

MMM

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MEDICAL
MISSIONARIES
of MARY

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*'The light shines in the darkness and the
darkness does not overcome it'* (Jn 1:5 NRSV).

Angel of the Mountains

Just a year ago we covered the ground-breaking ceremony for the Sister Bernie Kenny, MMM, Clinic in Clintwood, Virginia, USA (2019 Christmas Supplement; Dec 2019 e-Newsletter). Because of the partnership of many groups and individuals since then, we were able to witness the ribbon-cutting for the clinic opening in September 2020. The facility was named after Sister Bernie to honour her legacy and many years of service as the 'beloved founder' of The Health Wagon.



Bernie checking supplies in an early health wagon

When Bernie arrived in Virginia over forty years ago she found a place of great scenic beauty. Yet the people of rural Dickenson County faced huge challenges, including lack of clean water and sanitation, a high infant mortality and poor nutrition. For many years coal mining formed the basis of the economy but underground coal extraction was dangerous, resulting in conditions such as lung disease and cancer. Many young people were left disabled. Strip mining began, with devastating effects on the environment and the people's health. More recently the coal industry itself has been decimated, resulting in chronic poverty and social problems.

From small beginnings

Trained as a nurse, Sister Bernie became a family nurse practitioner. She began simply, visiting homes in a Volkswagen Beetle, and soon saw the need for a more substantial unit. An adapted old Winnebago (motor home) became the first health wagon in 1984. Plying dangerous mountain roads, she used it to bring basic care to people in remote locations.

At the ribbon-cutting Executive Director Dr. Teresa Tyson said, 'Sister Bernie started with a heart, inspired with a vision, which has expanded into four mobile and three standing clinics. It is still expanding and giving quality, compassionate health care to people in the central Appalachian Mountains.' Last year there were almost 20,000 patient encounters, very often for children and women who cannot afford health insurance.

In an inspiring speech, nurse practitioner Dr. Tyson described how this 'amazing facility' is 'an example of how one person can make such a tremendous impact. [Sister Bernie] has devoted her life to championing causes for the needy, empowering everyone she touches along the way.' As a result of mentoring others, Bernie handed over the mantle of managing the Health Wagon to her colleagues. It is now the oldest mobile clinic in the nation.



*Cutting the ribbon for better health! **



Sr. Bernie in the beautiful mountains of Virginia

The right to health care

Teresa said, 'Health outcomes should not be dictated by your zip (postal) code.' The new building houses a non-profit organization that will provide integrated state-of-the art services to the medically underserved.

There will be free primary, preventative care, mental health and specialty services, with examination rooms, optometry, ultrasound and x-ray, a laboratory, a pharmacy, conference rooms and support spaces. It will also house telemedicine technologies so patients can access specialists at tertiary medical centres without leaving their community.

Keeping in mind Infectious disease concerns, including COVID-19, there is an entrance allowing a sick person to enter directly into an exam room, limiting contact with other patients and staff. Spread is further limited by negative pressure and filtration systems.

Generous contributions were received and the Dickenson County Industrial Development Authority donated the land for the facility. Teresa especially thanked pulmonologist and Board Chairman Dr. Joseph Smiddy, who encouraged the staff to 'dream big, wonderful dreams.'



*The Sr. Bernie Kenny, MMM, Clinic **

Living the Gospel

Reflecting the current reality, the ceremony was a virtual event. This did not diminish the excitement and joy of the participants. Dr. Tyson proudly said, 'This clinic is just so much more than bricks and mortar. The clinic for us represents how we address and care for humanity!' Even now, she noted, life expectation for people in the area is twenty years less than their counterparts in Virginia's Eastern Shore.

She continued, 'Sister Bernie taught us about social justice and health equality. The clinic celebrates a lot of love that she embodies.' Teresa was reminded of the Bible passage of John 15:30: 'Greater

love has no one than this that one lay down one's life for one's friends.' Sister Bernie 'died daily to herself... and gave her life to the people.'

'It is a great, great honour that we're naming this clinic after Sr. Bernie today, forever recognizing her humanitarian legacy that she's instilled here in our mountains and will live on for years to come This is truly a momentous day for our region.'



*The newest health wagon **

Much of the work of MMMs and staff at the Family Life Centre and VVF Unit in Itam, Nigeria, concerns services related to obstetric fistulae (VVF/RVF). The fact that camps must still be organized for fistula repair, and training and rehabilitation provided for women and girls after surgery, means that a great deal remains to be achieved before this horrific condition is eliminated.

Hundreds of thousands of women and girls around the world, including sub-Saharan Africa, are estimated to be living with this childbirth injury because mothers do not have access to timely, quality medical care. The real tragedy is that fistula is almost entirely preventable.

An article in *The Pan African Medical Journal* on 18 May 2020, stated: 'Obstetric fistula ... is still prevalent in Nigeria due to the existence of socio-cultural beliefs/practices, socio-economic state and poor health facilities It was estimated that about 13,000 new cases occur annually....The role of female education cannot be over-emphasized in preventing FGM (female genital mutilation) and associated morbidities. It is more likely that an educated woman will not subject herself or her child [to] harmful practices. Lack of autonomy has an impact on the time frame to seek care, because women need permission from their spouse, or even their in-laws to go to a hospital, which can delay emergency care.' www.ncbi.nlm.nih.gov/pmc/articles/PMC7388624/



Awareness-raising in schools

Beginning with awareness

So prevention requires a multi-faceted approach, including the education of communities about the rights of women and girls. With good health and education and access to adequate antenatal care with qualified personnel, labour and delivery will have a positive outcome for both mother and baby.



Post-operative patients in the ward

Itam staff members raise awareness among village coordinators, chiefs and relatives on the need to improve women's health. They advocate with the Ministry of Women's Affairs to encourage the government to provide financial aid. They attend National Fistula Care and UNFPA meetings, contributing to the national agenda for women's health and safe motherhood.

The Itam VVF unit provides repair operations for 100 new and 50 ongoing fistula cases yearly. The associated costs are considerable. Women

who can afford it contribute a nominal fee but poor and vulnerable women and girls are most often affected. Despite great challenges Itam services continued in 2020. At the January repair camp, 25 women were examined and 17 had surgery; 13 had successful operations.

Recent challenges

Unfortunately the repair camp planned for April had to be cancelled. Matron Sr. Sylvia said, 'So many people do not have a livelihood due to the economic situation that is biting very hard in our country. This is worsened by the economic impact of COVID-19.' Hunger is increasing and the MMMs saw many malnourished children and old people at the Family Life Centre. The centre was already involved in a nutrition project in which food was provided and people were taught about good nutrition, especially in schools. Staff visited homes with malnourished children to supervise hygiene and food preparation. In addition more than 100 women needed food before fistula surgery.

Sr. Sylvia commented, 'We wonder what would have happened if we had not gotten the funding.' There were also reductions in health-seeking behaviours and an increase in maternal and infant morbidity and mortality.



A consultation with a woman with a fistula



Women learn sewing skills.

The July camp was held when the COVID-19 lockdown was eased. The Sisters decided to go ahead, 'depending on God's help after applying all necessary precautions.' With 31 women registered there were 22 operations; 15 were successful. So while fistula repair services result in a better quality of life for many women, others do not have good outcomes. Many require multiple operations

A long-term strategy

Successful fistula repair can mean re-integration of women into society but many clients are highly dependent, needing improved nutrition, counselling, and rehabilitation with training in income-generating activities. Equipment is needed for training.

In working for prevention of obstetric fistula the centre plans to have more intensive awareness-raising in sixty villages about the need for skilled maternal care, targeting community leaders, churches and schools.

In keeping with WHO recommendations and the Nigerian National Strategic Health Development Plan, the Family Life Centre will continue to train traditional birth attendants (TBAs), educating them about when to refer women to health facilities. As an incentive, they would like to provide TBAs with basic equipment.

The Sisters would also like to offer full, affordable maternity care, complementing government services, especially for local rural villages.

Such a comprehensive approach would contribute greatly towards preventing fistula in a rural area and towards achieving safe motherhood and good health for everyone.



Women waiting for food

The Meaning of Christmas

In May 2018, MMMs moved into Mawanga Village, in Munyonyo Martyrs' Shrine Parish in Kampala, Uganda. With the parish Good Samaritan group the Sisters visit the poor and needy. Among them are elderly women who find it difficult to obtain even basic necessities such as food, water and shelter.

Five women whom they visit live alone in small rented rooms in slum areas. There is no clean running water or electricity. Their children have left them to look for temporary, petty jobs at nearby landing sites. About fifteen elderly women care for grandchildren who are orphans. Some of the children have mental and/or physical disabilities and need surgery, physiotherapy and walking aids and frames.



A woman with food supplements from the Good Samaritans



Sr. Natalia giving palms for making mats

Most find it difficult to pay monthly rent that ranges from 13 to 50 Euro (US\$15 to US\$57). Even before COVID-19, they could not afford a twenty-litre jerry can of water, which costs about 26 cent (US\$0.28). So they could not drink, bathe or wash clothes and utensils effectively. It became even more challenging with COVID-19 to buy water and soap for regular hand washing.

The majority of these women eat one meal daily, made mainly from carbohydrates. Many have health issues such as hypertension, diabetes, sickle cell anaemia, poor vision and arthritis. They rarely visit a physician or buy medicines. They find it very difficult to afford school fees and materials for their grandchildren. Some of the children don't get enough food before going to school.

Giving a hand up

In assisting the women, the Sisters want to help them to become more independent economically. They plan to help in training those who are able in small income-generating activities (IGAs) and provide them with start-up capital. Sixteen women will be more self-reliant because of these IGAs. They will also have sessions on preparing a balanced diet using locally available food items. Some help will also be given for medical expenses and for the moment they are receiving monthly food supplements. The other women will need ongoing support.

These life-giving activities would not be possible without the collaboration of our partners. Among them is Michael's House, based in the USA. A volunteer non-profit organization, for many years it has given funding to assist the poor and elderly in countries where MMMs work. They have now supported the IGAs, as well as food supplementation and medical care for the women and their grandchildren in Kampala.

Thank you to all of our friends and partners for making more room in the inn!



A family keep rabbits and hens for IGA and grow bananas for food.

'I Will Never Forget You'

(Is 49:15).



Sister Teresa Connolly was born in Portlaoise in 1920 and grew up in Castlereagh, Co. Roscommon. She worked as a secretary before joining MMM in 1941. Teresa sailed to Nigeria in early 1945 to help begin Hansen's disease (leprosy) services and returned to Ireland as MMM secretary general. After another tour in Nigeria she was back in Drogheda in 1952 when fire destroyed the novitiate. She later remembered: 'We were all scattered around Drogheda, accepting the tremendous hospitality of so many that night and many more nights.'

Teresa did promotion work in the USA and trained in pastoral ministry. She helped in Clinchco, VA, had several assignments in Ireland, and served in Nairobi, Kenya, and in Silvertown, London. Teresa moved to our Motherhouse in 2007 and to *Áras Mhuire* in 2012. After celebrating her 100th birthday in June 2020 her condition gradually deteriorated and she died peacefully on 26 October 2020.



Sister Sally Davis was born in 1929. From Kiltewan, Co. Roscommon, she trained as a nurse and in infectious diseases and was a lay missionary with MMM before joining in 1967. During her novitiate she helped in Nigeria during the war. After training in midwifery she was again assigned to Nigeria in 1974. She served there for most of the next thirty years, especially in community-based health clinics in several missions. Sally was also infirmarian in our Motherhouse and worked for a short time in Ganta, Liberia.

Sister Sally returned to Ireland in 2004 and was a nurse in the Motherhouse clinic until 2013. She then helped with telephone duties and had a special ministry of visiting the MMMs in the nursing facility *Áras Mhuire*. Needing nursing care herself she moved to *Áras Mhuire* in 2020. She died there peacefully on 14 November 2020.



Sister Augustine Sheridan was born Margaret Sheridan in Navan, Co. Meath in 1927. She joined MMM in 1946 and worked in the hospital kitchen in Drogheda and in the apostolic nunciature in Dublin before assignment to Nigeria in 1952. She spent over 13 years there, doing household management, helping in clinics and serving in MMM leadership. Returning to Ireland in 1970, Sr. Augustine worked in the Dublin and London nunciatures. She trained in occupational therapy and reflexology.

Sister Augustine spent several years assisting in local MMM leadership in the Motherhouse in Drogheda. In 1989 she began a ministry visiting the sick in Our Lady of Lourdes Hospital. She also offered reflexology, helping many people with this therapy. She moved to *Áras Mhuire* for nursing care in February 2018 and died there peacefully on 17 November 2020.



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