former Students of Chiulo Hospital. Many of our graduates now hold senior positions in healthcare in different parts of Angola.



*Sister Brigid Archbold gave everybody the occasion for a great celebration when she celebrated 50 years of religious profession, 43 of which she has spent in Angola. Her sister, Madge, travelled to Angola for the occasion.*





Sister Maura Lynch



2005: Repair of damaged bridge over the Rio Cunene is under way



**T**HE SISTERS who worked in Angola during long years of war are relieved and grateful to see Angola at peace.

Sister Maura Lynch, worked for 20 years in Angola before taking up her present assignment in Uganda. When she returned to visit Angola for the Jubilee celebrations, she recalled the weekly visits they used to make to the rural hospital at Cuamato, 80 kms south of Chiulo – after they had been forced to pull out the resident team there. The strategic bridge over the river Cunene was repeatedly bombed. To cross the river meant hanging onto the partly-submerged parapet. The Bishop and Vicar General would drive from the town of Ondgiva to meet them, and hoist them up with ropes on the opposite side, from where they could be driven to the hospital at Cuamato.

This routine was followed week in, week out. Every time bombers appeared on the skyline, everyone ducked for shelter in the surrounding trees.

At one stage, news of the Bishop's community and the people of Cuamato blacked out at a time of intense bombardment. Sister Maura tells of how worried they were in Chiulo. It was far too dangerous to attempt the journey by car, which would surely draw suspicion from the planes overhead. So she and Sister Brigid set out from Chiulo at dawn by bicycle, carrying back-packs with food and medicines.

Scorched by the blistering sun, they had to rest in the bush every hour. They also had to take cover every time the bombers appeared overhead. The 80-km journey took all the daylight hours to complete, and the following day, having been reassured that all was well in Cuamato and Ondgiva, they turned around and cycled all the way home to Chiulo.

This feat was repeated some time later, by Sister Cecilia Asuzu, when word reached Chiulo that there was no food in Cuamato.

Those events are still remembered by the people of southern Angola today, as was recalled during the recent celebrations:



On the road that goes south from Lubango to Chiulo, in the village of Viriumbundo you will find this 'mulembeira' tree. It is claimed to be the oldest tree in sub-Saharan Africa. It has been growing at this spot since before the arrival of the Portuguese colonizers. Some say it is a thousand years old.

'The Sisters were always with us, whether in times of joy or in times of sorrow during the war situation in our country. Without let-up, we saw them crossing the Rio Cunene by canoe, or



on foot with water to their shoulders, going to help our people of Xangongo and Cuamato-Ombadja. Our words cannot describe this satisfactorily but the birds and the trees could tell you.'

The Lutheran missionaries also remembered. For Sister Brigid's jubilee, they had a canoe carved in memory of their friendship. 'This little canoe,' they said, 'symbolises the way MMM was the ship in which we all survived the stormy seas of the war years.'



Sister Eithne Walsh, former Nurse Tutor at Chiulo, presented the Visitor's Book at the Offertory of the Mass, as a symbol of the friendship between the MMM Sisters and the people of Chiulo.



Sister Majella McKernan was one of the founding members of the hospital at Chiulo.



Beatrice Ndamona who kept the hospital at Cuamato running through the war years pictured with her husband



Sister Benedicta Friel founded the rural Hospital at Cuamato in 1962. She is pictured here with Cardinal Alexander de Nascimento.





England and Connie O'Halloran from Ireland. Together with local employed staff, they make up a very energetic team of 20 people.

“Raising awareness among people at all levels, emphasising support for people living with AIDS and those on anti-retroviral treatment, ensuring appropriate treatment for opportunistic diseases, liaising with government and church institutions is all part of our task,” says Sister Catherine. “Of course, looking out for the welfare of orphans is also a big part of it.”

The Faraja Centre is a safe haven for people who want to come and share their worries. We provide holistic healing, looking after the whole person in body, mind and spirit, ensuring nutritious food is accessible, and also providing treatments like reflexology, massage and group therapy. These follow the lines of the *Capacitar* programme, which is gaining popularity all over the world these days.

Sister Catherine has become a member of the Local Government AIDS Committee, and has been asked by the Clinton Fund to act as liaison with them in the provision of anti-retroviral drugs which are supplied to Singida Regional Hospital.

“We have found our greatest asset here is the network of people living with AIDS and we work very closely with them. They help us when visiting homes, raising awareness and reaching those in greatest need,” she says.

# Settling in Singida



Sister Catherine O'Grady



Sister Mary Friel



Sister Marian Scena

**S**INGIDA is built on two lakes in the very heart of Tanzania. It is a major truck stop on the long dusty route that links the major port, Dar es Salaam, with several of the country's larger towns, and with the land-locked countries beyond the western border, especially with Burundi, Rwanda, Democratic Republic of Congo and western Uganda.

The latest census puts the population of Singida Region at 1,086,748, of whom 90% live in rural areas. They are mainly non-nomadic pastoralists and subsistence farmers.

This semi-desert land is not easy to farm. The staple crops are maize, millet, sorghum, and a limited amount of cotton, sunflower, tobacco and wheat.

Singida is a town with a thriving trade in commercial sex. People can become easy victims of all the sexually transmitted diseases. MMMs are no strangers in Singida. Since 1954 when we opened Makiungu Hospital, just

over 30 kms to the south, Singida has been our nearest market town. With the growing problems related to HIV and AIDS, it became clear that the time had come for us to settle in Singida.

“We chose the name *Faraja* for our new service, that is the Swahili word for *Consolation*,” writes Sister Catherine O'Grady who hails from Co. Sligo. Joining her in the development of this work are Sister Mary Friel, a native of Croy in Scotland and Sister Marian Scena, an MMM doctor from Denver, USA. There are also three volunteers with them, Sekunda Kimario who is Tanzanian, Nicole Peake from





# Trauma Counseling and Income Generation



*Sister Geneviève van Waesberghe updates us on her work in Butare*

**GIVING WITNESS** at the local traditional courts in Rwanda can bring up feelings of grief, loss, anger and sadness. People may experience psycho-somatic ailments linked to the trauma. For this reason, the arrival of a full-time trauma counselor, Josephine Mukabera, on our staff at Butare, was most welcome. She brings to eight the number of professionally trained staff in our team, as well as drivers, receptionist, and security guards.

Trauma counseling runs through each of the programmes that make up our service called 'Tree of Life'. One programme involves accompanying women in distress. These are mainly women whose means of survival is through involvement in the sex trade. They are often victims of rape. Our laboratory offers HIV-testing. More than half of the women we are supporting are already HIV-positive. Our aim is to help them to recover their



Josephine Mukabera

dignity and self confidence and to become more self reliant, with other options of income generation.

This is being done through counseling, group therapy, and gynaecological services. We also provide a micro credit fund to help them start up an income generating project. Most important is our work in education about violence to women and the rights of women and children.

We still have dealings with many orphans, from infants to eighteen years of age. Many of them are among our clients and beneficiaries of the 'education for life' programme. Some are orphans from the time of the genocide, others have been orphaned by AIDS. They face a lot of difficulties. Sometimes they are in child-headed households, or living in another family where they suffer discrimination.

Things have not been easy in Rwanda, but we feel our programme is making a good contribution to the country's recovery. We are trying to strengthen it so that the people can eventually do this themselves without our help.

*Sister Veronica Onuoha tells us about her work in Kirambi*

**A LITTLE GOES A LONG WAY** where people are willing and needs are very great. With an investment of just over €600 we were able to set up five women with a steady income in designing and producing lovely cards from banana trees.

Other aspects of our programme include provision of sewing machines to groups with three women in each. Once taught the craft of making school uniforms, their income is guaranteed and they become productive members of the community. Our women's groups also become involved in vegetable production. This means that women are able to retain their dignity and improve their self-confidence and self-esteem.



Sister Veronica



# A Great Dose of Reality

*Sister Deirdre Twomey writes from Mile Four Hospital, Abakaliki.*



*Sister Deirdre Twomey*

**A** letter from America caused great excitement here at Mile Four Hospital. In it, Medhat Allam told us:

“I am a general surgeon willing to join hands with you in providing help for poor people in Africa. In 1997, some friends and I started a volunteer medical group that is now registered in New York State as the International Surgical Mission Support (ISMS), a self-sufficient group that raises enough funds to cover annual expenses, providing direct medical care and bringing large amounts of supplies and equipment to help the local doctors at the end of our mission. We have been to different countries and provided surgical care for hundreds of patients free of charge.”

Beginning in Haiti, they have already visited Honduras, Mexico, Brazil, Vietnam and Nepal. The Team members include a general surgeon, a cardiothoracic surgeon, a plastic surgeon, a pulmonologist, four operation room nurses, a recovery room nurse and two nurse anaesthetists. There is also a gynaecologist on the Team but he was unable to make it for their visit to us.

These specialists, who work in three different hospitals in New York, try to take their annual leave at the same time to be able to travel abroad on their volunteer work. This is no small feat!

Here at Mile Four, our major surgical services are limited to Caesarean Sections and other obstetric emergencies. We also have occasional limb amputations and other surgical procedures for some of our leprosy patients. Much would have to be done to prepare for this visiting Team. We knew we would be looking at over a hundred surgeries in less than five days!

The approval of the visit was given by the State Governor, Dr. Sam Egwu. Mr Henry Alo, the Commissioner for Health also promised his support.

About four weeks prior to the visitors’ arrival, patients started coming to Mile Four on Fridays in huge numbers for the screening exercise. This was a very important aspect of our preparation, as people arrived on our doorstep with every imaginable condition. Our staff was stretched to the limit but they responded very generously.

On May 6, our Hospital Administrator, Sister Maria Gonzaga, travelled to Lagos to welcome the twelve members of the Team on their first visit to Africa. They had a smooth passage through the usual hurdles in the airport, thanks to the assistance of Mr. Okafor, an immigration official who understood the special circumstances – the medical supplies and equipment filled 38 pieces of luggage!

Sunday morning dawned bright and clear but unfortunately, the morning flight from Lagos to Enugu was delayed for more than four hours. Meanwhile, here in Abakaliki, a lot of Mile Four employees had voluntarily turned up after Sunday service. They were aware of the huge crowd of patients and their attendants who had been gathering in the hospital from near and far since the previous day, awaiting the final screening by the visiting Team.

The Ebonyi State Government had generously provided transport for the visitors from Enugu Airport to Abakaliki. Eventually, at 4 p.m.

the Team arrived and were received by Dr. Sylvester Egbuka, our Medical Superintendent, and Mr Henry Alo, the Commissioner for Health. After a late lunch, they went straight to work. Three of them went to screen more than 200 patients who had gathered, while the rest went to set up the Operating Room.

As soon as the patients and their attendants saw them, they gave a cheer. At last all doubts were erased. It was really true. The screening exercise continued up to 10 p.m.

There was a last minute change in the venue of the Operating Room. They discovered that the nearby, newly built WHO research laboratory had air conditioning in contrast to our surgical theatre which had been spruced up for their use!

On Monday, surgery started at 7.30 a.m. and continued up to 9.30 p.m., with a half-hour break at lunch time and a few breathers in between for cold drinks. That set the pattern for the rest of their stay.



*Dr. Sylvester Egbuka, Medical Superintendent with his wife, Udochi, and their baby daughter, Chiagoziem.*



# US VISITING TEAM



Ravi Kothurn MD, *General and Thoracic Surgeon*  
Medhat Allam MD, *General and Laparoscopic Surgeon*  
Joseph de Bellis MD, *Plastic Surgeon*  
Rajesh Patel MD, *Internal, Pulmonary and Critical Care*  
Robert Mineo CRMA, *Anaesthetist*  
Michael Sherwood, CRMA, *Anaesthetist*  
Chris Torres RN  
Grace McCarthy RN  
Erin Catherine O'Driscoll RN  
Mary Ellen Spandosis RN, *ICU Nurse*  
Ellen Herfield RN  
Stephanie Gorey RN

Dr. Egbuka and Mr. Chinedu Nwigwe, a consultant surgeon from the State Teaching Hospital, worked with the visiting Team, as did some of our staff. It was wonderful to see how they all bonded together, working with kindness and everyone moving with a sense of urgency. All were determined to help as many as was humanly possible. It was hard but satisfying work.

On Tuesday, representatives of the visiting Team and the hospital paid a courtesy call on the State Governor. Dr. Patel told him about their mission and invited him to meet the Team at work. The Governor accepted the invitation. The very next afternoon, he arrived in a flurry with a fleet of cars. He gowned up and entered the Operating Room and watched the happenings on the three operating tables, repeatedly expressing his gratitude.

Sometimes during the lunch break, in twos and threes, the visitors would stroll around and visit our leprosy and TB patients. They were visibly touched by the way these people cope so cheerfully with their handicaps and illnesses. They were also moved by the efforts of MMM here and the amount of work that was being done with such limited facilities and resources.

By Friday, departure day, the Team looked exhausted. Nevertheless, they did six more surgeries that morning, bringing the total number to 107. These included herniae, lipomata, goitres, hydrocoeles, a nephrectomy, repair of cleft lips (for children and adults), reconstructive surgeries for congenital deformities and wound contractures.

Most of these patients were very poor and had borne their condition for years – some as many as eighteen years – because they could not afford the cost of surgery.

Nineteen-year-old Chineio and her younger brother had both been born with a cleft lip. For many years, the people of their village had been contributing money to pay for the cost of plastic surgery. It had begun to look like an impossible goal as the fee went up every year. There were tears of gratitude when Chineio came out of the Operating Room and her real beauty was evident for all to see.

Though all of the visiting Team were American-born, they spoke of grandparents who came originally from Japan, Egypt, Russia, Germany, Italy, Canada, India and Ireland. It was as if the whole world had sent delegates as Angels of Mercy to come to the aid of the poor and suffering people around us here.

On the departure day, Sister Fidelia Ogujawa organised a sumptuous farewell lunch. There was not much time as the visitors had a plane to catch.

In thanking them, Dr. Egbuka spoke of their generosity and how they had given new life and hope to the patients they had served. He also invited them to come out again. Each member of the Team was then presented with a souvenir of their visit to Mile Four. They were moved and grateful for the gesture.

The visitors told us they would have liked to socialise a bit more but were conscious of the fact that they did not have much time. Suddenly there were

drumbeats outside! Throughout their stay they had expressed a desire to watch some traditional dances but it hadn't been possible to fit that in with their tight schedule. At the last minute Sister Maria Gonzaga had organised the dance group, made up of children from the Leprosy village.

Well, our visitors forgot all about the plane, left their lunch and rushed outside. Time stood still as they watched the cultural display with glee. Two of them joined in the dance to the amusement of all.

As we looked through our Visitors' Book that evening we were touched by what they had written:

"We never had such a smooth passage through any airport!"

"We are very happy with the planning and cooperation on your part."

"The people here are warm and very welcoming."

"The patients are very resilient."

"We have never before done more than 70 operations during any of our visits."

"We have been changed by what we have experienced this week. Our lives will never be the same again."

"Thank you for having us. We had a great dose of reality that will change our lives forever."

If they were touched by what they saw here, we were equally impressed and challenged by their generosity and commitment to service. One of our staff nurses, Louisa, who worked with them the whole week summarised it well:

"This can only be explained by love – unconditional love."

*Sister Carol Breslin writes about . . .*

# Adapting to Changing Needs

Sister Carol Breslin

Adapting to the changing needs of the people we serve has been part of our commitment since we began our MMM Counseling & Social Services Center in Addis Ababa back in 1992. This has constantly taught us to be creative in the range of services we provide.

When you find yourself challenged to provide full support for 129 orphan girls and 118 boys, you have to be creative!

In many cases, our Counseling Center staff care for parents before they die. Parents are encouraged to make provision for their children through their extended family, neighbors, or to arrange foster care. For other children, loving adoptive parents are found. Some children are left in a child-headed household and we give these our special attention.

We also provide psychological support for the caregivers. They often face many difficulties in adapting to their new responsibilities. Our monthly caregiver meetings are well attended and each person's concerns are addressed.

The comprehensive program for the children provides food, school fees, uniforms, school materials, medical fees and treatment. Older orphans receive training in vocational skills. There are monthly sessions for adolescents between the ages of 12 and 18 years to teach them about reproductive

health, life skills and psychology to help them develop a positive self-image.

Needless to say, counseling is a key component of our program, as the children have suffered a great amount of loss. They have had multiple experiences of trauma, including loss of parents and other significant relatives. They have cared for sick parents and other family members, up to death. Many now find themselves caring for younger siblings. This is especially so for girls.

An important component of the program is work in advocacy and the empowerment of children. Some of these children have been forced from their homes, even by close relatives. Many have been forced to stop their education from lack of resources. Others have been forced to live on the street or have been abandoned. Many have been abused physically and sexually. They suffer fear and anxiety.

All children need recreational activities and sports. We have been blessed by the friendship and support of a local school attended by children from well-off homes. They have been willing to accept the children from our Orphan Program into their weekly swimming sessions, and it is wonderful to see how the children integrate together and what a positive effect this has on the children who are orphans.



## The Importance of Play Therapy

*In play therapy children learn*

- self-control
- responsible freedom of expression
- self-respect
- how to assume responsibility for self
- how to be creative and resourceful in confronting problems
- self-direction
- self-acceptance
- how to make choices
- how to be responsible for their choices

Children usually included in this type of program are those aged between four and seven years. However, since most children in our Orphan Support Program are older than that, we decided to increase the age range to include those between five and twelve years of age.

Zemanay has already started to work with a small group. Our plans for the coming year are to identify children who have psychological problems and help them with play therapy.

Garry Lambeth, author of *Play Therapy, the Art of the Relationship* says: 'Play therapy is a dynamic interpersonal relationship between a child and a therapist who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences and behaviors) through the child's natural medium of communication, play. Most adults are able to put their feelings, frustrations, anxieties, and personal problems into some form of verbal expression. Play to the child is what verbalisation is to the adult.'

**O**UR NURSE-COUNSELOR, Zemanay Aklilu, has a special interest in working with children. We were fortunate that she was able to attend a one-week course on Psycho-social Support and Play Therapy for vulnerable children. It was organized by UNICEF.





Workuha – Field worker in the program for children with disabilities

## Academic Improvement

Children who have no adult at home to take an interest and help with their studies are at risk of poor academic achievement. So we started special weekly sessions on Sunday mornings to help them. The tutor is a young man who was himself an orphan and is now preparing for university studies. Caregivers reported that their children improved academically as a result and many more would like to have the benefit of these sessions.

Three children who attended the classes received scholarships to attend Kidane Meheret School, which has a very good standard. We have also started a class to prepare five children for the First Grade entrance examination at Kidane Meheret.



Staff of MMM Counseling Center, including field workers, counselors, administrative and support staff.

## Community Based Rehabilitation

This is our strategy to address problems of children with disabilities. The disabilities include difficulties in hearing and speaking, movement, mentally challenged children, and visual impairment, among others. Currently, we have 319 children with disabilities in this program.

Rehabilitation and psychosocial integration is our goal. This involves a holistic approach involving parents, the child with disability, the community where they live and the health, educational and social services.

Our trained home visitors assess and plan with the children their individual ongoing learning activities in a way that prepares them for integration into the community.

## Hearing and Visual Impairment

In the past year, ten of our staff members completed training in sign language to enable them to communicate with clients with hearing disabilities. These were:

- Alemu Haile, our Assistant Co-ordinator***
- 5 field workers in the Community Based Rehabilitation Program***
- 1 counselor from the Counseling Center***
- 2 counselors from St. Mary's Laboratory***
- 1 staff member of the Education Program.***

Clients with hearing impairments can now have confidential HIV counseling and testing.

Dawit, from the Education Program, can now communicate with children with hearing disabilities in a local school without assistance - a very special gift.

Braille has been an indispensable tool in providing information about HIV/AIDS to the visually impaired. We have also developed books on home care in Braille. The work we have done in this area over the past several years is now proving very effective.



# Money Matters

**I**N PREPARATION for a two-week meeting of the Sisters whose work involves financial administration, all of our communities were asked to reflect on the spiritual values underlying financial services.

**Sister Ursula Sharpe** from our Central Leadership Team reminded us to take a good look at the Rule of St. Benedict, upon which our MMM Constitutions are based. The chapter devoted to the qualifications which the Bursar is to have, does not speak at all of business or financial administration, but is very specific about human relationship skills.

According to St. Benedict, people appointed to this office should be 'wise, mature in conduct, temperate, not proud, excitable, offensive or wasteful, but God-fearing and like a parent to the whole community'. St. Benedict says these office holders are not to annoy anyone. Yet, as Sister Ursula points out, this is the one area where people are most prone to be annoyed!

**Sister Breeda Ryan**, our Central Business Administrator, has mastered the art of not getting annoyed! Among the many aspects of her job is management of our General Mission Fund. That pays the cost of professional training for our young Sisters, the special requirements of newly-established missions, as well as the emergency needs of others – there is always some emergency knocking on her door. Having spent more than a decade as a busy Hospital Administrator in Tanzania, she understands the feeling of those who are asking, and the urgency.

Her job demands as much patience as financial ability. Can you imagine having fifteen Area Business Administrators all around the world e-mailing you to send out funds by the fastest means possible? Imagine keeping track of the conversion rate of all those currencies! Yet, the Central Business Administration office always has the 'look and feel' of a sea of

tranquillity. When you call out *hodi* (the traditional way in Tanzania for saying 'may I come in?'), you are sure to hear a cheerful '*karibu*' – welcome.

**Sister Aileen Doggett's** signature is well-known to our donors in Europe. She takes care of getting in the funds that Sister Breeda spends. She is also involved in our Small Projects Fund, whereby Sisters on distant missions can apply for a grant of €2,500 for some area of special need that is beyond their reach from other sources.

During almost 30 years working in Nigeria, Sister Aileen had plenty of experience of being at the coal face. So she has a great fellow-feeling for those who need the funds.

"This is the really rewarding part of my job," she says. "And when I write back to our donors and tell them what their gift was used for, they are pleased too. Many of them respond by sending us more help."



Breeda Ryan: Central Business Administrator



Martin Bracken: Financial Controller



Ursula Sharpe: Central Leadership Team



Aileen Doggett: Liaison with Donor Groups



Cornelia Udoka: Inter-Area Financial Co-ordinator for West Africa



Kathie Shea: Inter-Area Financial Co-ordinator for East and Central Africa



Aine McKee: Inter-Area Financial Co-ordinator for Europe



**Sister Kathie Shea** was born in Massachusettes. Based in Nairobi, she is our Inter-Area Financial Co-ordinator for East and Central Africa. Besides plenty of desk-work, she is a roving resource person. As well as visiting our urban and rural missions in Kenya, her work takes her regularly to Ethiopia, Uganda, Tanzania, Rwanda, Malawi and Angola. 'Stewardship' and 'Transparency' are two key words in Kathie's vocabulary. Her job is to ensure that all the Area and Local Business Administrators are adequately equipped with computers and software to enable accountability, and the skills to use them. As well as sorting out run-of-the-mill accounting and statistical headaches, she trouble-shoots hardware and software glitches, virus infections, and faults in terrestrial and solar-powered sources of electricity.

"Living out of a suitcase is not easy," says Kathie. "But my job is so interesting it compensates. I have now become quite good at figuring out ways



*Sisters Bernadette and Andrew plan summer Mission Appeals for our Sisters all over USA.*

to make the best use of the countless hours I spend sitting in airports and bus stations."

**Sister Cornelia Udoka** is Inter-Area Financial Co-ordinator for West Africa. After graduation in Business Studies in Dublin she worked for many years as Hospital Administrator at St. John's in Mzuzu, Malawi. Our twelve communities in Nigeria, where she is now based, include three busy hospitals and eight other healthcare units. Cornelia also facilitates the financial needs of our Sisters in the Republic of Benin.

**Sister Mary Ann MacRae** heads our US Development Office which has recently moved to Chicago. Our work depends greatly on funds raised in USA. All our Sisters there put in a huge effort during the summer months when annual Mission Appeals are held in the parishes. Mary Ann works closely with Sister M. Andrew Phillips and Sister Bernadette Gilsean who plan the mission appeals. She also relies on the help of Sister Bernadette McConville and Sister Catherine Carey, based in New York, who are responsible for the Inter-Area Financial Co-ordination for the Americas.

When **Martin Bracken** took early retirement from a life in banking, he took up the position of Financial Controller for MMM. He seems to like the job of keeping our head above water.

"It's different," he admits. "But I like it here. I have been doing this job for two years now, and nobody has yet come to me looking for a rise!"



*Mary Ann MacRae:  
Director of Development  
Office, USA*



*Bernadette McConville  
Inter-Area Financial  
Co-ordinator for The Americas*



*Catherine Carey  
Inter-Area Financial Co-ordinator  
for The Americas*



*Eileen Morrison:  
Area Business Administrator,  
Motherhouse*



*Marie Goretti OConor:  
Area Business Administrator,  
Ethiopia*



*Cecilia Asuzu,  
Area Business Administrator,  
Angola*



*Radequdha Shayo,  
Local Business Administrator,  
Benin Republic*



*Sheila Campbell,  
Area Business Administrator,  
Brazil and Honduras*



*Mary McNamara:  
Area Business Administrator,  
Malawi*



*Kathleen Donnelly,  
Area Business Administrator,  
Kenya*



*Joan Melinn,  
Area Business Administrator,  
Northern Nigeria*



*Maria Gonzaga,  
Area Business Administrator,  
Eastern Nigeria*



*Justina Odunukwe,  
Area Business Administrator,  
Tanzania*



*Rosemary Mohan,  
Area Business Administrator,  
Uganda and Rwanda*



*Anne Curtin,  
Area Business Administrator,  
United Kingdom*



*By Sister Jean Clare Eason*

## *in the air*

Our afternoon was spent in small group work and plenary sessions. The first sharing was on “how we live out our MMM Charism in our daily lives”. The multiple ways that AMMMs live out the healing Charism is very rich. Wonderful examples of how this charism affects relationships in families, neighbourhoods and at parish level, were given. It was remarked that the charism finds expression in every lifestyle. In discussing the healing charism the words most used were

- hospitality
- prayer
- care of the earth and
- reaching out to others.

There was a buzz in the air as thirteen Associate Members (AMMMs) from Ireland, UK, USA and Tanzania gathered at the MMM Motherhouse. It was the first time ever that Associate MMMs from so many places met in the European Zone. They were joined by seven MMM Sisters for the occasion.

It all started with a cup of tea and then folks shared who they were and how they first met the Medical Missionaries of Mary. Listening to each other’s stories prepared us to pray together.

Praying together we heard a lovely reflection on how the Master was searching for a vessel to use. Many vessels presented themselves for the job but the Master chose an empty and broken clay pot. I feel it was the Master’s final words that described well what our day and indeed life together is about:

“There’s work you must do - just pour out to others, as I pour out to you.”

Donal Dorr, SPS gave a challenging input on the “Missionary Charism of MMM and AMMM”. He suggested that today the mission frontiers include all the boundary areas where our Christian faith needs to intersect with sectors of life in which the Good News of Jesus has had little impact. Some of the examples given were the world of modern mega-cities, the world of the poor, the twilight world of refugees and asylum-seekers, and the myriad social situations on the margins of the “respectable” world.

All Christians by our Baptism are missionaries and called to move out or reach out from our comfort-zones, cross the threshold of the familiar, and embrace the stranger. Fr. Dorr pointed out that the Visitation, which is so central to the MMM charism, shows a specifically missionary approach to hospitality. In the Gospel story not only did Mary and Elizabeth reach out in service to one another but each of them shared the hope of the other. This idea of sharing hope is particularly important today, because in our world we see so many reasons for losing hope.

Over lunch with the Sisters at the Motherhouse, friendships were renewed and animated conversations and laughter echoed around the room.

The second reflection session was on the specific ways in which we can participate in the mission/ministry of the MMMs. Again, wonderful examples were given – from serving with the MMMs overseas to volunteering in the nursing facility attached to our Motherhouse, or raising mission awareness and funds at home.

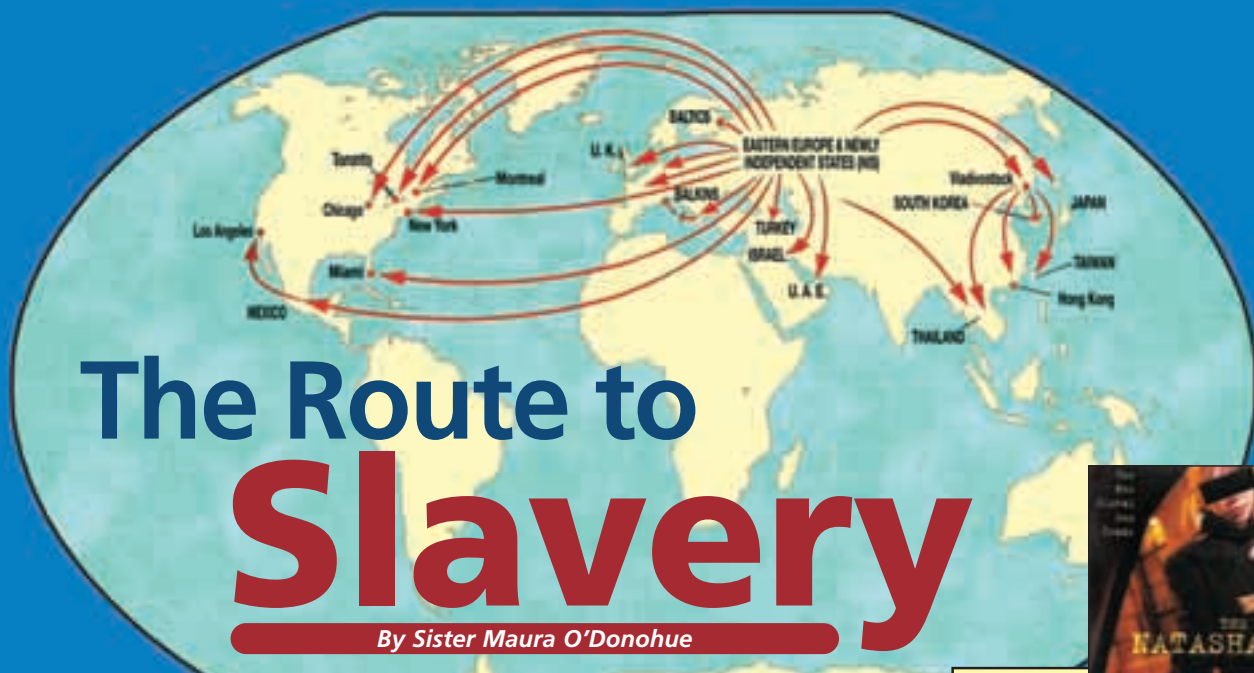
It was noted that the AMMM and MMM relationship is a partnership which is both dynamic and respectful of difference. One of the interesting points brought up in this discussion was that in living out the MMM Mission Statement, AMMMs are drawn toward the marginalized and culturally diverse in their ministries and lives. They are drawn to discovering the frontiers on their own doorstep.

As the discussions ended it was felt that our Associate Movement has come a long way since its beginnings seven years ago, when a handful of people sat together with the Central Leadership Team to reflect on a possible framework. The fact that we are beginning to look at structures that will serve in the future is a sign of that progress.



*Associate MMMs, Mary Coffey and Anne Marie Kenny.*





# The Route to Slavery

By Sister Maura O'Donohue

## GLOBAL TRAFFICKING ROUTES OF WOMEN AND GIRLS FROM EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES

The **Natashas**  
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The break-up of the USSR created what have come to be known as the 'newly independent states'. Many people in these countries – for example, Ukraine, Moldova, Latvia, Estonia, Czech Republic, Russia, Azerbaijan, Uzbekistan and the Northern Caucasus, Serbia and Romania – found themselves without the employment and social welfare that had been available under the Soviet regime.

Extreme poverty was experienced by many. A change in migration patterns also resulted. Formerly, it was mainly men who migrated but, with the opening of borders, women and children began to move also.

The widening of the European Union to embrace countries like the Czech Republic, Poland and the Baltic States, also provided an incentive for migration.

Slave dealers were quick to spot an opportunity to enhance their profits.

Trafficking of women and children is an ancient sin. But only in our times has it become a scandal of truly global proportions.

The above map illustrates some of the main routes from a free person's country of origin to the slavery they will know as the reality of their situation dawns upon them.

Many women are duped by attractive offers of employment abroad. They may be told of positions in domestic service, or – if they are young and attractive – in the entertainment industry. Those hiring them deceive them about what awaits them in night clubs, massage parlours or as lap dancers. They are not told that the 'supermarkets' for which they are hired sell sex, and nothing else.

While there are people who engage voluntarily in commercial sex, many migrants who sign up for this employment are not aware of the coercion that underlies the contract. They may be 'helped' to acquire passports or visas which turn out to be faked. Even those who have valid documents often find they are confiscated by their employer, who has become their owner by the time they reach the first stop on their journey to slavery.

It is impossible to be accurate about the number of victims

of this slave trade because of the secrecy that surrounds it and the threat of retaliation if victims speak openly. Experts committed to fighting this crime suggest that the figure is somewhere between two and four million people held in this bondage.

That is not difficult to believe when you look at the main destinations. These are found both east and west. Looking eastwards on the above map we can see they include Japan, Taiwan, Hong Kong, South Korea, Thailand, United Arab Emirates, Israel, and Turkey. All mainland European countries join the list, including UK and Ireland. To the west, across the Atlantic, victims of this slavery may find themselves shipped through Mexico to USA and Canada.

As well as cross-border trafficking, this practice is common within countries, especially where women and children are particularly vulnerable.

The enormous demand for commercial sex is the core problem. The lack of awareness of the scale of this modern slave trade is a major

contributing factor, as few countries have appropriate legislation and practice in place to deal with this crime.

The need for public awareness of this global scandal is very urgent. An important contribution has been made with the recent publication by Vision Paperbacks of 'The Natashas' by Victor Malarek. One of Canada's foremost investigative journalists, his research and commitment exposes the pimps, the politicians, the police and the predators caught up in sex trafficking, and demands a unified and international effort to end this appalling abuse of human rights.

Malarek's work has been described as a major breakthrough that exposes the realities of the international sex trade. It is a battle cry to governments to stop blaming sending countries and look at their own backyard.



*Dorothy (left) is the Social Worker in charge of the Orphan Support Programme. Evelyne is Nurse-Counselor heading a team of Community Health Workers supporting HIV clients who are house-bound.*

The oldest boy, about eighteen years, was called Fred. He was outside on the street, and looking very much 'under the weather'. He turned out to have TB and was also HIV positive.

There was nothing to eat in the house. Rose was in very serious pain. She had sent one of the children out, with the last money she had, to buy pain killers from a local stall where medicines are sold.

### Comprehensive Care

Our goal is to provide comprehensive care to families with HIV. This often includes a sick mother and vulnerable children, soon to become orphans. With so many problems, it can be hard to know where to start.

I immediately took Rose into the hospital in Eldoret to get her pain relieved. Then we returned to look at the situation of the children. We are still trying to sort out the long-term help they will need. Two of the older girls had got jobs as house-keepers. As they are illiterate, they cannot hope to earn much. Here in Kenya, it is not possible to enter Primary education without first attending Nursery School. So we arranged to get all of them - from fourteen years down - into Nursery School to make a start.

So while we help Rose to control her pain and help her to stay as well as she can for as long as she can, we know that, already, we are facing the responsibility of another seven orphans to be cared for - that means

# Her name was Rose



*Sister Patricia Hoey writes from Eldoret, Kenya*

It was a Friday evening, our driver was out on home-based care visits with some of our staff. I was alone at home when Cosmas, one of our Community Health Workers, called to ask if someone would come to see a woman who was very ill. I went.

Her mud house consisted of one room on a small street at the back of the village. When I opened the door, I found her lying on a bundle of rags, half propped up against a mud wall. A small, malnourished baby was trying to feed at her breast.

Her name was Rose. Her baby was ten months old. There were children all around the place. Eight of them were hers. None had ever been to school, so they could not read nor write. They had never been to a health centre and were not immunized.



*Sister Patricia with two-year-old Veronica.*





food, clothes, school fees, health care. Another seven on top of the 680 orphans we are already supporting.

Some of them have grand-parents who are their primary carers. Others are with relatives, but feel real 'outsiders' since their own parents have died. Some live in child-headed households.

It is wonderful to see their joy when they come to our Centre after school to watch a video or to play. It is amazing to see how happy they are when they are given their school uniform. It seems to give them a real sense of being 'somebody'. There is nothing else I would rather be doing.



## NIGERIA

### Our Thriving Triplets

SISTER BRIGID EGBUNA BRINGS US UP TO DATE ON THEIR FIRST BRITHDAY



**"As you can see, Simon, the boy, is bigger than the girls. This is partly because the parents feared that all three would not survive and the boy had to be saved by all means. So he got most of the breast milk which Esther, their mother, was able to produce, and other things.**

However, thanks to your help, all three have survived their first year and are looking very well.



As I told you before, there was not much hope for their survival at birth. Simon weighed 1 kg, Esther was 0.9 kg and little Idara was just 0.8 kg. But with adequate feeding of mother and triplets and with prompt treatment of illnesses they slowly began to thrive.

With regular visits for care and advice, and ensuring their immunisations and follow-up care, we were all delighted when the day came to celebrate their first birthday.

This is what it cost so far to give these three babies a fair chance of survival:

Milk for one year cost €550. Clothing for the babies was €250. Food for the mother cost another €250. The cost of medicines came to €100 and transport to get to visit them regularly was €50. A total bill of €1,200 for three little lives.

Thanks for making this possible and giving us so much to celebrate on this special birthday.



*Sister  
Maura Ramsbottom writes  
from Nigeria*

# The Woman at the Well

## 40 YEARS AGO

On December 7 1965, the Second Vatican Council promulgated a Decree on the Church's Missionary Activity which – in the whole context of the Council – marked a new thrust in the history of Christian mission. The document is known as *Ad Gentes* – 'To the Nations'.

The Church, a sign of the unity of all peoples, reaches out to the *Gentes*. She is missionary by her very nature. The world in which this mission is carried out changes constantly. This requires that we continually reflect on our mission, on its context and its tasks.

Sister Maura Ramsbottom, who is part of the teaching staff on our formation programme, reflects on the story told in Chapter 4 of St. John's Gospel, where Jesus meets a Samaritan woman at a well. What kind of world does this conversation between Jesus and the Samaritan woman open up for us?

In his Gospel account, John tells us that the disciples were astonished when they found Jesus at the well, speaking with a woman. But none said 'what do you want?' or 'why are you speaking with her?' Cf. John 4: 5-42

Let these questions resound in our hearts as we encounter the Gospel text. This story can give us a good understanding of our mission and how to go about it.

What does Jesus want and why is he speaking with the woman?

He wants a drink. Tired after his journey, he sits right down at the well and says to the woman who comes 'give me a drink.'

He wants the woman to know him. He is prepared to allow himself to be known. He even reveals his own need and asks for a drink. He initiates a true dialogue with her.

He wants her to be open to receive the gift of God - to ask for that gift. Nothing is presumed, nothing is imposed. He wants her to ask for and receive the water that would become in her a spring of water gushing up to eternal life.

'If you knew the gift of God ... you would have asked him, and he would have given you living water...'

Surely, he also wants her to bring the Good News to her townspeople and thus be instrumental in leading them to recognize him as 'Saviour of the World.'

In a word, he wants her to become the person she was called to be from all eternity. In becoming that person, she is for him the food that is 'doing the will of him who sent me'.

Who is this person with whom Jesus enters into respectful dialogue?

She is a woman. Most male Jews thanked God each morning that they had not been created women! I find it difficult to imagine Mary teaching Jesus that prayer! The woman in the Gospel story comes to fetch water herself. She has no servants. She comes at noon, in broad daylight – unlike Nicodemus who comes to Jesus at night.

She is a Samaritan. Jews did not share things in common with Samaritans. In fact, there was a great deal of hostility between Jews and Samaritans, many of whom were brought in by the Assyrian conquerors. They refused to cooperate in building the Temple after the exile. They also refused to worship at Jerusalem. The Samaritans set up their own temple on Mt. Gerizim and worshipped Yahweh. However many

still worshipped the pagan gods. They had many 'husbands' rather than being faithful to Yahweh who claimed Israel as his bride.

Jesus takes the initiative in the dialogue, reaching beyond the cultural barrier which he, too, inherited.

This woman is proud of her own heritage. 'Are you greater than our ancestor Jacob?,' she asks. She worships on Mt. Gerizim and with her people awaits a Messiah. Yet, she is open to question and to be led into deeper truth.

'Our ancestors worshipped on this mountain but you say that the place where people must worship is in Jerusalem.'

How important is the place where we worship? To what extent are our two traditions mutually exclusive?

Did these questions arise in her mind? Or in Jesus' mind?

Jesus accepts the title Messiah when offered to him by this Samaritan woman. He makes the astounding revelation:

'I am he, the one who is speaking to you.'

It is time to embrace the 'new' so she leaves her water jar. She has a message





*The Woman at the Well*  
Oil painting in the dining room at our Motherhouse by Owen Walsh

to proclaim. Many Samaritans from that city believed in him because of the woman's testimony. The gift is becoming in her a spring of water, gushing up to eternal life.

Perhaps we are coming to know something of what Jesus wanted from the woman – and wants from every person. Our human and Christian vocation is to know Christ Jesus, to know him from within and allow his spirit to become a fountain of living water in us. Saint Ignatius of Antioch speaks about “water living and speaking in me and saying to me from within *come to the Father*. Come to the Source from whom you and all creation come, for whom you thirst, in whom you are.”

What kind of world does this conversation between Jesus and the Samaritan woman open up for us?

It is a world of dialogue where questions are encouraged and even unasked questions do not pass


unnoticed. An understanding of dialogue and the readiness to engage in it is the key to truly receiving the message of Vatican II. The church is in the contemporary world, the Council states, and she is involved in the two-way process which dialogue implies.

True dialogue calls for respect for each one involved in the process. It calls for a commitment to try to understand the perspective from which the ‘other’ speaks or acts and, above all, it involves a genuine openness to be led into the truth.

It is a world where we are challenged to cross boundaries of culture, gender, age, education, beliefs and lifestyle. It is a world where we recognize what needs to be left behind and are prepared to leave it. It is a world of adventure, a world of risk.

‘You are called to an extraordinary adventure’, our MMM Constitutions tell us. We are missionaries, sent to share Christ’s healing love with the nations. That mission was never meant to be easy.

Our foundress, Mother Mary Martin, challenged us with the words: ‘Nothing is too hard for those who love.’ Surely love is the meaning of mission *ad gentes*. Love given and received in a dialogue born from the human person’s thirst for fullness of life, a thirst which mirrors God’s own thirst for us.



**Medical Missionaries of Mary**  
*Rooted and founded in love*

On our website you will find more than 300 pages of information about MMM. This includes the latest changes to our worldwide address list, updates on our current work in healthcare and development, justice issues that concern us, vocation pages and ways of belonging to the MMM extended family.

Our website also provides pages of information about the history of MMM through seven decades and an obituary section with stories about the great women who have gone before us.

Also on our website, you can drop in on MMM at work or join in with MMM at prayer. And of course, you and your friends can make an online donation to help us with the work in hand.

**Do pay us a visit at: [www.mmmworldwide.org](http://www.mmmworldwide.org)**

# Our Sisters in the Republic of Benin now see The impact of good **Nutrition**



Sister  
Nkeiru Edochie  
from Nigeria



Sister  
Irene Balzan  
from Malta



Sister  
Radegudna Shayo  
from Tanzania

In the past year we have seen very few malnourished children. We are beginning now to see the impact of our Nutrition Programme. This is very encouraging for us all.

Here in our small Clinic in Zaffe, we are now attending almost 7,000 people each year. More than half of them are children.



*Damien Gbedji is driver to the MMM team at the Zaffe mission.*

In the first six months of the year, we cared for 173 women in our ante-natal clinic. During the same time we had 117 deliveries. Two of the mothers gave birth to twins. We advise all mothers to breastfeed their babies for at least four, or if possible, six months. They are happy to hear that this improves the baby's immunity and enhances its physical and emotional well-being, and prevents gastrointestinal diseases.

We were kept busy in all departments during the first few months of the past year. Then, when the harvesting season began in March and April, there was a slight decline in attendance. But a marked increase followed. Warmer weather brought more mosquitoes, resulting in a lot of malaria. Anaemia, resulting from malaria has been a major health complication for many children.

Our Laboratory has also been kept busy, and is a great asset for us in making more accurate diagnoses. We saw some cases of typhoid during the past year.

Children and adults who need observation and treatment are admitted for a maximum of 72 hours.

If their condition does not improve they are referred to a specialist hospital. However, our rate of referral is rather low as most recover well and are discharged home. Families are always happy to hear that they can go home, as the expense and difficulty of going to the larger hospital is a big worry for them.

## **OUTREACH WORK**

The Extended Programme of Immunization continues in progress in the surrounding villages. Mothers are continually encouraged and helped to realise the importance of having their children vaccinated against the major killer diseases. The response has been very encouraging for us.

A great difficulty we have had in the past year has been the shortage of mosquito nets. Although nets are supposed to be available for the people at a very low affordable price, they are not being distributed fairly. For us this means added fuel expenses as we have to make many journeys before a few mosquito nets are allocated to us.

Another worry is that the rainy season started late this year. Crop production has been affected, resulting in rising food prices. This has made life difficult for many families as they struggle daily to meet their basic needs. If they cannot afford proper medical care they are likely to resort to local medicine or start incorrect medical treatment at home. This can lead to serious health complications, as we know only too well.

Health education still remains one of our primary roles as we believe we can do much to empower people to improve their health status and prevent disease.

## **HIV/AIDS**

In our daily consultations, we realise that many people are not aware of HIV/AIDS and a lot of sensitization is needed. In one of our educational visits to a nearby College, when we went to give an HIV/AIDS awareness input, we discovered that the lecturers themselves needed a lot of information too. From our feedback with the students we realised that they have been misinformed regarding some HIV/AIDS related issues and sexually transmitted diseases. Thus, we see teachers as an important target group for our HIV/AIDS awareness programme.



*Nurse Aide, Emilienne Sossa attends one of the 7,000 patients who visit our Health Clinic every year.*



# True Love Wins

by Sister Léonie McSweeney



**F**ALSE BELIEFS ABOUT SEX and conception are very common here in Nigeria. These cause tension in married life. At times this results in unfaithfulness, leading to HIV.

To address this situation, pre-marriage courses at parish level try to provide well-informed teaching. People express gratitude and relief when the true facts are given to them with conviction.

But we find that information alone is not always enough. For some matters a lot more is required. Many traditional beliefs and practices around marital relations in the local culture need to be addressed. Correcting false ideas and inaccurate information can be a big help to securing fidelity and growth in the couple's relationship.

We recently embarked upon such a programme in all the parishes of the Diocese of Ibadan, one of Nigeria's

largest cities. To make the facts available to as many people as possible, our approach would be a combination of two well-tried strategies. The *True Love Wins* campaign is an approach that provides people with the opportunity to look at Group Behaviour Change to reduce the spread of AIDS. The second strategy is teaching the Billings Method of natural family planning which also addresses the above problems.

To ensure the clear and authentic transmission of information, a high standard of tuition is needed. We were glad to have the expertise of three Instructors who came to help us from other States. A lot of work went into planning the poster sets and kits needed to properly equip those who would persevere.

We were overwhelmed by the interest shown when we announced that we would offer to train Instructors. Applicants both men and women, including several catechists, came from twenty parishes.

We began with an initial correspondence course, in which 192 people participated. This was followed by a residential session lasting four days. For this, 120 people came. We were amazed by their commitment, as it was difficult to arrange



*A limited number of copies of the Proceedings of the MMM Conference on HIV and AIDS, including CD with Powerpoint Presentations, are available for professionals and health education institutes. E-mail info@mmmworldwide.org*

absence from work and from home for that length of time in the social and working conditions here. It took a lot of personal sacrifice.

Six weeks later, it was time for the exam for certification as an Instructor. By this stage we still had 82 volunteers. 60 participants passed as Instructors, many with distinction. Almost all of the remainder passed as users though not as Instructors, many intending to repeat the exam later.

We were greatly impressed by their generosity, sincerity and enthusiasm. They were now ready to go back to their parishes to teach others, promote happiness in married life and provide the youth of their own locality with healthy and accurate information.







*Sister Marie Slevin with old friends, Eilish Redmond and Kathleen Sullivan*



*Sister Marie Goretti O'Conor with her sister and brother-in-law, Dympna and Austin Hackett*



# Golden Jubilees at our Motherhouse



*Sister Gerardine McChrystal with nieces Aileen, Joanne and Martina, and their parents, Josephine and Willie McChrystal*



*Janice Gonsalves, San Francisco, friend and supporter of MMMs in Ethiopia.*



*Sister Josephine Keane with her niece-in-law Loain*





*Sister M. du Sacre Coeur Byrne with her brother and sister, Paddy and Kitty*

*Sister Brigid Archbold with her sisters Teresa, Ann and Joan.*

*Sister Anne Sharratt with Dr. Eileen Duffy*



**CELEBRATING WITH US IN HEAVEN**

Sisters Loreto O'Brien, Mary Callaghan, Gratia McDermott, Elaine Campbell and Magdalena Jennings



*Sister Genevieve McCrea with her nephew Joseph and his son John.*

*Sister M. Constantia Faul with her niece Mary Mailley and her baby Muireann Frances.*



*Sister Edel Weir with niece Edel Curtin.*



*Sister Anne Curtin with Jim Burke, Niall Curtin (brother), Terry and Denis Curtin (sister-in-law and brother) and, in front, nieces Gillian and Denise.*



*Sister Paula Smith celebrated her Jubilee in USA.*



*Our Sisters in Malawi sometimes wondered if they were*

# Tinged with Madness



In accepting to take over the administration of the 60-bed Rural Health Centre at Kasina, we did not quite grasp just how ‘run down’ it was. This was a healthcare facility of Dedza diocese, where there had been no resident administrator for quite some time. A sense of neglect pervaded the whole area. To quote the staff, it was ‘more a village setting than a health facility.’

We sometimes asked ourselves were we tinged with madness, taking on such an uphill task! Yet, somehow, deep within us we sensed the challenge to respond to the needs of the local Church in a new place.

It seemed the right time for us to embark on a new venture in Malawi and our Congregation supported us, even if they, too, thought that we were tinged with madness.

Once the decision was finally made, the providence of God seemed to lead people to us. A husband-and-wife team of Canadian volunteers, John and Johanna Booy wrote to us asking if we needed volunteers. Looking at their CVs, we certainly did!

Their combined skills included experience in construction, house refurbishment and administration.

The first task for them was to prepare the house they were to occupy!

It was the rainy season when they began, which made everything more depressing as well as more challenging.

## REPAIRS

A grant from the government of Malawi and the EU Programme Office in Lilongwe was approved, in response to our carefully submitted proposal. This enabled us to replace broken sinks and electrical sockets, clean and paint the wards, put mosquito screens in place, totally restructure the Nutrition Unit and construct a new kitchen, store and education area. Staff houses were also repaired as needed.

Hiring local labour to carry out this work brought income into the area. This had a huge knock-on effect. As the place began to look better, we could feel that everyone’s trust in us was growing. Sister Clara Chikwana had returned from our missions in Nigeria to be part of this new venture. A native of Malawi, she moved in with the Canadian volunteers.

From the day she reached Kasina, Sister Clara commenced working in the Health Centre. She had an

enormous task in front of her. There were thirty-six staff members already employed, but few were professionally qualified. There was no nurse in charge, no duty roster, no work plan, and no supervision. Patients and staff were feeling frustration.

We were blessed to have Sister Clara, who understood the language and culture, from the inside, as it were. Her patience and sensitivity enabled her to introduce order, discipline and proper patient care. It also evoked the confidence of the staff, gaining their co-operation and gaining acceptance for all of us.



*Sister Clara Chikwana*





## DONATIONS

Donations from faithful benefactors were channelled to us by our Sisters involved in fund-raising in Europe and USA. This enabled us to buy new mattresses, sheets and other essential supplies.

Sister Mary McNamara moved to Kasina to take care of the administration of the Centre. As weeks turned into months, she managed to review the structures and put essential systems in place. Staff contracts were regularised, management meetings became more formal and all accounts were computerised. All of this activity was an opportunity for in-service training and therefore helped with the motivation of the staff.

By the time John and Johanna Booy were due to return to Canada, things were looking much better. Sister Mary took over supervision of the EU-funded project. A local trust-fund, Press Trust, donated an ambulance to replace the one that was 12 years old and more often in the garage than on the road.

## OLD FRIENDS

The next piece of good fortune was when a couple who had worked in St. John's Mzuzu, came out on holidays and spent a couple of nights with us here. Drs. Teresa and Chris Smith were old friends. They asked if they could help. They had also helped with setting up our Mission in Chipini, some fifteen years beforehand. As a result, their parish St. Margaret's in Twickenham devoted their whole Lenten appeal for Kasina and it really was a parish endeavour. Reading the number of activities undertaken and the number of people involved, from old folk to the children left us feeling very humble indeed.

We have a list of all those activities in a prominent place in the Health Centre. This big donation enabled us purchase a vehicle for the outreach programmes and purchase some medical equipment.

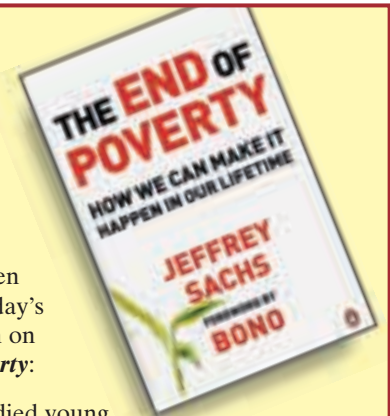
God continued to send good Samaritans our way. Running costs for the ambulance were secured for us from Italy, through the help of another group of missionaries here in Malawi. It is difficult to communicate what it means to have security for the running costs of a vehicle in a rural Health Centre, and here are we with just that.

Now we have commenced a simple survey of the surrounding villages in the catchment area, which will give us a database from which to proceed.

As we try to evaluate our 'madness', we remember the confident, wise saying of our foundress, "if God wants the work, God will show the way." The staff of the Centre has co-operated and have accepted a new regime. They tell us that the real difference is 'a better service for the patients.' We could not ask for more.

Vaclav Havel once wrote that hope is "not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out."

For MMM here in Malawi, undertaking the risk of a new Mission at this point in our history here makes great sense and the future is in the hands of a God of surprises.



Jeffrey Sachs is pictured above with Bono when they visited Nthandire with us. This village, a day's journey from Lilongwe, left a deep impression on Jeffrey. He writes about it in *The End of Poverty*:

'As we arrive in the village we see no able-bodied young men at all. In fact, older women and dozens of children greet us, but there is not a young man or woman of working age in sight. Where, we ask, are the workers?... They are nearly all dead. The village has been devastated by AIDS which has ravaged this part of Malawi for several years now.'

This is what Bono says in the Foreword to the book:

'The war against terror is bound up in the war against poverty. Who said that? Not me. Not some beatnik peace group. Secretary of State Colin Powell. And when a military man starts talking like that perhaps we should listen. In tense, nervous times isn't it cheaper and smarter to make friends out of potential enemies than to defend yourself against them? We wish things were different. But wishful thinking is not just unhelpful here; it's dangerous. The plan Jeff lays out is not only his idea of a critical path to accomplish the 2015 Millennium Development Goal of cutting poverty by half – a goal signed up to by all the world's governments. It's a handbook on how we could finish out the job'.

This book is recommended reading for all who care. Published by Penguin Paperbacks ISBN 0-141-01866-6



# Drawing on Lifetime Skills

Sister Ronnie Cawley writes from Boston

The Shepherd Center is a concept of linking older adults together to reflect meaning and dignity. In this way identified needs can be met. Life is sustained. It is people helping people. The name reflects the support and caring expressed by the Psalmist *'The Lord is my Shepherd, there is nothing I shall want...'* Ps. 22

The primary purpose of the Shepherd Center is to enrich the later years of a person's life with opportunities for services to others. This gives scope for self expression, meaningful work, and close friendships.

An equally important goal is to help older adults remain independent in their own living situation as long as they choose.

Shepherd Centers are an example of how Churches and Synagogues can work together in Community, enabling Congregations to provide comprehensive ministry so that the needs of older people are met.

## Secret of Genius

The genius of the program is that it is ministered by and with older adults – rather than providing a ministry to them. It draws on the lifetime skills and experience of the participants.

At the same time, it provides these older adults a significant place in the community. It cooperates with but does not duplicate or compete with other programs or services of the ageing network. To avoid duplication, existing services and programs in the community are executed by older adults.

It is funded by contributions from congregations, participants, individuals, businesses and others in the community. It utilizes existing property.

## How it all started

Back in 1972, in Kansas City, twenty-five congregations made up of Catholics, Protestants and people of Jewish faith, came together and started the Shepherd Center movement. Today throughout the USA there are nearly 100 Centers.

In this movement, newly retired people, who might otherwise be at a loose end, find a framework for themselves by designing and executing services or ministries needed by other older adults. Volunteers have authority to make decisions and take charge of implementing those decisions. Thus, the work has a mark of ownership by the people.

Various home services are provided. Also various programs and activities. All are built around four main emphases:

- Life Maintenance
- Life Enrichment
- Life Reorganization
- Life Celebration

Here in Somerville, MA, our Shepherd Center was started about ten years ago. It began with two Life Enrichment programs. The first involved monthly meetings for people of all denominations. By gathering to share a meal, prayer, reflection, sharing, companionship and various fun activities, people got to know one another. Loneliness was greatly diminished.

Our second service was Transportation and Escort. We recruited retired men and women who were willing to provide transportation to older adults for visits to their doctors. This meant picking them up at home, staying with them and returning them home. We found this service was very badly

needed. Both clients and drivers were of varying nationalities, but we worked hard to match clients with suitable drivers.

## Third Program

Five years ago, our Government offered a grant to organizations involved with older adults. Members were consulted, and after much thought and discernment a new program came into being. We call it the Care-giver, Companionship and Respite Program.

Since I already had experience of working on the other two Programs, I was asked to take over this new venture. As in all new beginnings, we started slowly. We began by informing social workers, case managers, and clients' family members of our hopes and plans.

At present this program serves 40 to 45 clients and their families. It includes visiting people at home, in nursing homes, and offering respite for families. Some clients are bed-ridden, need walkers or wheel chairs, and several are blind.

Their needs are varied and many. A visit involves plenty of listening, reading to them, taking them out with wheel chairs, or walkers. It means adapting to the situation whatever it may be.

Some clients have very loving and caring families. Other are not so fortunate. Clients realize I am a Sister. They often ask me to pray with them or bring them the Eucharist.

I have listened to many life-long tales and I marvel at the courage shown. Yet, all need and want to be acknowledged, loved, affirmed. In nearly all of their lives a great sense of loneliness is expressed.

I have gained so much in this venture! It has made me more aware of the ageing process and how it affects us all.



# Footnotes

When Sister Louisa Ritchie first wrote a piece entitled *Footnotes* in our Magazine back in 1982, very little was known in Ireland about the therapy of Reflexology. Sister Louisa, a native of Inverness in Scotland, was already trained as a nurse and midwife before she joined MMM. When she arrived back in Ireland after postgraduate studies in the US, she spoke with enthusiasm about Reflexology – a therapy in which she had recently trained.



Sister Louisa Ritchie with Dwight C. Byers when he visited our Motherhouse in 2005.

Historians believe that this healing art was practised in Egypt as long ago as 2330 BC and was also practised in India, in China and among the American Indians. In 1913 this therapy was introduced to the West as Zone Therapy by Dr. William Fitzgerald. He noted that reflex areas on the feet and hands were linked to other areas and organs of the body within the same zone. These ideas were further researched and developed by Eunice Ingham, who created charts of the zone reflexes, becoming the pioneer of Reflexology as we know it today. Her first book on the subject was published in 1938. Her nephew, Dwight C. Byers, is director of the International Institute of Reflexology, based in Florida.

According to these experts, Reflexology is a science which deals with the principle that there are reflex

medical science. It is non-invasive and is capable of improving the nerve and blood supply which helps nature to normalize the body's balance.

Back in 1982, listening to Sister Louisa and benefiting from the therapy she was now practising, a number of Sisters at our Motherhouse became interested in acquiring these skills. Sister M. Augustine Sheridan was the first to head off to London where she completed a course. Before long her expertise was much in demand at our Motherhouse in Drogheda - where she is still practising today.

In May 1983 Sister Patricia Ann Devine, another Scottish MMM who is a qualified nurse and midwife with many years experience, went to London and trained in Reflexology at the Churchill Centre under Jane Vukovic. Believing this therapy should be brought to Ireland, Sister Patricia



Sister M. Augustine Sheridan

Sister Patricia Ann Devine

Sister Rosario Pierse

Sister M. Eugene McCullough

Sister M. Giovanni McCormack

Sister Helen McKenna

areas in the feet and hands which correspond to all of the glands, organs and parts of the body. Stimulating these reflexes properly can help many health problems in a natural way, a type of preventative maintenance.

However, Reflexology should not be confused with massage. It is a complementary therapy, not used for diagnosis or as a replacement for

Ann persuaded her tutor to consider this. In the summer of 1983, Jane and her daughter Louise Vukovic gave their first seminar to 24 participants at Jurys Hotel in Ballsbridge.

As well as Sister Patricia Ann, who assisted the London-based tutors, there were three other MMMs – Sister Rosario Pierse, the late Sister Pascal Keegan and Sister

M. Eugene McCullagh. Others in that group who went on to play a significant role in developing Reflexology in Ireland were Rose Rispin of Navan, her daughter Loreto, her son Andrew, and her sister-in-law, Breege Rispin. They later established the Navan Centre for Reflexology.

In 1984 these pioneers arranged further training sessions at the Mount Herbert Hotel in Dublin. From then on, Jane and Louise Vukovic came to Ireland four times a year until 1989, with an average participation of 24 students.

Interest grew rapidly after 1985 when Reflexology was discussed on the *Late Late Show* on the last production of the spring season. Sister Rosario Pierse demonstrated the technique in what was remembered as the night Gay Byrne showed his feet to the nation! At the same time, Rose Rispin and other practitioners treated volunteers from the audience.

Sister Rosario would say her life changed following that TV show! Our Motherhouse was inundated with calls from people wanting to know more. A room for therapy was made available at our Motherhouse. Drogheda and Navan were the best-known centres for this therapy for a number of years until others qualified and developed therapeutic services on a wide scale. At the time of writing, there are 1,400 members of the Irish Reflexologists Institute, and 300 students in training.

Sister Helen McKenna took up Reflexology a decade later, bringing the art to East Africa. She taught Reflexology in English and translated it for the first time into Swahili, the national language of Tanzania. She introduced its healing touch to those traumatised by the genocide in Rwanda and to people living with AIDS in Tanzania, Kenya and Uganda.

In August 2005, Dwight Byers and his wife Nancy visited our Motherhouse. He was happy to meet some of his first Irish students, including Sisters Louisa, Augustine and Rosario. He told them about his latest development in Reflexology – use of Hand Reflexology.

In 1984 the British Association of Reflexologists was established. See [www.aor.org.uk](http://www.aor.org.uk)

In 1995 the Irish Reflexologists Institute was established. See [www.reflexology.ie](http://www.reflexology.ie)

The website of the International Institute of Reflexology can be found at [www.reflexology-usa.net](http://www.reflexology-usa.net)

# AIDS in the marketplace

*Sister Felicia Muoneke*

**T**HE FAMOUS BRAZILIAN EDUCATOR, PAULO FREIRE, author of *Pedagogy of the Oppressed*, stressed the importance of spending time among the people, listening carefully to find out what issues were important for them.

In Lagos, Sister Felicia Muoneke devised something similar when taking her first steps in tackling the problem of raising awareness about HIV and AIDS. She had already contacted other doctors who – like herself – were anxious about the scale of the problem.



Among a total population of more than 127 million people, an estimated 8% were living with the disease. In one year it was thought, close to half a million people may have died from it. Some estimates for the number of children orphaned by the disease were as high as 2.6 million. A number of agencies were involved, but she suspected that more time was spent on collecting statistics than on providing a caring service to those who were suffering.

She found the trends in HIV prevalence among women attending antenatal clinics ranged between 2.6% in low sero-positive areas, and up to 6.8% where it was high. She became convinced that raising awareness and education about the disease

at all levels was essential, and where possible arranging Behaviour Change Workshops.

Excellent volunteers were coming forward for training, to work in communities within the Catholic parishes. This called for engaging the services of experienced resource people for the training of trainers.

The big question for her was ‘where to start?’

“I felt out of touch with the reality experienced by those who are most likely to be affected, I felt the best place to learn was in the market place where I could talk to the women. I would wander around, posing as a customer and pricing their goods. Sometimes I would buy things like peppers or tomatoes – anything to begin a conversation.

“On some occasions, when I came across a hairdresser, I would get

a hair-do. That was a great way to introduce the subject of HIV and find out how much the people knew and what their attitudes were. At taxi parks, I would begin by enquiring about going to a distant part of the city and get bargaining about the price. After a while, I would get around to the topic I most wanted to hear them discuss.

“At all these places, I would try to find out how much the people knew, or if they had any information at all about HIV and AIDS. Generally, almost all had heard little bits here and there. Most of the time it was very inaccurate misinformation. Without telling them I was a doctor, I tried giving some basic information, and tried to raise a little awareness against the surrounding noisy, hassled environment.

“This gave me a background on which I could plan workshops. Eventually, we started running these workshops among church groups, health clinics and in schools. Some families then invited me to speak to them and to talk to some members whom they suspected needed to be encouraged to go for testing.”

These first steps helped to shape the plan for a more co-ordinated approach to the problem. A year later, Sister Felicia found herself deeply involved in the organisation of an important Conference run by MMM in the Nigerian capital, Abuja, on HIV/AIDS. The 75 participants included MMM Sisters, staff members and members of other religious congregations who are working with the HIV pandemic. This is a problem which is expected to affect Nigeria for a long time to come.





# Tuberculosis **has** **not** gone away

*Sister Eunice Okobia writes from Lagos*



**WITH THE RISE** of HIV and AIDS, TB has once again become a major problem in Lagos. There is a prevalence of HIV among an estimated 5.9 million people, and half of these are also testing positive for TB. Due to poverty and lack of employment, young women become involved in casual sex and are therefore prone to HIV infection.

We felt it was important to create awareness of HIV and AIDS among young people. We also needed to train thirty home base care-givers, and another thirty people as HIV/AIDS Counselors.

It was hard work! Teachers in ten schools invited us to provide workshops for them.



These included government-run schools, Muslim schools and private schools. Likewise we received invitations from people in two Protestant churches, and the staff of three health clinics.

Gradually we could see that many people were beginning to change their negative attitude and fear towards people living with HIV and AIDS. They are beginning to recognise some of the suspicious symptoms and encouraging family members to seek medical help.

Most of all, they are beginning to understand that HIV is not the work of witches or bad omens. They are taking the virus seriously and are taking steps to live positively.



**ROLE PLAY AND PEER COUNSELING FORM AN IMPORTANT PART OF THIS WORK**

# The First Steps

As five young women take the first steps on the long road to becoming Medical Missionaries of Mary, we talk to Sister Angela Lyapa, Director of Formation at our Novitiate in Nairobi.



**Is there a lot of buzz in the days leading up to the Ceremony of Reception into the Novitiate?**

Yes, very busy and full of excitement, though we try to provide quiet times for calm, as much as we can. Three of the novices come from Angola, three from Tanzania and one from Uganda – so our multi-cultural experience is very challenging and enriching.



**Was it a big adaptation for you to move into this work?**

I am a nurse by profession and I loved that work. I never thought that one day I would be called to Formation Ministry. Accompanying young women as they search for the best way to follow their call is a very big challenge for me. It helps to keep me focussed and to reflect on my own commitment to Christ.



**How did you prepare for such a big transition in your ministry?**

I had the opportunity to study for a Diploma in Theology at the Kimmage Mission Institute in Dublin. Then I went to Chicago to study at the Institute of Spirituality and also at Loyola University. That was very helpful too. Then came the practical initiation into the work when I was assigned to assist at our Novitiate in Ibadan, Nigeria. I already knew Nigeria from working there as a missionary in a busy clinic in Lagos.



**You were born and grew up in Tanzania. Did you find it a big change to be working in West Africa?**

Of course it is quite different! Nigeria is a very large country with many different cultures. This helped me to widen my understanding of people.



Sister Angela Lyapa, Director of Novices, East Africa

I came to know that each culture is unique. We made our own musical tape at that time, and are very proud of it. In Yorubaland we enjoyed the staple diet known as *amala* and *ewedu*, and the rich culture of the Yorubas.



**What kind of practical things did you learn there?**

The first thing you need to learn when journeying with young women in formation is to approach them with respect and reverence. I was challenged to take each individual as she is - with a different background and culture. The people living around us in Ibadan included many Moslems. Their early morning singing and midday prayers could be heard all around. It was a reminder for me to see how we can help each other to find God in our own reality without thinking that we are better than the other. We learned to respect other religions and denominations and understand that we are all seeking the same God.



**Now you are back in East Africa, what has your job here taught you?**

Formation work is like a mirror. The young women I accompany help me to look at my own life and be challenged by the Gospel values to grow. Being surrounded by young women is very refreshing. They have so much life and energy to share, and one feels it while in their midst. It is also wonderful when our professed Sisters come to visit the Novitiate. Many Sisters pass through Nairobi en route to various missions in East and Central Africa and we encourage them to visit us and tell us about their experiences.



**What is a normal day in the Novitiate like?**

It varies a lot at different times of the year. We are all involved in the running of our house and garden, growing as much produce as we can, shopping for the rest of our needs, making renovations to the buildings and of course caring for our chickens and rabbits. But of course there is a lot of time devoted to prayer and study, as



well as what are known as apostolic activities. That is when the novices begin to take part in some direct ministry among the poor. If they come from a professional background, it can be quite a shock the first time they go out to share the MMM work in the two huge Nairobi slum areas of Mukuru and Kibera.



### Planning all of that must be quite a headache.

Yes. It is quite a task to get the balance right between administering our home, providing time for prayer, cultural orientation and study, and practical experience of ministry with the poor.



### What opportunities do the Novices get for formal study?

We have classes here at the Novitiate all year round. As well as that, for three months each year, in February, May and October, we join young men and women from other Novitiates in

an Inter-Congregational Programme. The Novice Directors from each Congregation also attend these courses which are held on three days each week during those months. On the days in-between we work in our separate Novitiates on deepening our understanding of the topics taught. These include subjects like conscience formation, human sexuality, Scripture, vowed life, communications, justice and peace issues.



### Is there time for relaxation and fun?

Like all young people, our Novices and their friends from the other Congregations find every possible excuse for a celebration! Our social gatherings include the celebration of each country's Independence Day. Then we have birthdays, Congregational feasts, etc. When you have young people from several different nationalities, there is always something to be celebrated. In my time here I have worked with Novices from Uganda,

Angola, Tanzania, Congo, Kenya and Brazil – that is just naming those in our own Formation house. Interacting with one another means learning a lot, but it can also be a lot of fun.



### Do you find it can be lonely work at times?

Yes. When you are accompanying others it can be quite a lonely journey as it requires confidentiality. Sometimes you have to make very difficult decisions. I am blessed to have Sister Fidelia Adigo as another professed Sister living in our community. Just as I was born in Tanzania and worked as a missionary in Nigeria, she comes from Nigeria and has spent many years as Director of Nursing at one of our hospitals in Tanzania. She is a great source of support for me and her presence is very much appreciated by all of us here. Needless to say, prayer is the main source of my strength. But our social gatherings are also a great source of renewal and energy.

## I know nothing of tomorrow

**Sister Fidelia Adigo**, now part of our Formation Community in Nairobi, admits that she left a part of herself in Tanzania. The day she left her native Nigeria to head eastwards on her first missionary journey, she was not expecting that to happen.

Anxiety began to mount as I watched countless planes flying over our compound in Lagos. I said to myself 'in a few hours' time I will be up there in the clouds, not knowing where I am going. After Mass that evening, my anxiety was replaced with tremendous joy and peace. My song became *'I know nothing of tomorrow, except the love of God will rise before the sun.'*

She recalls her first contact with MMM when she was a student nurse at Mater Hospital, Afikpo. She was deeply touched by the MMM devotion to duty in a foreign land. However, for a long time it seemed too hard a choice to make.

Now, from Nairobi, she can look back on ten years of service as Director of Nursing at Kabanga Hospital in Tanzania.

'Tanzania will remain evergreen in my memory. It is such a beautiful mountainous country. The first time I sighted snow-capped Mount Kilimanjaro it was like embracing the promised land. Wild life was another ecstasy. Nature is very wonderful. Lake Tanganyika became an important landmark. When returning on a train journey, as soon as I could see it from afar, I would know I am nearly home. I learned a lot from the Tanzanian people and left a bit of myself there.'



## Formation in West Africa



Sister Bernadette Unamah is Director of our Novitiate at Ibadan, Nigeria. There are currently six novices in the Formation Programme there.

### Is God calling you to become an MMM?

**Please use one of the contact addresses on the back cover or e-mail [info@mmmworldwide.org](mailto:info@mmmworldwide.org) to find out who is the Vocation Director nearest you.**

*You are called to an extraordinary adventure. You are sent out to be among people of different cultures, religions and ideologies. Be with those who suffer, the oppressed and those on the margin of life. Heal the sick, excluding no one. By your lives proclaim the Good News.*  
MMM Constitutions

# Their lives enriched us...

The death of each Sister brings its sorrow to those among whom she lived. With their families, we mourn the loss of those who were called to eternal life since our previous Yearbook was published. While we miss them greatly, we give thanks for their lives of service, for their good companionship and for numerous other ways in which they enriched our lives.



**Sister Eithne Fay**

who died of November 21, 2004, was born in Belfast. When she was ten, her family moved to Dublin where she worked for many years before joining MMM. Her love of music led her to join Our Lady's Choral Society. In her work in business administration, she was as kind and approachable as she was efficient. In 1963 she became one of the founding members of St. Mary's Hospital in Ibadan, Nigeria and later worked at St. Luke's Hospital, Anua. Her lively participation in all community events, her wide range of reading, and her skill at scrabble will long be remembered.



**Sister Maria Pia Parlato**

who died on May 29, 2005, was born at Gragnano near Naples. She graduated in medicine at the University of Naples, and did post-graduate studies in Dublin and London. Almost her entire missionary life was spent in Nigeria, though she spent two memorable periods in Angola, at Chiulo hospital during the war years. In Nigeria she is most identified with our work at Obudu, developing obstetric and general services. But she also worked at Ikom, Abakaliki and Ogoja. Everyone will remember her for her great love for animals, especially little creatures that were weak and vulnerable.



**Sister Margaret McCormack**

who died on December 14, 2004, came from Co. Sligo, but Kenya was her country of adoption. Although she also worked with MMM in Ireland, and in Spain for seven years, it was to the people of Kenya that she devoted 27 years of her missionary life. Most of this time was spent in the Turkana Desert - one of the most arid regions in Africa with severe extremes of climate. She was a most skilful nurse, knowledgeable in tropical diseases and a great public health co-ordinator. She is deeply missed in the Diocese of Lodwar. Her quiet ways warmed her to all who knew her.



**Sister Bernadette Larney**

who died on July 5, 2005 was born at Kileen in Co. Louth. Soon after her First Profession of Vows she was assigned to Nigeria and was Hospital Secretary at Afikpo during her first missionary experience. Later she returned to Ireland and trained as a nurse. She also served in several other ways, as needs required and was adaptable and willing to step in and cover whatever was most urgent. In her later life, she was our liaison person with the numerous parishes in Ireland where the Apostolic Work Society is active. In this way she kept in touch with the needs of our overseas missions, which were always dear to her heart.



**Sister Ellen Kenna**

who died on January 30, 2005, was born in Ballyragget, Co. Kilkenny. She had wide interests and was willing to do whatever was needed. This meant assisting at different times in pharmacy work, in development studies, or working with visually handicapped people at Obudu, Nigeria. In this role, her gifts of patience and compassion were very helpful. She also worked with MMM communities in Kenya and USA. Her sense of hospitality and her catering ability were second to none. Blessed with green fingers, plants always seemed to obey her bidding while her floral arrangements brought us great delight.



**Sister Julie McLoughlin**

who died on August 8, 2005, was a native of Dublin. She was a former Mother General of the Congregation and also spent several years working as a missionary in Malawi. While there, as well as working with the Bishop of Mzuzu Diocese, she worked as Secretary to the Association of Religious Institutes of Malawi. On return to Ireland, she spent seven years as Sister in Charge of our Motherhouse. Later, she was re-assigned to Africa, this time to Nigeria. In 2001 she returned to our Motherhouse to take up the position of Archivist, a post which she held until her final illness. Her gentle ways were an expression of her deep respect for everyone.





**Sister M. Damien Corcoran**

who died on February 24, 2005, came from Lanesboro, Co. Longford. MMM was barely two years old when she joined the Congregation. She played a key role in the founding of the Lourdes Hospital in Drogheda. Later she spent eleven years at Airmount Hospital in Waterford, and then at Clinica Moscati in Rome. It was her dream to work in Africa, and this was fulfilled when she was assigned to Kabanga Hospital in Tanzania in 1967, where she served for 34 years. She was happiest in strong boots in rural villages tackling drought, malnutrition, health education, preventing disease wherever possible. Commitment marked everything she did.



**Sister M. Peter Claver OHagan**

who died on April 6, 2005, was born in Newry, Co. Down. Trained at the famous Atholl Crescent College in Scotland, she taught in Vocational Schools until rural electrification was developing in Ireland. Then she worked with the ESB as a Demonstrator all over the country. All of this was accomplished before she thought of joining MMM at the age of 40. Her creative ability was unique. She was also a very practical person, whether at the wheel of a flying squad ambulance or in the arid regions of Minna Diocese in Nigeria. Her willingness to do whatever was needed endeared her to us all.



**Sister Roberta Smith**

who died on April 22, 2005, came from Falkirk in Scotland. Her family moved to England while she was still young. After qualifying as a pharmacist, she worked in England until she joined MMM in 1949. She made a great contribution in Nigeria in our hospitals at Anua, Afikpo and Obudu. Later she spent seven years as pharmacist at Kitovu Hospital, Uganda. She was also gifted as an administrator and was involved in fund-raising in Ireland and USA and in other useful services over the years. Even when long past retirement age, she was willing to play her part generously wherever she could.



**Sister Mary Quinn**

who died on August 10, 2005, was born in Waterford. She spent seven years at the Clinica Mediterranea in Naples. At other times she held the position of Central Business Administrator and Assistant to the Mother General. As Senior Social Worker at the Lourdes Hospital in Drogheda she found an outlet for what was dearest to her heart. Her commitment to people in need was carried out in a discreet and unassuming way. This was remembered at her funeral Mass, when the symbols presented at the Offertory Procession included a loaf of bread and a carton of milk, while the choir sang the haunting hymn 'whatsoever you do for the least of my brethren, that you do unto me.'



**Sister Anita Marshall**

who died on September 6, 2005, was a native of Dungannon, Co. Tyrone. She was the kind of behind the scenes expert that every house needs. A lively person and a dynamic organizer, she got the job done in record time, whether it was general office work, accountancy, getting through the tangle of visas and airline bookings, or promoting the work of MMM. She put her considerable personal gifts at the disposal of all who shared her life, whether in Ireland, USA or Tanzania. As we mourn her passing, her gentle touch in all of these communities will long be remembered.

Tributes to all our Sisters who have been called to eternal life and the inspiration they have been for us are posted on our website. If you have a memory you would like to share about how your life was touched by any of them, please send it to the Editor who will be happy to include it on the relevant web page.

Sister Kay Lawlor talks about her work to raise awareness and prevent the spread of HIV and AIDS through

# Education for Life



Your work on Education for Life has really taken off the ground. The manual that outlines the process you developed for Behaviour Change Workshops has become very popular and is used in many countries. Are you surprised?

Part of me is surprised at how often it just keeps raising its head. I haven't done anything to promote it internationally and yet it is being sought in many countries. The most recent growth now is a three-country programme that is funded by Catholic Relief Services. You cannot just preach abstinence and expect results. You have to work on a process. So I have now been asked to do onsite visits in Uganda, Rwanda, and Ethiopia. That is taking up my attention right now. Training of Trainers has always been a large part of my work in this field.



How are you going about that?

What I am doing for the upcoming visits to the countries I mentioned is preparing a Manual and a series of three Workshops. Each of them will last for three half-days. They will be held in three different dioceses. This is to try to help clergy and pastoral leaders to accept their role in HIV prevention. This problem requires a pastoral response and not just a medical one. We want to help the clergy and pastoral leaders to understand this better.



How old is this process that you developed?

The idea came in 1988, and I first used it in 1989. I presented it at an International Conference in Cameroon that year. The Government of Uganda printed 100 copies of my notes, and I came back home to East Africa without a single copy.



What led you to develop this work?

Many years ago, I was talking to the Headmistress of a school about having a workshop with the students. She said to me 'I cannot listen to another talk about AIDS if nothing more than that is being done.' She was quite angry. Listening to her, I realised that providing information was not bringing about behaviour change. So with my team in Uganda, where I was based then, we tried to work out a process starting with secondary students in a girls' school. From there, a charismatic community took it on and developed Youth Alive, and they have taken it to southern Africa. Here in Nairobi where I am based now, there is a National Office that is totally based on the *Education for Life* process. It is part of the Kenya Catholic Secretariat and run by a Franciscan Missionary Sister for Africa, along with her team.



Who is working on that?

Sister Felicia Matola, is the Director. Mr. Fred Olweny is Co-ordinator. He is Kenyan, as are all the other



Sister Kay Lawlor

staff. They would be the main group for teaching behaviour change in Kenya, and have done an excellent job. I do in-service training and updating with their facilitators in satellite teams.



How do they get in contact with young people?

They find the young people through church groups and schools, small Christian communities. However, the process is not limited to youth. We also work with many groups of adults.



Have you modified the process over the years?

Yes. Each group we work with brings new insights and we try to incorporate these. Since each group is unique, we encourage people to feel free in how they use the Manual and develop the process in accordance with their own insights and reality.



Discussion Group





*Fr. Abba Teum, participant at a recent Training of Trainers program in Ethiopia, conducts a practice session on how he would use a Story Board in training other priests and pastoral leaders in his diocese. The Story Board was adapted from the MMM AIDS Program at Kitale, Kenya, and tells Lemma's Story, showing the progression from HIV to AIDS.*

*This Workshop was a Pilot Project funded by Catholic Relief Services. An outcome will be a Manual for clergy and pastoral leaders, translated in the various languages used in Ethiopia.*



**What kinds of changes have you made to the original outline?**

In the first stage of the process, we help participants to look closely at their present reality. We are realising that a lot of behaviour is addictive behaviour, often due to trauma. So we are trying to work up some input sessions and discussions on trauma. We find that the use of body work with groups to deal with trauma in the communities is proving effective. So we are moving away from just trying to look at sexual behaviour in isolation but are helping people to examine the underlying causes.



**We hear that it has been interpreted and translated and adapted in a number of countries in Africa. Has this changed your original outline?**

Of course. You have to remember that I wrote *Education for Life* as a process, not as a programme. We encourage people to be creative and to adapt it to their local situation, culture, age group. It is up to those who use the process to enmesh it and develop their own programme and that is what people have done. Some have done it very well. Others have got carried away with their programme and lost some of the process. Then there were some other people who did not

understand the difference between process and programme. They copied some programme elements of others and in doing so lost the essential underlying process.



**How would you describe the difference between process and programme?**

Process refers to the underlying steps one takes to reach a decision or goal. People need to be honest about their present reality. They need to seek out the underlying causes and alternatives and choose something that will be positive for them. Only then will they

be ready to develop an action plan. The programme is made up of all the activities which you build around the process to help you reach your goal. It does not matter what you put around it as long as it works. Some groups do some very creative things. In my experience, the key to success is that the process requires people to be actively involved in looking at their own behaviour, and making choices. Behaviour change does not come from a series of lectures.



**It is now seventeen years since you began to realise this. Have things changed?**

Yes. Back in 1991 in Senegal, when we drew up the Dakar Statement of Beliefs, many people laughed at us. For them, behaviour change referred to distributing more and more condoms. At the other extreme, we meet people who think behaviour change refers to simply talking about abstinence. Both funding agencies and Governments are now paying more attention to what we have been working on all these years. It seems that many people are hungry for some kind of process that will help them reflect and understand and make positive choices around their lifestyle. Here in Kenya we now have excellent TV advertisements promoted by the Government that are right in line with what we have been trying to do all these years. It is strange to see how it is now becoming the 'in thing'.



*Sister Kay with participants from three Dioceses at Ethiopia Workshop*



The murder of Sister Dorothy Stang created a sensation in Brazil. President Lula ordered Ministers, police teams and 2,000 troops to the State of Pará to search for her killers and those responsible for hiring them. Sister Regina Reinart fills us in on the . . .

# Backdrop to Martyrdom

**E**VEN THOUGH Sister Dorothy Stang had received countless death threats over the years, she passionately continued her work in the Church's Pastoral Land Commission. On February 12, 2005 she was on her way to a meeting on land reform when two hired gunmen confronted her. She had met her assassins the night before she died, and had advised them not to do what they were planning to do, but to be good fathers to their children, to look after their land and to sow the seeds of justice.

Ironically, the settlement where they confronted her next day was called Boa Esperança, meaning Good Hope. She pulled the Bible from her bag and started reading the Beatitudes. Three bullets ended her life.



*'The death of the forest is the end of our own lives.'*

*— Dorothy Stang*

## MISSIONARY TO THE AMAZON

A native of Ohio and a member of the Sisters of Notre Dame de Namur, Sister Dorothy was sent as a missionary to Brazil in 1966. She worked for more than thirty-five years in a remote Amazon region, in the State of Pará. She had taken up Brazilian citizenship and had won awards from Brazilian organizations in recognition of her involvement with

rural workers. She had even been made an honorary citizen of the State of Pará. As a renowned missionary, her death highlighted the corruption of Brazil's land reform system.

Three decades ago, only Indians lived around this settlement. They were forced to give way to new settlers from the south.

The natural forest environment of the Indians has been devastated by the new settlers' cutting of timber for export to Europe and the USA, by the construction of huge highways, and by unsustainable cattle ranching and the plantation of rice and soy beans. In the first half of 2004 alone, more than 26,000 square kilometers of forest were chopped down. The world's greatest





Women's Groups march in protest at murder of Sister Dorothy.

store of biodiversity and the main supplier of the oxygen we breathe, is being chewed up at an alarming rate.

We have to interpret Dorothy Stang's martyrdom against this backdrop.

## SUSPECTS

Several suspects were arrested and are on trial. However, the crime is complex and the evil network of the 'pistoleiros' is hard to tackle and unravel.

In 2004, Dorothy had gone to Brasilia to give evidence before a Congressional Committee which was inquiring into deforestation. She named logging companies and challenged corrupt politicians who allow powerful companies and ranchers to carve up large tracts of the Amazon basin into their personal fiefdoms and rob it of its valuable hardwoods.

Loggers reacted by calling her a terrorist and accused her of supplying peasant farmers with guns. From that moment onwards, Dorothy was a marked woman. The loggers, together with other local leaders in the hand of the 'feudal lords' began to issue death threats against her.

Some are convinced that had Dorothy been a local Brazilian woman, no Government action would have taken place, at least not that quickly. But given the outcry made by international human rights groups, the authorities could not avoid the issue.

A working group was created in February 2005 to monitor human rights in Pará state. It is to look into

requests for protection made by individuals who believe they are on assassination lists. This group is responsible for putting forward measures to combat human rights violations, illegal logging, and slave labour.

Nearly 1,400 people have been killed during land conflicts over the last 20 years (over a third of them in Pará state). It seems that people defending this Amazon paradise are on 'death row'.

## FUNERAL

Dorothy Stang's funeral brought thousands of people from all over the country. In various parts of Brazil, memorial services and street marches took place. Banners reading 'Dorothy, your death was not in vain', 'Dorothy, your seed of love will grow' and the simple plea for 'Peace' and 'Non-violence' were paraded throughout the country.

The women's group with whom I work marched through the narrow lanes of one of Salvador's most violent areas, in the parish where we belong. We carried home-made posters in the form of the Stations of the Cross, praying for justice as we walked.

On the 7th of June, 2005, on what would have been Dorothy's 74th birthday, Greenpeace and several other organizations honoured her lifelong commitment and her martyrdom by organizing a memorial protest in front of the Presidential Palace in the Brazilian capital. This large gathering held up photos of

Dorothy and wore t-shirts that said, "The death of the forest is the end of our own lives," a slogan which Dorothy had printed on her own t-shirts.

When will those destroyers of the environment and



Above, Sister Dorothy and below, the blood-stained cap she was wearing when killed by three bullets.



killers of human life realize that we cannot eat money and that the Amazon is our lifeline?

There is hope. At the World Forum on Theology and Liberation held in Porto Alegre, in January 2005, Leonardo Boff stressed the necessity to protect the earth as our common home. He said:

'Liberation theology will only be integral if, in its reflection and practice, it recognizes the earth as the origin of all systems, as a great living organism of which we are sons and daughters together with other living organisms, that we are brothers and sisters produced and fed by Mother Earth.'

# Meeting today's Challenge

*New initiatives grow from old roots*



*Sister Margaret Quinn with Sister Cabrini Namuliika.*

Our Congregational Leader, Sister Margaret Quinn, was in Uganda to take part in the Celebrations to mark the 50th anniversary of the founding of Kitovu Hospital. It was a day when we looked both ways – back to the struggles of the early days, and forward to meeting the challenges of today!

Kitovu is the fruit of the vision of Africa's first native Bishop and Cardinal, Joseph Kiwanuka. The founding MMM Sisters had to overcome many difficulties. Then came years of war – not just one war, but several. The Hospital survived and grew through it all.

After a carefully-planned transition, in 2001 we handed over the administration of Kitovu to a local Sisterhood, under the administration of Sister Cabrini Namuliika. Most of the MMM community moved from the hospital into the town of Masakao continue the outreach work with HIV/ AIDS, prisoners and street children.

The 50th birthday of Kitovu was marked with the blessing and opening of a new ward for the care of women requiring specialist surgery for vesico-vaginal fistula repair. This new Unit, pictured below, will make a great difference to women who are suffering

in this way as a result of obstructed labour. Women with this condition are likely to be abandoned by their husbands and often give up all hope of being cured.

This skilled surgery requires very long apprenticeship. Luckily, Kitovu has the partnership of UK specialists like John Kelly and Brian Hancock. Kitovu has been adopted as the main training centre for Ugandan surgeons. It is hoped to hold four teaching workshops at Kitovu each year. This is always a very busy time for the hospital. Sister Maura Lynch, Senior Surgeon at Kitovu, says:





‘We put out announcements on radio, in churches and through our outreach teams in the community. Of course, women previously cured act as ambassadors too.’

Brian Hancock is deeply committed to passing on his specialist skills in this field. He has founded a UK charity, the Uganda Childbirth Injuries Fund, to help cover the costs of surgery for women at three Uganda hospitals. We are blessed by our partnership with these people, as this work gives a new lease of life to young women who are often close to despair.



Photo: Brian Hancock

*In the new V.V.F. Unit (above) Sister Maura Lynch and (below) Mike Bishop of Nottingham assisted by Susan Obore, Registrar in Obstetrics and Gynaecology at the Mulago Teaching Hospital during the recent Training Workshop at Kitovu.*



Photo: Brian Hancock

## RURAL MISSION

Our work in Uganda also covers the rural area around Makondo. Our health care there is community based, and brings us in contact with the many problems.



Sister Josephine Keane is pictured here with baby Masindi Joseph. Though he is already eighteen months old, he could not stand or walk when this picture was taken, due to his poor nutritional status. But the Mobile Programme staff developed an exercise programme with him as his nutrition improved, and he is now learning to walk well.

The Mobile Programme staff also came across a young mother of three small children. She suffered from epilepsy and was too poor to care for herself and her children, or improve her grass-roofed home, which was unable to resist the elements. With assistance from the Makondo Mobile Programme, this little family can now look forward to a better quality of life.



# First Workshop in Choloma



*Sisters Siobhan, Renee, Joanne, Bernadette and Rosalinda*



**“As the first year in our new mission at Choloma comes to an end, Health Promoters are chosen and are beginning to be trained, some Health Committees are forming. Our little ‘casa’ is open to receive people, and we are about to select a couple of women to begin training for the HIV/AIDS Home Care program.”**

It is so simple to say, but for us it was a real milestone in beginning here. Our first Workshop on Healthcare was the result of many encounters with new people and new places.

We expected 36 participants. That was already a surprise. In the end, 46 men and women turned up. They came from 21 of the 24 communities in our large, sprawling parish. It was hard to find space for all in *Casa Visitación* which is a small house.

Some were simple folk who lived in the mountains with little education, others were well-educated and working professionally in the city. In common, they shared faith, a desire to do something for their community, interest in health, and generosity.

And they are all working among the poor here in Honduras.

### **Commitment**

Some women traveled from the mountain communities. That meant leaving on horseback at four o’clock in the morning, then taking three buses after they got down to the foot of the mountain. That is commitment!

In a country which is heavily reliant on very expensive western medicine, we chose the theme of disease prevention for this first Workshop. We began by giving an explanation of health as it relates to the whole person.

Participants were invited to form small groups in each community to liaise

with us. These groups would become our pathway into each community. They committed themselves to a year-long program of Workshops to empower them as Health Promoters.

In the middle of it, our Bishop and our parish priest surprised us with a visit. The Bishop took time to animate the group and that was very meaningful for the participants and for us as well.

### **Eager to Learn**

These people are eager for education. For future Workshops they chose topics like domestic violence, HIV/AIDS, psychology of adolescents, addiction, and pastoral care of the sick.

The first Honduran member of our Healthcare Team is Guadalupe Guzman. Participants were delighted with the way he presented his sessions, and we thanked God for his gift of music which added greatly to the animation and enjoyment of the day.

At the closing session of the Workshop, each person was blessed with oil on their hands. They called on God to be with them as they undertake this new health ministry in their communities.

As the people left to return to their homes, we realized that after all the trips we had made to the communities, our early struggles to express ourselves in their language at meetings and liturgies, it had all come together very well on this day of beginning. A lot has yet to be done to help the groups to consolidate and to keep them interested but a beginning has been made.





*Our pastor, Enemecio Del Cid, our bishop, Monsignor Angél Garachana, and Guadalupe Guzman, member of our team looking at the ordinance map of the parish with the communities highlighted.*

## Health Promoters

Since that first Workshop, we have revisited all the communities to meet the potential Health Promoters in their homes. Such surprises we have had! In one small and very poor community, there are 20 people who want to become part of a Health Committee and begin projects in their community. In another, 10 women had already formed their Committee, asking us to

How hard are the lives of so many of these women! As we walk the streets here, there is so little beauty, just dust and garbage everywhere. Then you are surprised by a small home where the woman of the house has tried to plant flowers to create something beautiful. It is those moments that keep you going.

Responding to the needs of these women, Rosalinda has begun giving

The first patients are coming for reflexology. It is so new for them and so rare to have almost a whole hour that is dedicated only for them, to hear their story and offer some relief of pain.

Meanwhile, Renee and Joanne have been traveling to the different communities to animate and encourage our fledgling Health Promoters.

We could feel frustration and a sense of hopelessness. We could ask ‘will anything ever change here – all this grinding poverty for so many of our people?’

We know that the process of empowerment is a very slow one. We realize that each small success is like a precious jewel to be handled carefully and with appreciation.

So, it is in that spirit of accepting reality but still being open to be surprised by people and their inherent capacity to reach for life, that we continue in this process of creating a *Pastoral de Salud* here in our parish.

We continue to lean on your support.



*Group discussion – planning the next steps in the formation of the Pastoral de Salud.*

come and meet them. We felt this was very encouraging. But even though we have been so encouraged by some groups, in others little has happened.

The problems are overwhelming. The anxieties we hear from families and individuals would break your heart. It is matter of one encounter at a time, listening to the experience of each day, to our own heart and to each other.

reflexology in *Casa Visitación* on Tuesdays and Thursdays. On the other days, she works in the Parish clinic as a support to another doctor, Dr. Karla, a very committed Honduran woman, who gives of her skills to these poor communities. She is delighted to have Rosalinda’s help and to know that we are trying to work on the side of disease prevention.



*Sister Rita Higgins with Doña María near our mission at Marcala*

## Monthly e-news

Our e-news, published on the first day of each month, tells four short stories about current happenings. You can sign up for this on the Home Page of our website [www.mmmworldwide.org](http://www.mmmworldwide.org) or ask us to put your name on the list by sending an e-mail to [mmm@iol.ie](mailto:mmm@iol.ie)

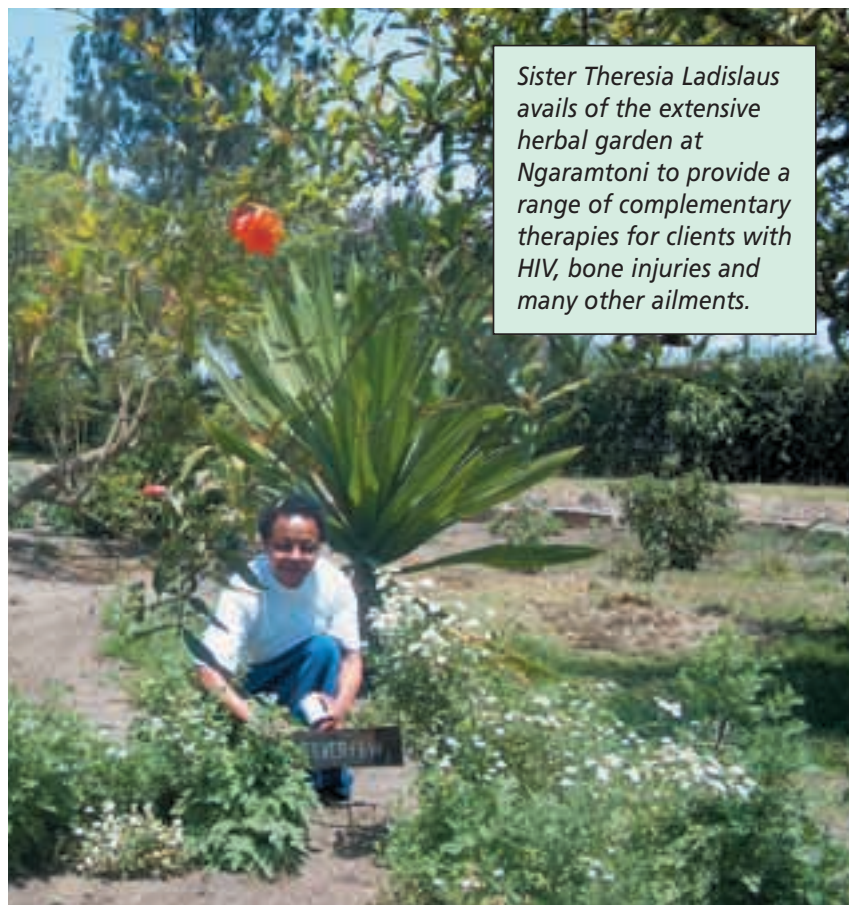


# Ngaramtoni

# People, Techniques and Capacity



Moira Brehony, Director of Mapambazuko Training Centre – Mapambazuko is Swahili word for 'dawn'.



Sister Theresia Ladislaus avails of the extensive herbal garden at Ngaramtoni to provide a range of complementary therapies for clients with HIV, bone injuries and many other ailments.

## Environmental Award for Village

Ekenywa Village is part of the outreach area covered by MMM from Ngaramtoni. Sister Marianna Mushi (above right) began working in healthcare among the people there less than two years ago.

In recognition of training courses she has done, she was made a member of the Village Government. Her work in raising awareness on public health issues was specially acknowledged by the Village Chairman when he was presented by the District Commissioner with the Award for Environmental Care in Arumeru District.

Sister Marianna says 'What I did was to educate people on the importance of a clean environment. They now know the damage caused to health from a dirty environment. They worked hard to create rubbish pits, build latrines, put up clothes lines to avoid insects that lay eggs on clothes left to dry on the ground. They also built cattle sheds and stopped throwing away plastic bags. It was very encouraging to see how they put into practice all that had been covered in our courses.'



# Five years on...

**Associate Members of MMM, Eamonn and Moira Brehony, tell us about developments at Ngaramtoni**

Five years have passed since the inauguration of *Mapambazuko* Training Centre at Ngaramtoni, near Arusha. Our aim has been to reach community-based organisations, local groups and church groups. Our two-week residential course equips them with all the techniques they need for the running and management of a project from beginning to end.

For most of the courses we provide, we have now produced Training Modules, which means that, in future, facilitators joining the *Mapambazuko* team will have guidelines based on the traditions built up here.

Our course on Financial Management has proved to be a huge success. Sister Kathie Shea came from Nairobi to Ngaramtoni to give input for this, and we hope to run it again next year.

Our training in Participatory Action Research offers groups more reflective ways of analysing problems they want to address and planning projects.

Another very popular programme at our Centre is the one on proposal writing. It gives participants the techniques they need in order to put a proposal together to access funding. This is a major concern for all groups.

A particularly rewarding facet of our work is that most of the facilitators at Ngaramtoni are now specialists from Tanzania or Kenya, all of whom have qualified abroad. Many of them are graduates of the Kimmage Development Institute or University College Dublin. On their return to East Africa, several have come to us for experience and supervision as they build up their skills in facilitation. We also offer a weekend of upgrading for them each year.

## CONFLICT RESOLUTION

Our Centre has now been recognised by the government of Tanzania as a place where mediation skills are taught. Facilitation can be provided to help tribes who have been in conflict for many generations. They are helped to build trust and negotiate agreements without resource to violent means.



### Working with tribes who have been in conflict for generations





# Your Partnership Counts

Our work around the world is only made possible by many people working hard behind the scenes.

- Whether you are working with one of the large Funding Agencies or Embassies to whom we submit our larger projects, or
- whether you belong to a small local group who get together with great energy to raise funds, or
- whether you have set up a regular Standing Order to help us, or
- whether you send us a spontaneous donation now and then,

know that it all enables us to do the work that you read about in this Yearbook.

The stories told in these pages are just a few samples of the miracles that we witness day in and day out.

Without your help,

- dozens of income generating activities would not be initiated
- hundreds of lives would not be saved
- thousands of orphans would not be supported and
- countless communities would not be given hope.

Thank you for your partnership. We continue to rely on your support. We keep you always in our prayers.



*Charlie and Philomena Byrne of Drogheda are energetic fund-raisers for our missions in Malawi.*



*Jean and John Duffy are based in Nairobi. Their wide circle of friends have responded generously to their pleas for support for families affected by AIDS who are helped through our Riara Project in the huge Nairobi slum of Kibera.*



*Gerry and Marie Walsh and family from Tinnycross, near Tullamore, opened their lovely garden on two summer days to raise funds for Sister Corona O'Brien (inset) in Tanzania. Picture includes Marie Walsh (standing), Ted and Bridie O'Brien, their son and daughter-in-law Richard and Loreto Howard.*

## Apostolic Work Society

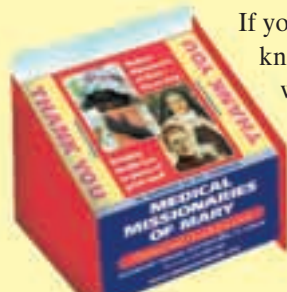
The Apostolic Work Society has long been a close partner with missionaries everywhere. They have branches in many parishes throughout Ireland. We greatly value their support which benefits our missions in many countries. Sister Mary Burns is our liaison person with these groups.



Irish dancers entertained those who came to view the work displayed at Tinryland parish, near Carlow.



In the Gospel, Jesus spoke of the value of the widows mite. The message is that the person who gives from the little they can afford is to be valued as much as the wealthy giver. Many retailers help us by putting our collection box on the counter. We call them Mite Boxes.



If you have a shop or know of one who would like to help in this way, please contact Sister Aileen Doggett at the address on the back cover.



*Sister Mairead O'Kane is well known to shop-keepers who have our Mite Boxes in the Drogheda area.*





# Thanks to Dr. Laura

Laura Duffy has just finished her final year at Medical School in Edinburgh. Looking back, she says:

‘If I had to pick a single highlight from my years at medical school, I would be in no doubt that it was my time in Uganda. I have thought a lot about what it was that made my time at Kitovu, and in Uganda in general, so special – the people, the place, the work, the way of life? If I am honest, I don’t think there is a simple answer. It was a culmination of everything. I just remember somebody saying to me that Africa is infectious and it draws you back again and again. I think I caught the bug!’

Not surprising then, that the first thing Laura wanted to do with her holidays after her Final Medical exams, was to raise some funds for Kitovu Hospital. Her dad, Brendan, and younger sister, Sinead, were easily persuaded to accompany her, as she set off to cycle the entire length of Ireland, staying in hostels overnight and raising funds all along the route. Needless to say, the staff and patients at Kitovu Hospital will benefit greatly from this energetic fund-raising.





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