Many peoples shall come and say, ‘Come, let us go up to the mountain of the LORD.’
(Is 2: 3 NRSV)

O Christian, be aware of your nobility – it is God’s own nature that you share...think of the body of which you are a member.... Recall that you have been rescued from the power of darkness, and have been transferred to the light of God, the kingdom of God.

[Pope St. Leo the Great, Sermon 1 Nativ, 1-3]
‘By perpetual profession, a Sister vows herself to God publicly for her whole life according to the Constitutions and in the spirit of the Rule of St. Benedict’ (MMM Constitutions).

‘So much depends now on our finally professed; they must carry on the tradition for me – I cannot be everywhere and do everything, things are growing so fast’ (Mother Mary Martin, 1953).

Saturday, 2 September 2017, was the day of lifelong commitment to God for Sisters Evelyn Akhalumenyo and Prisca Ovat. MMMs based in Kenya and neighbouring countries, MMM Associates, parishioners, and staff members from our ministries came to witness the event. Parents of the Sisters had travelled all the way from Nigeria to be present. Training commitments for the two Sisters meant they were not able to make their profession in their home parishes in Nigeria. There were also security concerns in Kenya at the time.

The celebration was held at Our Lady of Guadalupe Parish in Nairobi. The Eucharistic celebration was led by Bishop Alfred Rotich, and during the procession to the church, everyone danced to the hymn ‘All you nations sing out your joy to the Lord’. Many priests from various congregations and dioceses concelebrated and liturgical dancers added to the colourful display.

In his homily the bishop spoke about our understanding of the love of God. Every Christian is challenged to constantly remind the world of God’s love, through living a life worthy of our calling. He highlighted the need to be transformed so that those who encounter us in our ministries may experience God’s love. He also talked about Christ’s healing service. As we serve through our healing charism, we should not be afraid to face challenges, especially in Kenya, where nurses go on strike.
and the sick are suffering. We show our healing love through advocacy and the provision of care.

Evelyn and Prisca read their profession formulas before MMM East/Central Africa Area Leader Sister Maria Gonzaga Namuyomba, who received their commitments in the name of the MMM Congregation and the Church. This was followed by the blessing and presentation of the rings. The other MMMs joined in congratulating them.

Among the gifts presented at the offertory procession were a candle, a symbol of the Light-Christ himself; a globe, symbolizing the different places where MMMs work; flowers, signifying the beauty of religious life; an aloe vera plant - a sign of healing; and a photo of our foundress, Mother Mary Martin, who responded generously to God’s call, and made it possible for us to be MMMs today.

Sister Maria Gonzaga thanked the parents of the newly finally professed: Sister Evelyn’s mother and Sister Prisca’s father. She thanked them for imparting the faith to their daughters and for their generosity in travelling from Nigeria to celebrate with them. She expressed gratitude to the newly professed, reminding them of the words of Mother Mary Martin: ‘It is not the work we do that matters but who we are in the sight of God.’ She urged them to keep in mind what motivates them and to continue to nurture their lives.

The day concluded with a reception at the MMM House of Studies. After prayers and opening remarks, the Sisters and guests enjoyed a meal and creative dancing, with MMM Associate Mr. Thomas Nyawir as the Master of Ceremonies.

We are grateful for God’s continued blessings upon us and pray for Evelyn and Prisca, who embody our MMM spirit and tradition.
Sister Doctor Cecily Bourdillon is based in Kasina, Malawi. Her ministry has made her acutely aware of the advances that have been made as well as the challenges faced by people and their families affected by HIV.

Cecily explained that when MMMs came to Kasina Health Centre in 2005, antiretroviral therapy (ART) for HIV was not available to the community. People were dying from AIDS. The wards were filled with patients suffering from opportunistic infections and many children were born with HIV.

The country now has an excellent and well monitored HIV/AIDS programme. In 2009, HIV counselling and testing was initiated at Kasina. ART was introduced in 2011.

Meeting global targets

In December 2013, UNAIDS called for new global treatment targets to help end the epidemic. The following goals were set:

- By 2020, 90% of all people living with HIV will know their HIV status.
- By 2020, 90% of all people diagnosed with HIV will receive sustained ART.
- By 2020, 90% of all people receiving ART will have viral suppression (a viral load < 1000 copies per ml) (UNAIDS website)

On 12 Dec 2016, NAM highlighted the progress made by Malawi towards achieving the targets. Survey results released by ICAP at Columbia University showed that:

- 72.7% of the population estimated to be infected with HIV were aware of their status.
- 88.6% of those diagnosed were on treatment.
- 90.8% of those on treatment had viral suppression.

 Challenges remain

Sister Cecily said that most of the 570 people living with HIV in Kasina are now strong, working and looking well, with an expected normal life span. Nevertheless, some die from AIDS and some suffer continued illness, needing constant care. Another problem is treatment failure, when ARTs no longer control the infection. The main cause of this is defaulting. People with HIV must take treatment for life and attend clinics regularly. This may involve traveling great distances on poor roads, which become almost impassable in the rainy season.

When a pregnant woman discovers she is HIV positive she starts on ART. She may be afraid to tell her husband and afraid that he will see the medicines. So she stops coming for them. It was suggested that women come with their husbands on the first antenatal visit so they can be tested together. If, as often happens, the husband refuses to come, the woman may invite the motorbike rider who brought her to the clinic to stand in!
Some mothers passed the virus to their infants during pregnancy or childbirth and later died from AIDS. Many of the orphans’ guardians did not bring them to the clinic for treatment, so the children had high viral loads. Special Teens’ Clubs were started. Parents or guardians are asked to accompany the children and are instructed on the importance of adherence to treatment. The children learn about their illness and how to manage everyday problems. They have time to play, to enjoy a good meal, and receive their treatment. This activity has resulted in low viral loads and a great improvement in the children’s condition. They still need constant encouragement to take ART and attend in all kinds of weather!

Some people, mainly men, are reluctant to be tested because of risk-taking behaviour. Their partners are then at greater danger of being infected.

Stigmatization is still a problem. Some clients are prepared to travel long distances to treatment sites where they are not known. They do not disclose their status to spouses or partners, who are then unknowingly exposed to HIV infection. Yet when Kasina first began testing, some were disappointed that they were not positive because they lost out on the benefits available to those with HIV. Those benefits are not so readily available now.

Support groups have been formed in the villages for those living with HIV. They meet together, share their problems, and encourage each other to take their ART.

**Prevention is better than treatment**

Tamara and her brother, Yohane (not their real names), tested positive for HIV. Both of their parents were on HIV treatment. Tamara was not doing well so Tamara and Yohane were invited to attend the Teens’ Club. It turned out that Tamara had treatment failure, so she was put on second-line therapy. At first she seemed to be responding and gained weight. Then she started suffering side effects from these powerful medicines so she was referred to the teaching hospital. Sadly she did not recover and died.

Yohane also has difficulty with adherence, showing the challenges that children experience when they feel well and their friends do not have to take medicines. Although these young people enjoy their Teens’ Club outings with their peers, who are also taking ART, they need support to take their treatment.

Cecily commented, ‘Though great progress has been made in Malawi, the greatest challenge would seem to be the attitude of acceptance of HIV as part of life. With HIV treatment effective for most people, there is little effort to change behaviour and actively work to prevent its spread. There is still much to be done!’
Sister Danielle Darbro, from the USA, is on mission in Choloma, Honduras. She is one of a team in a tutoring project called PIRE (Integrated Education Reinforcement Program) that responds to the needs of children and their families using a healing approach. It combines academic learning and human rights awareness with psychological support. She told us:

‘All our children come from poor communities and challenging situations. They live in an environment plagued by gang violence and corruption, and homes where domestic violence, abuse, and poor nutrition are common. The stress of their daily lives affects their ability to learn and their behavior. Forty students from first to sixth grade participate, having been identified by their teachers as having special needs. Some are struggling to keep up academically; others have behavioral issues that make it difficult for them to focus at school.

‘The other team members are Roger, who teaches Spanish and math: and Sandra, a psychologist, who provides assessment and counseling services. I teach human rights and Capacitar, which uses simple wellness practices that empower people to manage stress and heal themselves. As part of these exercises we also started meditation, which provides a few moments each day for the children to re-center themselves before we start our human rights lesson.’

‘But I, being poor, have only my dreams’ (W.B Yeats).

‘We always focus on empowerment, what people can accomplish when they come together for a just cause, the obstacles they can overcome, and how social change is always possible. We discuss care of the environment, because it is intrinsically linked to human rights issues.

‘We had been studying different human rights leaders and successful movements throughout the world, from various times and cultures. One day I asked the children, ”What kind of change would you like to see in your family, community, country or in the world?”

‘An eight-year-old responded, ”Sister, I would like to see less garbage in the streets.”

‘Another student said, ”I want to learn more.”

‘I asked her, ”What kinds of things do you want to learn?”

‘She said, ”I want to learn more reading and writing.”

‘This response touched me. So often children who live in poverty crave stimulation. They do not take education for granted.’

Adopted by the United Nations on 20 November 1989, the UN Convention on the Rights of the Child is ‘the most rapidly and widely ratified human rights treaty in history’ (Human Rights Watch). It states that children have the right to education and to enjoyment of the highest attainable standard of health. To date, the only country that has not ratified the treaty is the United States of America.

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Photo credits: MMM Sisters
Sister Mairead Butterfly, MMM  
Sister Mairead was born in Dublin in 1946. As an MMM social worker she helped to found Community Services in Drogheda. Assigned to Kenya in 1972, she co-ordinated women’s development in Eldoret Diocese. Two years in social work in Drogheda and in mission awareness followed. Mairead obtained a Master’s in Community Health and did primary health care work in Nigeria. She also trained in communications and directed the MMM Communications Department in Ireland for 7 years and served in the CMRS Communications Office. She then served in Malawi as Executive Secretary for the Association of Women Religious. She later worked for the Diocese of Brentwood in England in refugee development.

Mairead returned to Ireland in 2001 and worked in St. Francis’ Hospice in Dublin. Health issues necessitated ongoing nursing care and she moved to Aras Mhuire. She died there peacefully on 22 October 2017.

Sister Mary Jones, MMM  
Born in Galway in 1929, Sister Mary grew up in County Roscommon and joined MMM in 1948. After training as a nurse in Boston, MA, USA, she worked in Ireland in the IMTH for 7 years. After midwifery training she served for 4 years in Anua, Nigeria. In 1968 she was appointed novice mistress in the USA. She then worked for 3 years in Tanzania.

In 1978 Sister Mary was assigned to Kenya, where she spent 20 years in missions in the Turkana Desert. She returned to Ireland in 1998 and did pastoral care for the elderly for 8 years in Kilmacow, County Kilkenny. In 2006 she moved to the Motherhouse. Her health deteriorated in recent months and she was admitted to Our Lady of Lourdes Hospital on 10 September. She died there peacefully on 16 September 2017.

Sister Maureen O’Sullivan, MMM  
Born in Limerick in 1920, Sister Maureen spent her early years in Cork. She joined MMM in 1939 and was the 8th Sister to be professed. After training as a nurse-midwife she spent 10 years at the Apostolic Nunciature in Dublin. She also served in MMM leadership. After a short time in Naples, Italy, Maureen worked in Tanzania for 4 years as a nurse and housekeeper. She taught English to nurses and young women interested in joining MMM. Assigned to Ethiopia in 1965, she was involved in community health care and programmes for people with Hansen’s disease (leprosy). In 1977 she returned to Ireland and became active in promoting the Ovulation Method of Family Planning. She was co-ordinating secretary of the association and was also a Eucharistic minister.

Sister Maureen moved to Aras Mhuire for nursing care in 2015. She died there peacefully on 21 September 2017.
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