



MEDICAL MISSIONARIES of MARY

Supplement to
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MMM
*Rooted and
founded
in Love*

*It is God the only Son, who is close to the
Father's heart, who has made him known.* [Jn1.18]

Originating many centuries ago, our celebration of the birth of Jesus occurs around the time, in the north, of the shortest day and longest night of the year. We may feel that the world is also metaphorically in the midst of a long night. Signs of darkness are all around us: conflicts within and between nations, 'natural' disasters, and economic uncertainty, linked with unjust distribution of resources, destruction of forests and habitats, the effects of climate change – the list goes on and it seems that many of our leaders do not care to see.

Yet as Christians we believe that God saw and cared enough to come and live among us. "What has come into being with him was life and the life was the light of all people." [Jn 1.4] The stories of Jesus' birth remind us of his true identity: Christos Kyrios and Son of God.

Christmas reminds us of the great and unfathomable gift of God's love and healing. It is a very special feast for the Medical Missionaries of Mary and is a time when we especially remember our families, friends, and supporters. You have helped us to bring light and hope to countless people around the world. May you be abundantly blessed, now and in the coming year.



Mother and child in Uganda

Sister Carol
Sister Carol Breslin, MMM



*"There is a mother's heart in the heart of God."
Hebridean saying*

Thank You for ...

Listening to other voices

'Medical Voices from the Developing World' was the topic chosen by Sister Doctor Martine Makanga, a paediatric surgeon, for her keynote address for the Chaplaincy's Social Justice Week at the University of Limerick on 17 October.

After touching on the global context of our healing mission, Sister Martine focused on the reality of health today, especially in Africa. She showed data gathered by the World Health Organization (WHO) that are indicators for health standards. Among the most important is the **neonatal mortality rate**. Half of all neonatal deaths in Africa occur in 5 countries: Nigeria (over 255,000 neonatal deaths each year), Democratic Republic of Congo, Ethiopia, Tanzania, and Uganda. The under-five mortality rate in sub-Saharan Africa is currently 148/1000 live-births (estimated by World Vision to be 4.5 million children in 2007), compared to 4/1000 in Ireland.



Many MMMs are involved in home care ministries.

Related to maternal health is the **maternal mortality rate**: 920/100,000 in Africa compared to 3/100,000 in Ireland. The staggering fact is that each year in Africa, 276,000 women die during pregnancy, labour, or from delivery-related complications (WHO). Only 45% of women in Africa are delivered by a skilled attendant

Seventy-five years ago Marie Martin founded the Medical Missionaries of Mary, with a special concern for mother and child. How relevant that vision still is today!

Martine mentioned current challenges in our healing ministry. We often work in conflict situations. It is difficult to provide even the most basic health services when confronted with the need for emergency relief for internally displaced persons and refugees. Civilian populations are victims of violence and torture. Women in particular are affected by rape by armed militias, leaving them at risk of HIV, vesico-vaginal fistula (VVF), etc. Men are sexually assaulted, which often leads to suicide.

Youth are abducted and forced to be male and female child soldiers. The effects of trauma, direct or indirect, on professionals such as soldiers, police, medical and paramedical personnel, and relief workers, can be overlooked.

Another factor is patriarchy. In many African families medical decisions are taken by the male head of the family. The woman often needs the permission of a male relative to go to for treatment. Women and children often present very late at health facilities – sometimes too late to be helped.

Modern technology is often lacking. The medical missionary has to make do with very little and rely heavily on clinical acumen. We are often faced with personnel shortages and fake drugs and reagents.



Martine spoke about challenges for those from ‘the West’. We need to be adaptable, to have humility, to be willing to listen, and to look at the situation from a different cultural perspective. This requires flexibility, creativity, and the willingness to teach and mentor. We need to learn from and share our knowledge with traditional midwives, healers, and wisdom figures.

As missionaries we are sent to share the life of people in cultures other than our own. We face challenges of language, cultural perceptions, and interpretations of disease. We learn to multitask, taking care of administration, personnel, advocacy and lobbying; buying drugs and medical equipment. Missionary health services are perceived to be more humane than those of government, so facilities are often swamped with patients. Another concern is on-going education of personnel.

Demands from donor agencies absorb huge amounts of time. Our priorities do not always match donor priorities and we cannot allow ourselves to be ‘donor-driven’. With all that we see to be done, a big challenge is knowing when to stop! Missionaries have a high incidence of burn-out.

Martine also spoke about what we are proud of as Medical Missionaries of Mary in Africa. We are with those most in need, delivering a good, much-needed service. We collaborate with Ministries of Health, local authorities, and all people of goodwill. Working in other cultures, we have learned a lot from a human and professional point of view. To do this we have worked with and valued the support of volunteers and friends.

While general medical and surgical services are needed, our experience in the developing world shows the equally-important need for a much broader, holistic agenda. MMMs have been pioneers in community-based health care, palliative care, and the needs of people affected by HIV and VVFs. We have worked to empower local staff and communities to care for their health, the earth, and for human development. Research and advocacy must be part of this: there is no health without respect for human rights.

Finally, Sister Martine emphasized that to reach our goals we need human and financial resources and collaboration with many others to bring about health for all with equity, justice, and peace.

She offered a challenge: **Will you join us in solidarity with the health adventure in Africa?**

Sister Doctor Martine Makanga is currently undertaking a PhD in Medical Sciences at the Université Libre de Bruxelles in Belgium.



Women row for two hours to come to a clinic.



Sister Martine with other MMMs, UL chaplains, Ronan Barry (Mission Alive), and UL medical students

Thank You for ... The Saint Justin Society

Collaboration with others is an integral part of our work in health and healing. One group that has supported us is the St. Justin Society in St. Vincent's Parish, Crookes, Sheffield, UK. Founded in 1976, it is one way in which the parish 'looks beyond its own confines to the world outside'.



Talk at mother and child health clinic

Members raise awareness and money throughout the year – awareness in the parish about parts of the world in need and money to help people in these areas. Most of the help is for developing countries. The society specifies that the money be used where the need is greatest. This allows us to be flexible about allocating donations and to utilize them to maximum effect. Over the years we have used these funds: in Kenya – for people affected by HIV/AIDS, to treat malaria and train a catechist; in Tanzania – to provide clean water and treat malaria; in Uganda – to buy drugs; and in Rwanda – to treat chronic conditions, such as asthma, diabetes, and epilepsy.

In 2011 and 2012, funding supported our missions in Mukuru and Eldoret in Kenya. In Nairobi, the MMM Mukuru Central Dispensary provides basic services in a settlement with about 600,000 people. Poverty is widespread with poor housing. Six people may live in a twelve-square-metre-room for sleeping, cooking, hygiene, and dining. There are no roads, drainage systems, proper garbage collection, or solid waste disposal facilities.

St. Mary's Medical Centre, Eldoret, is located in the Rift Valley Province. We provide health care services for ten new settlements, including slums with many squatters and petty traders. A comprehensive HIV/AIDS programme includes support for orphans, vulnerable children, and caregivers.

Marie Miller, the current St. Justin secretary, tells us: "Our events vary considerably, including themed evenings such as African, Asian, Irish, Scottish, Italian, and even an English Pub night!



Parishioners enjoy a St. Justin Society fund-raiser.

These were very popular with parishioners and selling tickets in advance always resulted in a "sell out". Members decorate the hall, organise a themed raffle, and a local catering company provides appropriate culinary delights! Entertainment has been provided with a slide show from the country, drumming, dancing demonstrations, etc.

"Coffee mornings, afternoon teas, book sales, Christmas bazaars and refreshments all contribute.

Knowing that the money will help developing countries keeps the group motivated. The parish enjoys supporting the events because they bring a real sense of community."

Thank you, St. Justin Society, for helping so many people to have a better quality of life.

Thank You for ...

A wonderful ministry in Kilmacow

Over a number of years in Kilmacow, Co. Kilkenny, needs had been seen for vulnerable and elderly people in the area to have a secure place to live. When the Presentation Sisters left the town after many years of teaching, their convent became available as a 'home from home' for those at risk. In response to a request for Sisters to come to care for their health needs, MMMs first went to Rosedale in 1987.

The main concern was that the residents would still be involved with the local community. They would be able to go to the church, shop, to visit their neighbours, etc. Rosedale was to be the people's home.

Over the years a total of twenty-six MMMs went to Rosedale. They looked after all aspects of the running of the home, including buying provisions, getting medicines, and bringing residents to doctors and to hospital. Caring for the residents was their primary focus. As more people came to stay, more staff were hired and building was always in progress. Five bedrooms were added to the residence. Later, sixteen bungalows were built for elderly people wishing to retire in Kilmacow.

However, by 2011 our personnel situation suggested that we could no longer provide the services needed and we began to work towards withdrawal. The decision was reinforced by the Health Information Quality Authority (HIQA) in March 2012, which required Rosedale to be registered as a Centre for the Elderly. The Sisters there could not meet this obligation.



*Management committee members and
MMMs who worked in Rosedale*

The celebration of MMM's twenty-five years in Kilmacow and a farewell Eucharist took place on 21 October in Kilmacow Parish Church. MMMs travelled from Drogheda and Dublin for this event and most of the Sisters who had worked in Rosedale were present.

Sister Joanne Bierl and Sister Dervilla O'Donnell spoke on behalf of our Central Leadership Team and European Area, respectively, about MMM's many happy years in Rosedale and the Parish of Kilmacow. Parishioners and members of the Rosedale Management Committee also spoke. The Sisters who had served in Kilmacow were held in high esteem and remembered with great affection and gratitude. They had been an integral part of the life of the community.

While we are sad to leave, we are grateful for having been part of a mission in Ireland that serves the elderly and vulnerable. We are also grateful that the HIQA inspectors have recommended that Rosedale be registered as a Centre for the Elderly. Mr. Liam Dalton, the management committee, and the staff of Rosedale worked very hard to achieve this goal.

A committed and caring staff is in place and management committee members are actively involved in the home and its future. Rosedale continues in good hands and MMM moves on to new pastures. That is the way of missionaries.

Thank You for ...

Your commitment to Special People



Sr. Phyllis and a special friend

Sister Phyllis Heaney has worked with people with disabilities and in pastoral health care in Sao Paulo, Brazil since the mid 1970's. As in many places around the world, she found that these were people on the margin of society - hidden from view and stigmatized. Her work with the physically handicapped was called Christian Fraternity of the Sick and Handicapped. During this time, she met Jean Vanier, founder of L'Arche and co-founder of the Faith and Light communities.

Around 1985 she met the founder of the first L'Arche in Brazil, Sylvia Taveres. This was an inspirational moment for Phyllis' work with special children.

Phyllis went to a new parish in Jardim Angela around 1991. There she began a ministry with people with intellectual disabilities. Her meeting with Vanier inspired her to form a Faith and Light community there. This involved monthly meetings, where mothers had time for reflection while the children played. The group continued to grow in Holy Martyrs Parish in Jardim Angela and the surrounding area. Families were encouraged to have a vision of living life to the full* and were helped to reflect on the beauty of being blessed with a special child.

Realizing a dream

Phyllis dreamed of having a house where children with intellectual disabilities could stay and be cared for while their mothers had a weekly day off to care for themselves. The target groups would be the vulnerable and economically poor, and those rejected from their area. With help from the priests and parishioners, she obtained donations, mostly from Ireland and England, to buy a suitable house. Called Nest of Hope, it uses the image, from a book by Jean Vanier, of a nest as a safe, supported, and secure place that allows the young to fly when they are ready. It is a welcoming centre with a garden.

More support allowed employment of three people: a cook, a driver, and a special needs carer, and to buy a van. Twenty volunteers help with activities.

As word spread, more families participated. While the original plan was for mothers to have time for themselves, these enterprising women instead used this respite to take jobs such as doing laundry to earn an income. The arrangement is that the children come from Tuesday to Friday, spending one to four days depending on the economic situation. They are given breakfast, dinner, and afternoon tea. Monday is set aside for mothers to see a psychologist if they wish.

**From Jn 10, 10 and Jean Vanier*



Bete, mother of special child, Raquel, who died at 23 years. She is the cook, runs fund-raising events, and helps orientate other mothers.



One dream led to another. The 'Forum for Included' was developed to struggle for the rights of special people, to be their voice to the authorities. The Forum advocates for access to current services and for developing services that are needed.

At the Forum one day, Phyllis and a mother of a special child noted that the number of autistic people at the Faith and Light meetings and at Nest of Hope was increasing. They decided to discuss it at the next meeting. A representative from



Enjoying a social event at Nest of Hope

the health centres said he would do a survey. He discovered that there were eighty children with autism in the health centre catchment area alone. Children with forms of autism were not being diagnosed. A representative of the Pro Autistic Movement was invited to come to a meeting of mothers of autistic children. There is now a centre specifically for looking after autistic people and people with mental disabilities under twenty-one years of age. There is a social worker from the centre on the Forum.

What are the needs?

Recently Sister Phyllis helped to organize a seminar to raise awareness about autism and to get to know the parents of autistic children and their needs. Holding it in a hospital gave recognition to the issue. Most importantly, on the panel were two mothers of autistic children who could 'speak the language' of those affected. There was a very positive response from the participants.

Using available statistics about autistic children, an evaluation of the seminar concluded that development on three fronts was needed:

1. **Professional:** rights to access available services and development of necessary ones
2. **Cultural:** social inclusion: developing gifts and recognizing talents, participation in games (e.g. in the local park)
3. **Social:** support groups: Mothers will meet for coffee and reflection, getting to know each other. This is based on the Faith and Light vision.



Our friends help us to bring hope to another special child.

Phyllis spoke about the inspiration for her work with those with autism. She remembers the look in one mother's eyes when she was told her child could not be included in the programme, a look that said: "Yet another door has been closed to my child."

Thank You ...

Our Promise to our Donors

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

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Called to be with God forever



Sister Patricia Hoey
died 8 November 2012.



God, kindle Thou in my heart within
A flame of love to my neighbour,
To my foe, to my friend, to my kindred all,
To the brave, to the knave, to the thrall,
O Son of the loveliest Mary,
From the lowliest thing that liveth,
To the Name that is highest of all.*

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