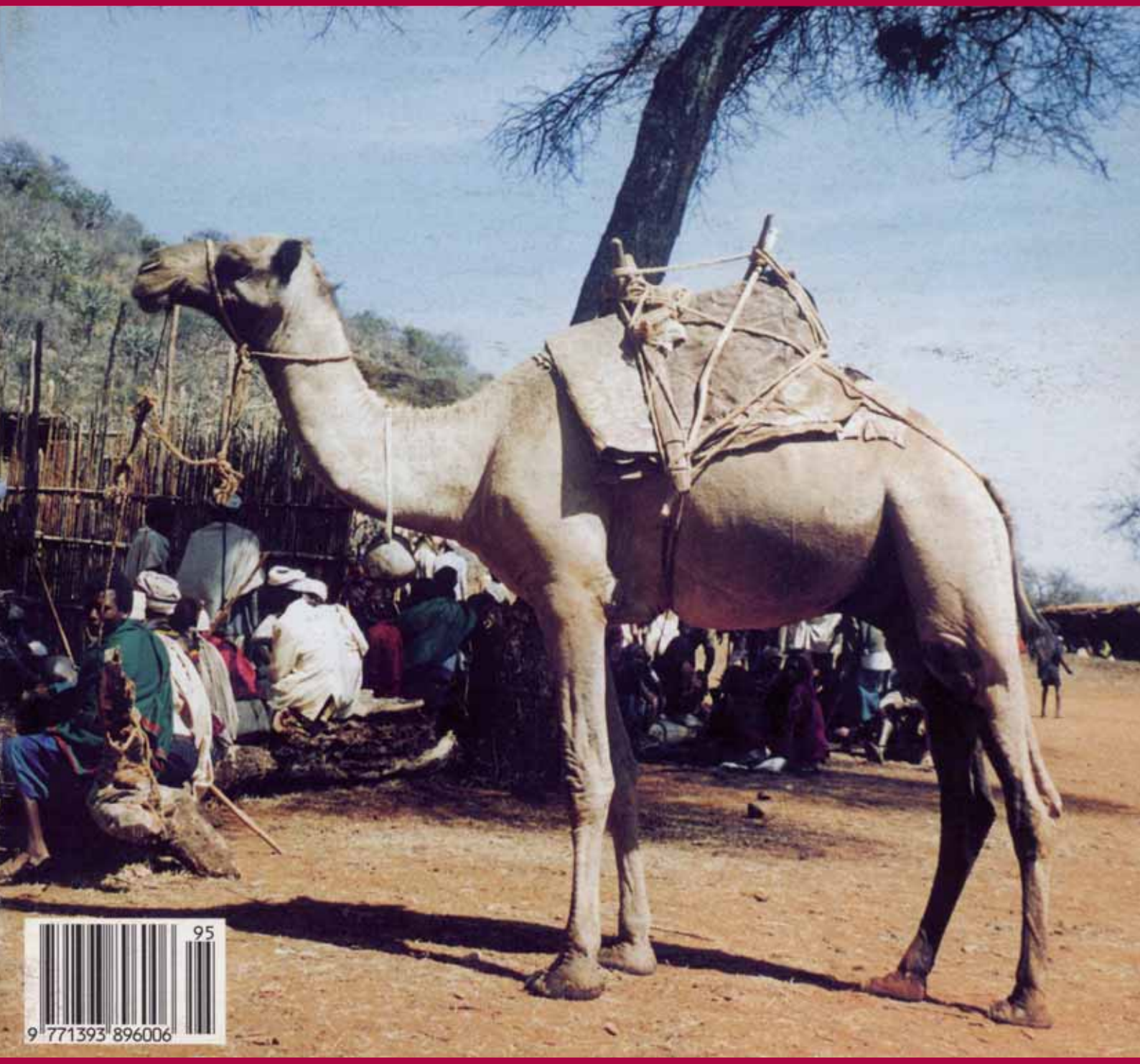
Healing & Development

Yearbook of the Medical Missionaries of Mary



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MILLENNIUM EDITION

Volume 61 – December 1999

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin. To-day MMMs number 435 Sisters, who come from 18 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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MMM Communications, Rosemount, Booterstown, Co. Dublin, Ireland
Tel: +353-1-2887180
Fax: +353-1-2834626
E-mail: mmm@iol.ie

Visit our Website
www.medical-missionaries.com

Editor
Sister Isabelle Smyth

Subscriptions
Sister Ann McLaughlin

Design Consultant
Molly Molloy

Photographic Consultant
Robert Allen

Designed by Graphix Plus
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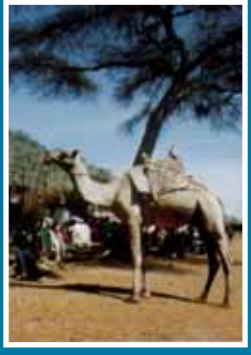


Cover:
Waiting for emergency food distribution
Southern Ethiopia

Holding on to HOPE

The publication of our first Yearbook continues the sixty year old tradition of the MMM Magazine which first appeared in January 1940. Our Yearbook also marks the second millennium since the birth of Christ and over a hundred years of intensive missionary activity in the world. Missionaries try to bring the Good News of God's love in tangible ways to places where there is great need, pain or suffering.

These stories take us on a trip around the globe. They show us a world that offers little to so many people. But along with the need and the pain we encounter, we are deeply touched, too, by the stories of healing, of solidarity, of love in action.

Deep in every human heart is a fountain of love which is ready to be released. We experience that every day in the courageous steps we observe in the course of our work – especially the courage of the poor who struggle for sustenance and for justice. Sometimes we can offer them few solutions or none, except our willingness to remain with them, and to help them to hold on to hope.

Sometimes it is they who give us hope. If we have lost a sense of direction or feel a sense of insecurity facing into a new millennium, these stories offer us hope. As missionaries, our experience of human fortitude and patience in the face of great suffering teaches us to search for and to trust the Light which will overcome the darkness. It is the Light of Christ. We have but to listen, to wait and to watch.

The heart-warming stories you will read in the pages that follow would not be ours to tell without a great band of people who have supported us throughout the years. To our long-term friends I say a special word of thanks for the support of your prayers and your financial help. Small donations pooled with larger donations enable us to make a difference in a world of great need.

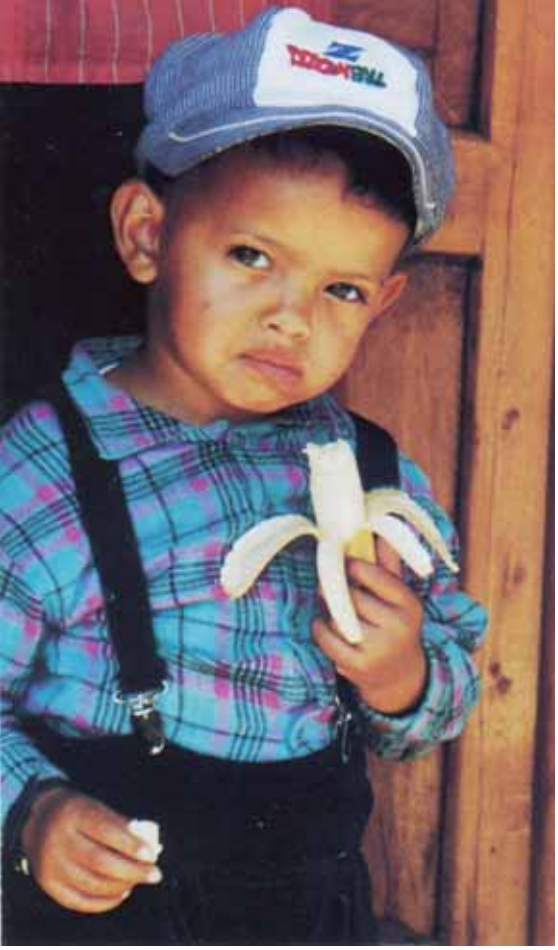
To the many local groups in schools, factories, and church communities who raise funds to help us, I want to say how much we lean on your support. To our donor agencies, I express our deep appreciation of your sponsorship for a variety of projects.

To new readers, I extend an invitation to participate in the worldwide MMM family in whatever way you can. And to our Associate MMMs, I offer a warm and loving welcome aboard, as you, too, respond to the call to be part of our global work of healing.

Sister Phil Sheeran HMM

Congregational Leader

Food for Thought



Famine and wars cause just 10% of deaths from hunger. Every day, about 24,000 people die from hunger or hunger related diseases. Families cannot get enough to eat. The majority of deaths are caused by chronic malnutrition. Christian, and people of religious belief in any tradition, have to ask how these facts bear upon our religious faith. Jesus said to the apostles "You give them something to eat." (Mt. 14:16) What do those words mean for us as Christians today?

At a global level to political will does not seem to exist to change this situation. But the action of enough ordinary people can make a difference.

At a Conference in Dublin to mark World Food Day this year, the Canadian theologian, Fr. Gregory Baum used the term "countervailing trends" to describe the part ordinary people can play in building up a mass consciousness about the need for change at a global level around the issues of poverty and hunger. While the dominant economic model does not make it seem likely that the trend will soon be reversed, at the same time, enough ordinary people raising consciousness about the issue can ultimately make a difference.

We can lend our support and our voice to the work of the many development agencies like Trocaire and Oxfam. These in their turn study and analyzethe very complex issues like food security in the poorer countries, and make recommendations and bring pressure on politicians and on agencies like the IMF and the World Bank that will ultimately lead to change. Many hunger experts believe that ultimately the best way to reduce hunger is through education. Educated people are best able to break out of the cycle of poverty that causes hunger.

Trocaire points out that there is no single panacea for tackling world hunger, but points to some elements that would assist a solution:

The World Trade Organization should introduce a clause that would ensure that a country's food security is given higher priority than economic considerations. The WTO should also life all the restrictions on the tiny amount of goods and services exported by the poorest countries, and not at the price of forcing them to accept new agreements that are not in their interests. The World Bank should arrange a reallocation of resources towards food production and food processing in the world's poorest countries.

Oxfam says that if the International Monetary Fund were a drug, it would have been banned long ago. Under IMF programmes, many of the world's poorest countries have seen poverty rise and education spending fall, leaving children without a chance to escape poverty.

Clearly, the reform of the International Monetary Fund is essential if we are to see a realisticand fair approach to the solution of world hunger.

Anyone who wants to see reform of the International Monetary Fund can add their name to Oxfam's petition, by writing to Oxfam, or by simply visiting the Oxfam website and clicking in their name on the support form provided there. <www.oxfam.org.uk>.

There is a lot more information to be found on this topic on 'The Hunger Site' if you pay a visit Trocaire's website at <www.trocaire.org/campaigns>

Remember, it is up to ordinary people to take action to change the situation.

World Food Day

On World Food Day 1999, Trocaire's Director, Justin Kilcullen, reminded us that back in 1963 the late President John F. Kennedy set two goals - that a human being would walk on the moon and that world hunger would be a thing of the past by the end of the decade. While the first might, at that time, have seemed over ambitious, it was nonetheless achieved 30 years ago. Today, the second goal remains as distant as ever. While 800 million people suffers from hunger in today's world, the goal set by the World Food Summit was only to halve this figure by the year 2015. A lot of people will have suffered and died by then.

Among the Borana People in Ethiopia

Sister Colette Ryan gives a Nutrition Class to the Mothers at Dadim.

We have been working among the Borana people at Dadim in southern Ethiopia since 1981. It is an area of very limited rainfall, so not only can food be scarce, but water too. The Borana are semi-nomadic pastoralists, moving with their livestock - cattle, camels, sheep and goats – as required for access to water and grazing. Whether an entire village, a whole family, or only the men move, is dependent on the severity of the drought, the local conditions and the herd size.

Much time and energy is spent seeking water for livestock and household usage, and in the digging and cleaning of ponds and deep wells. In Dadim, clean drinking water is supplied to the clinic, primary school and local population from a 60-meter bore hole, which is operated by a pump and generator. There are also three small ponds in the immediate vicinity for household use and the watering of small animals, calves, goats, etc.

The larger livestock are watered at one of two very large ponds, Haro Baki which is 12 km to the southeast, or Haro Burra which is 20 km to the north.9

It is difficult for the outsider to watch the without emotion, as large herds must be kept patiently waiting in the burning sun for their turn for access to the watering hole.

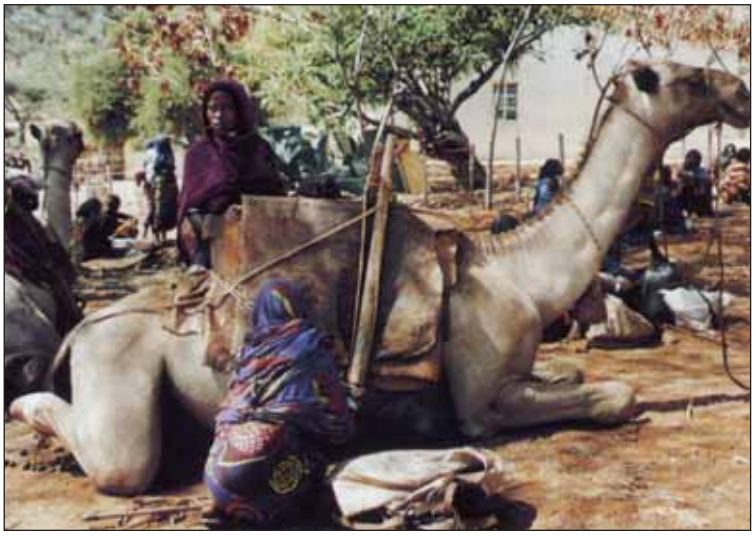
Humans too must wait in turn, when it becomes necessary to provide food supplements, as shown in our cover picture. For the Sisters and other health workers, it can be a nightmare when drought and famine herald the need for food distribution, as this is very disruptive of the normal Mother and Child Health programme.

Imagine the task of distributing food through the MCH programme to 4,500 families in 8 different areas. For the duration of the crisis, every month, 4,500 children had to be screened, measured and weighed so that those families could receive their food assitance.

The findings in the latest report we have from Dadim show the extent of the food scarcity problem. Growth monitoring showed 13% of children were severely malnourised and a further 36% moderately malnourished.

This is frightening among a people who give their small children first priority when any food or milk is available to the family.

The old people, parents and older children take less and often are forced to do without altogether, in order to give what is available to the youngest children. That is their tradition.



Food Distribution day at Doquolle.

Community Action for Food Security

To address the basic needs of education, health and food, and to raise the economic power of resource-poor households – that is the aim of the project in which Sister Catherine O'Grady is involved. The Community-based Health Care she organizes from Makiungu Hospital in Tanzania is supported by Gorta and the Irish Government. When Gorta representatives visited Makiungu in August, they were very pleased with the progress in the various women's groups, and have promised ongoing support.

In the Diocese of Singida, her team also work with the food security and nutrition programme, through fourteen diocesan health facilities and outreach clinics. Singida Region is a drought-stricken area, so food shortage is quite common and malnutrition is a problem among its population of 1 million people.

Sister Catherine writes:
"The method we use with the villagers is called Participatory Rural Appraisal. Through this multi-disciplinary approach, we try to raise awareness of the underlying causes of malnutrition among the village communities. Men, women, young people come together with us and share their needs, problems and hopes.

One of the problems discussed is the fact that when grain is plentiful after harvesting, it is sold for a very low price. Every year, during the dry season, there is a shortage of food in the community, and then anyone who still has grain stored is able to sell it for a high price, but not everyone can afford to buy it, and so the most vulnerable families suffer malnutrition.

Although we are concerned with the nutrition level of everyone, our special target groups are children under the age of five years, and pregnant and lactating mothers. Nutrition education is given at all the mobile clinics as well as among groups who come to the base clinic at Makiungu.

Last year we found that many people were unable to work to their full capacity because they lacked energy and good health, which was a result of their food loss in the 1997 season. This in turn was caused by the unusual heavy rains and an invasion of green bugs.

There is also a high incidence of preventable diseases in adults and children, cause by lack of clean water. So we see a lot of people with malaria, schistosmoiases, skin diseases and diarrhoea – these in their turn cause anaemia and malnutrition.

We are now working with the village extension workers to get a clean water supply, to address some of the education and gender issues, and to assist with local agriculture. We are trying to introduce the practice of planting trees for citrus fruits. It is not something that is part of the tradition around here, but we are hopeful that people will discover the benefits.

Sister Catherine O'Grady, – helping mothers to keep their babies healthy.

Seminars were arranged to teach people methods of preserving green vegetables in the home, using solar energy and drying methods. The preserved vegetables are packed in plastic bags and sold later as the need arose. This provided a source of income for the families who were able to produce more than they needed for their own use, and also contributed in no small way to ensuring that there was no hunger during the season of drought.

For the past three years, the centre that has been established for the production of a supplementary food which is called MAMAK locally - that name comes from the three ingredients that are mixed to make up this highly nutritious food - maize, beans and groundnuts.

Four local women have been trained in the production, packing and care of this product. They in turn train others in the villages and in talks given at the clinics. The production of MAMAK is quite a simple procedure and requires little in the way of infrastructure. But it has made a big impact on the nutrition levels of small children.More than 80 children were admitted to Makiungu Hospital in the previous year suffering from severe malnutrition. The trained staff cooked the MAMAK and supervised the feeding of these children, with very good results. Then a special effort was made to follow up these children by the staff who went out on the Mother and Child Welfare Mobile Clinics.

No reduction in numbers admitted to Nutrition Unit in Uganda

At Kitovu Hospital, Uganda, the Nutrition Unit has reported that the causes of malnutrition in the community have remained unchanged during the past two years. Out of all cases, 50% of the 198 children admitted last year were suffering from Kwashiorkor. The young patients spent between 10 and 30 days in the Unit. Sadly, 26% of children admittted died. These were children who were brought to the hospital in an extreme condition and death occurred in the first 72 hours. Underlying illnesses such as TB or AIDS may also have hastened their death.

In addition to malnourished children, the Nutrition Unit also cares for abandoned children. There are no facilities for orphans or abandoned children in Masaka or the surrounding Districts. Five abandoned children were brought to the unit in the past year. Of these, three died due to the very neglected state they were in on arrival. The two surviving children joined a third who had been admitted the previous year. The Unit tries to locate relatives, and if this fails, tries to find foster homes for the little ones. This creatges a great financial burden to the hospital and an added workload for the Unit staff. Funding for these orphans is constantly being solicited, but so far no donors have come forward to support this aspect of the work of the Nutrition Unit.

A child's smile

Sister Monica Prendergast

This morning a child smiled and my heart gave a throb of joy. Little Joseph had been sitting around for two weeks wearing the sad expression of a child deprived of sufficient protein due to poverty at home – a poverty made worse when drought caused shortages and therefore price increases. Joseph's little eyes lacked the lustre of the average child. He showed no interest in anything, despite our efforts to stimulate him.

But today our efforts were rewarded, thanks to good food and a lot of love. And I pondered on the number of children who cross our path here in Kitovu. So many come syuffering from malnutrition, anaemia, malaria, AIDS. We have cured many, others have come too late.

Sister Carla Simmons, Medical Officer at Kitovu Hospital, Uganda. *Some school chidren in Ireland sent money for lollipops for the children in the* Nutrition Unit at Kitovu. Sister Carla says 'If only we could make everyone so happy so easily.'

Health education is the key to a better life but poverty is the major obstacle. It is a strange paradox as we reach the end of this era and the new millennium is about to dawn, that poverty remains the greatest enemy to good health. What a century of achivement: we have gone to the moon, seen every form of advanced technology and science. But alas, our children continue to be hungry and even die of that hunger.

Here in Kitovu, a day is spent listening, speaking, healing and so often pondering and wondering will justice some day prevail. Will our children in the next millennium be slow to smile and will hunger continue to deprive them of health?

'The hunger is eating me' is a phrase I often hear from people who come to our Department, asking for a little food. As Christians we must ask ourselves can we properly receive the Bread of Life without sharing bread for life with those in want?

It is a big challenge to the rich in developing countries, and to the wealthy nations who spend millions on arms. Surely the words of the Prophets of yore are still more relevant today: "Do good to the orphan, help the widow, seek justice."

What a day of celebration we will have when we can really say "nation will not life up sword against nation, neither will they learn war any more".

Advice alone will not prevent malnutrition

In the Community Based Health Care Project run by MMM at Mukuru, a large Nairobi slum, the team were were aware that advice alone rarely prevents malnutrition. They drew up a monthly programme of education related to local problems affecting nutrition. With this wider background to health care, parents seem to take the question of nutrition as part of an overall concern for their health. In this way they will spend what little they can afford more wisely. At the same time, poverty remains the great hurdle to adequate nutrition. The unhygienic environment in the slum housing, poor sanitation and lack of garbage disposal are other factors.

Sister Kathleen Donnelly works in the Health Project at Mukuru, Nairobi. This year she celebrated her Silver Jubilee.

History Unfolds for MMM in Malawi

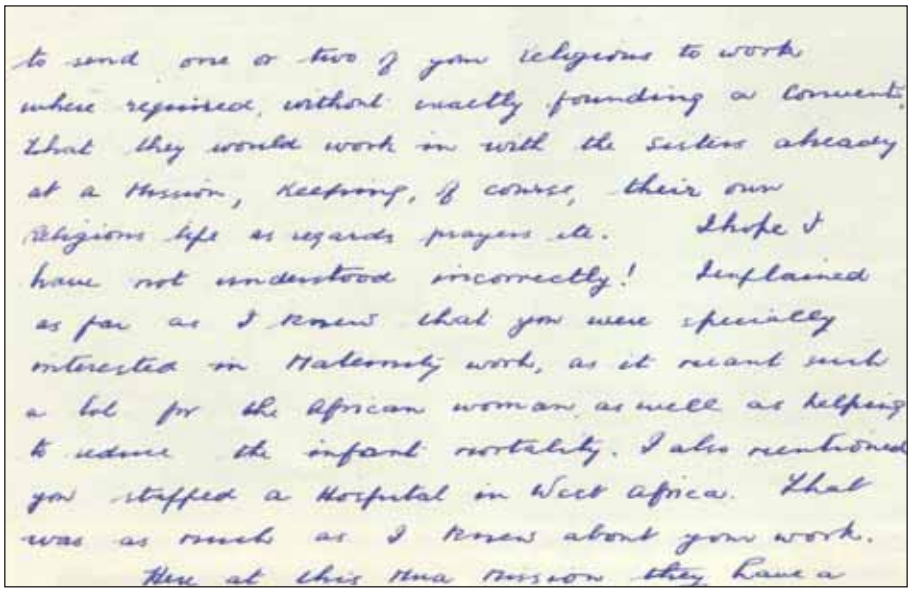
Sister Maria Goretti

Looking back as decades pass

A long time ago, when Malawi was known as Nyasaland, and Edel Quinn was Legion Envoy in East Africa, the seeds of the future work of MMM at Mzuzu were planted. On December 28, 1940, Edel Quinn sat down in the White Fathers' mission at Likuni, and wrote a three-page letter to Mother Mary Martin. The two women had met years earlier in Dublin. Edel Quinn was hoping one or two Sisters could be sent to Mua mission for maternity work and leprosy. But that was more than we could have reached on at the time. MMM was only three years old then, and there were only three professed Sisters.

However, twenty-one years later, the dream was realised. On August 5 1961, Sister Gemma Breslin and Marie Goretti O'Conor arrived in Mzuzu. They had come on a four-seater plane from Mbeya, in the south of Tanzania (or Tanganyika as it was then known). Their pioneering companion, Sister Edel Weir was left behind in Mbeya, as there was not enough room for the three of them and their luggage on the small plane! Eventually, Sister Edel got there four days later.

The Sisters set off to learn the language, and when they returned to Mzuzu three months later, the walls and roof of the convent were completed and two blocks of the hospital were already built. By March 7 1962, which was Ash Wednesday, the hospital was ready to open. At the out-patient clinic, 120 patients turned up, including 60 women for the ante-natal clinic. Eight patients were admitted and the first baby born at St. John's arrived next day, March 8. One week later, there were 14 beautiful healthy new-born babies in the maternity unit. It was very difficult to get qualified African nurses in Mzuzu then, so the Sisters were up night and day in those early months.



to send one or two of your religious to work where required, without exactly founding a Convent. That they would work in with the Sisters already at a Mission, keeping, of course, their own religious life as regards prayers etc. I hope I have not understood incorrectly! I explained as far as I knew that you were specially interested in Maternity work, as it meant such a lot for the African woman as well as helping to reduce the infant mortality. I also mentioned you staffed a Hospital in West Africa. That was as much as I knew about your work. Here at this Mua Mission they have a

Top left: Sister Edel Weir. Top right: Sister Gemma Breslin, who pioneered our work in Malawi in 1961 and are still there today.

Today MMMs often visit the White Fathers Mission at Mua, like Sister Teresa Ugwuliri from Nigeria with Fr. Claude Boucher.

An unexpected problem faced the MMM Sisters who were competent nurse-midwives, and had a fair amount of experience from their previous missionary work in Tanzania. The expectant mothers of Mzuzu thought they were too young for the job! To comfort and reassure them during labour, the Sisters had to call in an older Sister, who wasn't a midwife, but could chat with them and massage their backs!

That problem was soon solved when a "veteran" – Sister Rosemary O'Neill – arrived out from Ireland. With that look of wisdom and experience about her, Sister Rosemary was just the kind of midwife the Malawi women wanted!

The decades that have passed since then have seen many developments at St. John's Hospital, which has gorwn apace with the city of Mzuzu. The most rewarding aspect of all this is that the Diocese is now able to assume complete responsibility for the running of the health services in which St. John's Hospital has played so large a part. As of April 2000, the MMMs will be free to move to other work. Some will remain in the Mzuzu area taking on work in Women's Development.

The MIDWIFE that every MOTHER WANTED!

After completing her training as a nurse-midwife in England in 1940, Rosemary O'Neill returned to her native Tyrone. She gained wide experience as a community midwife, and then changed her career taking up the post of Matron at St. Patrick's College, Armagh.

She joined MMM in 1954, and worked in Tanzania before going to Malawi in1965. Everyone who knew Sister Rosemary has an anecdote to tell! People were always very fond of her. As well as the African mothers-to-be, all the European women in the area came to St. John's, requesting Sister Rosemary as their midwife.

She never counted what was already achieved, but was always planning – planning for what remained yet to be done. She devoted a full 30 years of her life to the people of Malawi and loved every minute of it.

When she died in Drogheda on September 28 this year, Sister Rosemary had left an indelible impression on everyone who knew her.

May she rest in God's peace.

St. John's School of Nursing is alive, vibrant, and very busy. The nursing training programme of Malawi is a three-year course at the end of which the student graduates in Nursing, Midwifery, and Community Health. It is a very condensed course, and a real challenge to students and tuors alike. But, according to Sister Úna Ni Riain, Principal of the Training School, the students enjoy it and are happy, and since nurses are very scarce in Malawi, employment is guaranteed for all on comletion of the Course.

Sister Úna Ni Riaian

An ecumenical approach to Serving in Scotland

Mhorag McDonald

I am a parish minister in the Church of Scotland and have been living for five years now in community with Sister Aideen O'Sullivan. We both believe that this ecumenical dimension is very important in an area of Scotland where the culture has a history of religious bigotry. It is only by quiet friendship that the barriers between different cultures can be broken down.

I feel we share the same charism and I have come to the point now of seeking Associate membership of MMM.

Occasionally, we prepare shared worship in different churches which are creative and which the people seem to like. We are planning another reflective evening for Advent in my church for people who find it a difficult time of year for many reasons. Both of us are often called out to our respective church communities just to listen or help.

Sister Aideen recently completed a very intensive two year course in person-centered counselling at Strathclyde University. She continues to work two days a week in a GP practice as a Cousellor - listening to the various clients referred to her from the doctors.

Sister Aideen

In our kind of ministry, you meet people with such a wide range of problems – relational difficulties, bereavement, abuse of many kinds, depression, anxiety, stress. We are both involved in different ways in a ministry of listening, which is very demanding. It is good to be able to relax together and support one another after a busy day.

Sister Aideen sometimes sees people here in the Manse - again in a variety of situations - marriage guidance, bereavement, or just space for people to find the confidence to move on or out of the situation in which they find themselves. In many ways it is working on the edge.

In the past Sister Aideen has run many different group programmes – like the Enneagram, stress management, bereavement counselling, work with Al Anon wives. She had to curtail some of these while studying but hopes to restart some of this group work in the future. She also maintains links with MMM in Tanzania and has helped in many churches and schools to raise awareness of MMM work overseas and the difficulties and the need for help.

I am sure that for Sister Aideen it is a big challenge being away from her MMM community where she has spent most of her adult life. But we both feel very strongly that God is leading us somewhere. For the moment we share the journey and enjoy the roses along the way!

Down Mexico Way

When Sister Eleanor Donovan takes a day off, she sometimes makes her way up to Point Loma at the western end of San Diego Bay. There she will sit beside the memorial which marks the sighting of this deep and natural harbour by Portuguese explorer, Juan Rodriguez Cabrillo, in 1542. Here she can find a quiet space to withdraw from the bustle of the crowded world where she lives in Tijuana, Mexico, just a few miles away.

But even from Point Loma, her eyes are drawn through the marine haze to the Mexican shore at the eastern end of the bay. As a U.S. citizen, she can cross over and back freely. But the people among whom Sister Eleanor works in Mexico don't have that option. A high perimeter fence marks the frontier. Many young people have risked their freedom in attempting to cross it. But without a work permit, the life of a Mexican fugitive on the northern side is very precarious.

The affluent lifestyle of middle class San Diego contrasts sharply with the neighbourhood where the MMMs live in Tijuana.

The busy Tijuana office of the charitable Foundation where Sister Paula Smity works runs four programmes for the protection of children. Each programme is headed by a social worker and they heve many volunteers.

Sister Paula says:

"What amazes me is how much they get done for so many with so little resoures! They all work, never watching the clock when they are caring for their clients, with so much dedication and devotion.

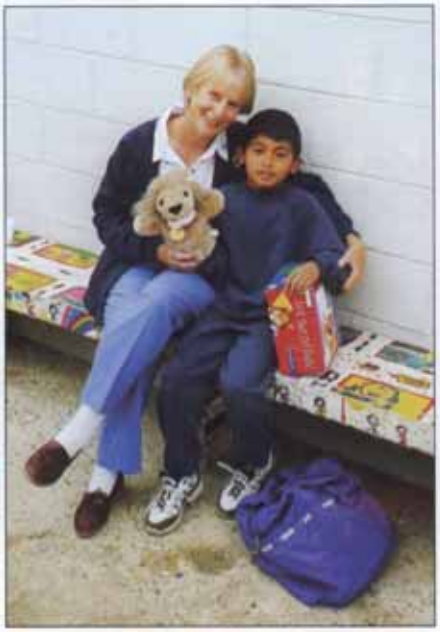
There is just one phone for five offices. They depend on their personal vehicles which are not always the most dependable, and they work crazy hours with no overtime pay. I really have been privileged to work with them.

Mexican restaurant

One programme assists with school supplies for children in local institutions like orphanages, shelters, detention centers and some local schools in the poorest communities. Every child's birthday is celebrated, to help foster a sense of self esteem. The conditions under which the children are cared for are monitored.

Sister Paula plays Santa Claus

Child art in the park.



Sister Mary Ann outside Health Centre.

Sister Paula and budding artists.

At Christmas, Santa's crew are very active visiting the hospital and the indigenous communities scattered on the perifery of Tijuana's sprawling city. This, according to Sister Paula "has given me a lot of memorable and wonderful experiences – not to mention the adventures of driving over rather challenging terrain!"

The Foundation also has an office for the prevention of sexual abuse of children. From this office, a lot of community education and seminars are arranged in the workplace and centers for families. They go through various levels of the schools and train some of the local leaders to promote further education.

When they find a case of abuse, a Social Worker follows through with crisis intervention and legal process when needed. Needless to say, that when a case of any kind is brought to the attention of the team, apart from the child, there is usually a mother or a gandmother also in need of help.

Eleanor and little girl

Yet another programme focusses on artistic and cultural development of the children, whose work has been exhibited in the city parks. They do a wide variety of art including *papier maché* creations, collage, art such as dancing and drama – all of which aims to give these under-privileged the chilren an appreciation of their Mexican culture and a vehicle for their emotional expression.!

Sister Mary Ann MacRae is the third member of the MMM team in Tijuana. As a medical doctor with many years of experience in Nigeria, she finds the adjustment to Mexico quite an effort – especially the inevitable struggle to learn Spanish. She shrugs off the difficulty of the language: "It slows me down, but what I lack in talent I probably make up in determination!"

Poster for Esperanza

Twice a week Sister Mary Ann holds a clinic at the "Hope" Health Centre, run by Mexican Sisters.

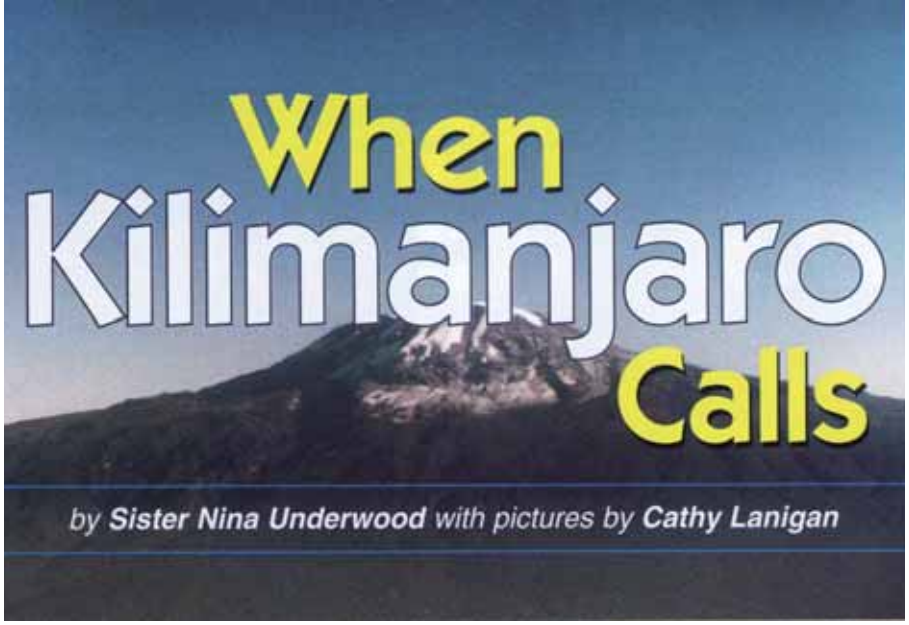
She will soon start a prenatal clinic there too, and begin a study on diabetes in pregnancy. She tells us:

Diabetes is a huge health problem for Mexican women, in fact for any *latino* woman. If gestational diabetes is detected early in the pregancy, then an intervention can be done to lessen the risks of developing diabetes that persists after the pregnacy is over. Both mother and baby are likely to fare much better if it is detected very early.

There is a programme for the training of Health Promoters in the community. One of the problems targeted by this group is diabetes which ties in with Sister Mary Ann's work.

Out on the hillsides that surround Tijuana, getting around the unpaved terrain causes hardship. For those who have work, there is a long distance to commute. Low salaries are the chief cause of many problems.

These migrant families can be quite isolated. According to Sister Eleanor – who worked for many years among the Basic Christian Communities in Brazil - in Tijuana it is very difficult to create a sense of community. University students in Mexico must give 520 hours of community service before they can receive a degree. Four students work with Sister Eleanor. Along with two Health Promoters, they try to explore the problems of healthcare with the families in the poorest areas of Tijuana. That is no small task!



It came again and again, the invitation to come and see. At first it seemed too radical, too outrageous. But, as in prayer, I knew that is the very time to remain open, following the invitation, the inspiration.

When a friend, Cathy Lanigan, invited me to climb with her to the top of Mt. Kilimanjaro, I knew that for both of us, this would be not only a journey to the mountain top, but a spiritual and inner journey, a rediscovery of strength within, a time to till the soil of our souls. Exploring the mystery of the mountain would also be an exploration of the mystery of God.

At that point, new possibilities began to emerge. The future safari imaged itself differently. The image tugged at me, calling me to climb out of my familiar rut and venture out. Once my inner territory had begun to be freed, I knew that I must not allow it to be retaken by conformity and caution. I knew I would never reach the top of the mountain while hanging on tightly to the familiar.

There were days when misgivings returned. Climb the highest mountain in Africa? Would I be able? The limits of the possible had to be calculated realistically. Kilimanjaro is 5,895m high, an 80 km walk, no one can be sure he or she will reach the top. Assurance and support came from my community and other friends. Finally, I said *Yes*.

Then excitement came, and preparation. For many years as a younger missionary, I piloted our small aircraft in collaboration with the Flying Doctors' Service. I had often marvelled at the beauty of Africa from the air. Its landscape is drawn on a grand scale and Mt. Kilimanjaro is its grandest feature. The wonders and secrets of Africa's highest mountain will never be fully described or discovered. But, for me, a new dream was about to be realised. My heart skipped a beat!

On April 27 1999, from our mission in Nairobi we set off by bus for Tanzania. At Arusha we were warmly welcomed by our MMM community, where we stayed overnight. There are 5 approaches to the peak. We took the most popular one, the Marangu route, and we allowed ourselves six days. Folks said it was not the most scenic or pleasant of the routes but, personally, I experienced it to be spectacular. There were few people climbing as it was the rainy season, so the path was very enjoyable.

At the foot of the mountain a dozen lads were renting all sorts of equipment, walking sticks and crampons, boots and warm clothing of all kinds. I rented the only boots they had in my size, or approximately my size.

We were introduced to Cyprian, our guide, and our porters, Peter, James and Medifaes. We were warned: "Don't under-estimate the mountain. Kilimanjaro is big. The whole exercise is hard work."

The first day we walked in a steady, slow climb bathed in a gentle rain, excited to be finally on our way. The first few hours' walk was a novel experience. The scenery was more than interesting, journeying over a cleared ridge trail towards Mandara Hut. Once we had left behind the semi-arid scrub of the foothills, we found ourselves in the lush rain forest. Kilimanjaro's slopes receive an average of 70 inches of rainfall annually. We felt we were on the receiving end of most of it!

We slept that night at Mandara Hut, 2,700 m above sea level. After supper and prayer, sleep came quickly. Excitement still lingered. *"O send forth your light and your truth. Let these be my guide. Let them bring me to your holy mountain, to the place where you dwell".*

Cyprian, our guide and our three porters were hard workers, careful and solicitous towards us. We grew to rely on and appreciate each other as each day went by. The porters came only to the third hut with us, and we met them

again on the return journey. Cyprian led the way patiently, despite the fact that he had a headache - the first sign of altitude sickness.

The second day a steep and wet 20-minute walk through the upper part of the rain forest was followed by a section of tall giant heather interspersed with large clumps of tussock grass. There were superb views of the plains below. At 3,000m my pulse rate was between 100-120 per minute and the breathing rate about 1 cycle for every 3-4 steps. By 11 am it had started to warm up a bit, and we were sweating. Oh joy, I thought, I'm warm! But before long, my legs started to feel the strain of non-stop uphill walking and my calf muscles began to ache. A sit-down breather every 30-40 minutes was welcome.

In the course of the entire climb, one passes through five stages of vegetation. And as we went higher, we found ourselves crossing numerous moorland ravines. By the time we reached 3,700m - some 5 hours and 15km after leaving Mandara Hut - the vegetation had changed. We were into the alpine zone, with its stunted clumps of heather, the 'everlasting' flowers and short tussock grasses. Lobelia and groundsels occupied the wetter areas. Again the rain washed us, but ever so gently. It was difficult to keep dry.

For many years as a missionary pilot, Sister Nina had marvelled at the beauty of Africa from the air.

We were carrying more clothes than we needed - another lesson in the art of letting go, of tapping into our own insecurities and uncertainties, excess baggage, dependence, being carried, allowing others to help, asking for help. I was reminded that to some extent we may be choosing our burdens in life, carrying more than we need.

At Horombo Hut, where we spent our second and third nights, the same fire used for cooking was all we had to dry our boots and clothes. Unfortunately my rented boots were leaking. I put on two pairs of socks, with a plastic bag between them, to keep my feet some bit warm and dry. Day 3 was a rest day, with only a 2-hour walk to *Zebra Rock* and back, going 200 m higher than we'd sleep, so that our bodies would acclimatize to the altitude.

On the fourth day we continued climbing, this time towards the Kibo Hut, which is 4,700 m above sea level and 13 km from Horombo. As we climbed up through the alpine desert, it seemed a long way to go before we would meet the snow and finally the ice-capped Uhuru Peak.

Meanwhile there was the experience of walking with a friend in the quietness above the clamor, a chance to smell the flowers, to feel the wind at my back, birds to sing, birds to sing with me, a pain to laugh beneath and a burden that carries me.

Climbing Kilimanjaro and prayer both call for perfect attention. It is a focused relationship. Just as prayer is always against the odds set by logic, by scientism, by realism, so it seems it is always against the odds of my own skepticism and doubt. Even when prayer is something that sounds like a moan or a desperate plea or even when it is a spontaneous whoopee, there is at times in me a gut-deep intuitive refusal to accept the odds or to calculate too closely either the limits of the possible or the quiet stealth of grace.

Sister Nina: "...a last scramble over some rocks, and we were suddenly at Gilman's Point."

Grace liberates new ground in my praying and in my climbing. It is the ground of my being. Kilimanjaro was showing me this new, higher ground over which I stumble towards God and my future. A surge of emotions - sensations of awe, wonder, yearning - suddenly flood in and overflow to connect me, perhaps only in dim awareness, to the springs and rhythms of life and its impenetrable mysteries.

Cathy said she was reminded of God's call to Abraham *"to enter and take possession of the land that I will give you"* (Gen.12:1). Enter and take possession of the land of your being, of your own life, of your hopes and dreams, of the unfolding mission to which the Father is calling you - for the ground on which you stand is holy. However frustrating, fearful, enticing or joyous, the ground of your being is sacred.

To enter and take possession, we must step in faith and courage, for it is sacred ground. Life itself is a prayer and I realize that the prayer I pray shapes the life I live - just as the life I live shapes the prayer I pray.

Now, when I look back, this climb was probably the most difficult physical exercise I have ever done in my life. Even more difficult than the experience of the long and terrifying walk, back in 1986, when I was abducted by the Sudan Peoples Liberation Army. The sense of insecurity and uncertainty at the time was another story! But then, I was a captive of external forces. Here on Kilimanjaro, it was my own limitations, my own fears I had to face and my own reluctance I had to break through.

For our first three days on the mountain, the elements were not friendly, yet we didn't seem to mind. We experienced cold, dampness, rain, mist, sleet, slipping and sliding through the beauty of the tropical rain-forest. Then, as we neared Kibo Hut, where we would make our preparations for the final climb to the summit, the sleet, hail and cloud cleared. The storm was over. The mist vanished. We could see the summit.

We did not experience what people had predicted - nausea, vomiting, headache, altitude sickness, or the recurring question *Why am I doing this*? We were undaunted when we heard returning hikers speak of a blizzard so severe they experienced "white-out" the previous night. Stories of those who didn't make it to the top did not dampen our spirits.

At Kibo hut, a cup of tea went down OK as did food, contrary to predictions. For most people, altitude sickness seems to set in by Kibo hut, hence the guides try to keep the time at this altitude as short as possible. The cold was piercing and painful. After a prayer, we collapsed into our sleeping-bags, even though it was only 8 pm. Cyprian instructed us that we would be called at 11 pm to begin the final ascent. It was hard to sleep as the air was so thin, making our hearts beat faster, and our breathing shorter.

Getting up then wasn't so bad - just freezing. A bright full moon was in order. We put on all the clothes we could, helping each other with layer after layer. Still half-frozen with the cold, it was difficult to blow one's nose.

The three of us set off about 12.20am - after a prayer of praise and thanksgiving for the clear weather, and another for guidance. Like the previous day, once again it was a case of one foot after the next. Pulses steadied between 130-150, taking in one breath as one foot goes down, breathing out on the next step, over and over, on and on. This was the most difficult part for me, as the air became thinner. At the summit, the atmosphere contains less than half the oxygen available at sea level.

New misgivings coincided with my first glimpse of the peak from the proximity of its slopes - so high, so beautiful, glistening above the tree-line - so enticing but still so far away. Was this body of mine fit enough to carry me there? When I felt I couldn't go on, Cyprian turned and said, "At this altitude there is no rescue, there is no one else on the mountain, only us. We either go up - or we go down."

I just decided to go on. I had that abandonment feeling - if I'm going to die here, I just surrender to God's will - whatever comes. Cyprian was wonderful, patient and ever slow; steadfast in saying, "*pole, pole*" the Swahili equivalent of 'take it easy now'. Cyprian was a reminder to us of the need for guides in our lives.

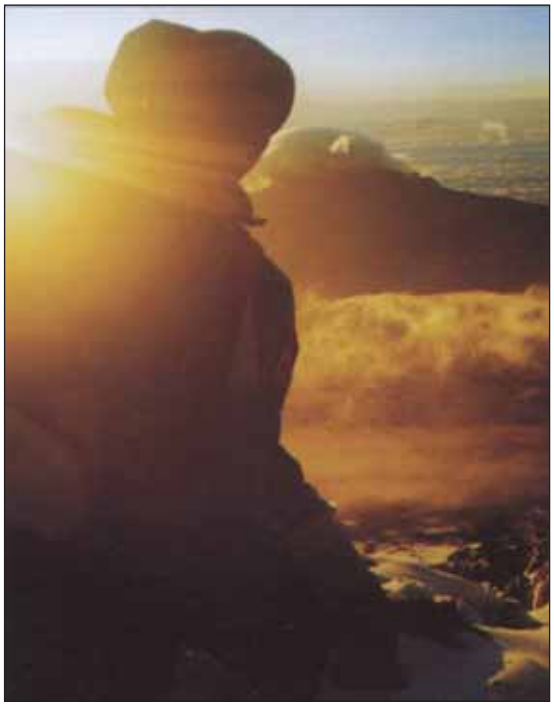
At 4,800m glacial cliffs can be seen clearly, creating the towers, columns, pinnacles and fluted surfaces which are such a distinctive feature of Mt. Kilimanjaro's glaciers. Oh, it took my breath away - in more ways than one! Up here, the psalms flowed easily. All nature seemed to sing. God's ever-constant unchanging love, ancient and yet ever-new, the sheer majesty of the mountain.

The Canticle of Daniel came to mind too: *"Mountains and hills, 0 bless the Lord... Frost and snow, 0 bless the Lord."*

In the light of the full moon we had a clear vista: the Tsavo Hilton way below us in Arusha, the Taita Hills, and Voi to the south east, the great port of Mombasa - all were clearly visible from where we stood. A world revealed...

"No more will the sun give you daylight, or moonlight shine on you, but Yahweh will be your everlasting light, your God will be your splendour" (Is.51).

We had a ten minute rest in Hans Meyer Cave, named after the German geographer who first conquered the summit of Kibo along with the Austrian mountaineer, Ludwig Purtscheller, in 1889. In the cave, when I attempted to get a drink from my water bottle, I discovered it had burst as a result of the cold.



There had been many times when I had felt my weakness and the hardship of the journey, but the real test was still before me. Again I looked up at the top of God's Mountain.

I had heard some folks speak of making an assault on the peak. But looking at its magnificent grandeur, I felt humbled and very respectful of the mountain. Treading slowly, gently and determinedly I became filled with an unconscious reverence, still
wondering would I make it.
Somehow, I would go on!

After climbing endlessly over and around boulders and weaving through others that were coated with snow, and a last scramble over some rocks, we were suddenly at Gilman's Point. It was just before sunrise, 6.25 am, May 2, 1999. In the dawning sky, the sunrise reflected off snow-capped peaks and glaciers emerging through the clouds, evoking spontaneous praise. Soon, the sun would surely begin to thaw us out.

I looked at Cathy's red rosy face, bright shiny nose, and smile. She wanted to go further! The trail continued along the rim to Uhuru Peak. My toes said, No!!! My feet were not happy in my boots! With constant soaking, drying by the fire each night, they had diminished in size - or buckled or something. Now they were killing me. We had come so far, and together, I didn't want to part company with my toes through gangrene! Yes, I had rashes, blisters, cracks in the skin, was close to frostbite, but I was happy to have made it this far!

Kilimanjaro seems a primeval place - and decidedly uncomfortable, yet I was drawn to it perhaps like one is drawn to a church. Mt. Kilimanjaro invites contemplation of the eternal mysteries. At this altitude, there is a motionless silence that no word can express.

Despite my aching feet, my heart sang:

"Lord God your light which dims the stars,
awakes all things,
And all that springs to life in you,
Your glory sings.
Your peaceful presence, giving strength,
is everywhere,
And fallen ones may rise again,
On wings of prayer." .

The fascinating questions Kilimanjaro poses have never been satisfactorily answered. The mountain's very existence eluded European explorers until 1848. After its discovery by German missionaries, many questions still remained. Why did European geographers for many years refuse to accept that there could be a snow-capped mountain standing just three degrees south of the Equator? Why are the snows of Kilimanjaro melting away? What was the leopard, that Hemmingway immortalized in his famous story, *Snows of Kilimanjaro*, seeking on the summit? Why is there a desert on the upper slopes and a rain forest just below? Why have strange life forms evolved on the mountain? Why is life so prolifically diverse there? Kilimanjaro is unique in the life systems it supports. In fact, the mountain is a microcosm of life on earth. Nothing lives on the summit. But just below the snowline, the no-life-line, there is a point at which a few sparse grasses represent the beginning of life itself. Thereafter, life proliferates, and diversifies with declining altitude; so much so that within its ecosystem Kilimanjaro contains a sample of virtually every environment on earth - glacier, snowfield, desert, alpine, moorland, savannah, and tropical jungle. It's like travelling from arctic to the equator in the space of a few kilometres. No wonder Kilimanjaro is a Mecca of sorts, a pilgrimage, a place of such majestic splendour.

Cyprian interrupted my thoughts, announcing that we should either go on, or go down; either way, we could only stop for five minutes - due to the wind, cold, and high risk of just lying down at that altitude and never getting up again, death from hypothermia! Uhuru Peak, around the crater rim, and another 216 metres higher, beckoned to us, but exhaustion, cold and impending frostbite cautioned us. We took a few more minutes to marvel at the vista, and then, at Cyprian's promptings, began the long, steep downward descent, which felt, and looked at times, almost vertical.

Suspended there between heaven and earth, at 5,680m., what came to mind was the poem by John Gillespie Magee, Jr., one which always brings back precious memories of my flying days:

"Oh! I have slipped the surly bonds of earth

and danced the skies on laughter-silvered wings;

Sunward I've climbed, and joined the tumbling mirth

Of sun-split clouds and done a hundred things

You have not dreamed of - wheeled and soared and swung

High in the sunlit silence. Hov'ring there,

I've chased the shouting wind along, and flung

My eager craft through footless halls of air.

Up, up the long, delirious, burning blue

I've topped the wind-swept heights with easy grace

Where never lark, or even eagle flew.

And, while with silent lifting mind I've trod

The high untrespassed sanctity of space,

Put out my hand and touched the face of God."

John Gillespie Magee Jr of the Royal Canadian Air Force was killed in action December 11, 1941 at the age of nineteen years.

Dear Sister Philatelist…

They've been coming for many years now. Your letters. Your used stamps. Small parcels. Big bagfuls. Whole office-fuls.

When we checked up on the Philately Department just before going to press, we found the present Philatelist, Sister Majella McKernan, up to her eyes sending out 'thank you' letters to her many stamp donors. She tries to write to you all at Christmas. If your name is in her computer you can be sure you'll get a Calendar. A few times a year she takes time out from her ordinary routine to reply to people who have written to her.

Otherwise her average week is spent sorting the stamps you send her, rejecting any damaged ones that have slipped into the pack, trimming them, weighing them, packing and despatching them in lots to fill the orders from the dealers.

One company in Canada buys twenty pounds weight in Irish Commemoratives and Foreign stamps three times a year. A Dublin company takes three pounds assorted every week, while a UK company takes eighty pounds assorted three times a year. Another company will take as many Irish commemoratives as she can supply, maybe one hundred pounds weight three or four times a year.

Usually, a small team of semi-retired Sisters will give her a hand with all the sorting, but sometimes, when the time comes to fill all the orders from her dealers, she has to look for extra help.

Commemorative stamps – i.e. those brought out to commemorate an event anywhere in the world – or footballers, birds, fishes, etc., all these are more valuable.

Does all this hard work bring in a lot of money to help the poor? She just smiles and says 'I'd like to have over £5,000 by the end of the year, but the needs are so great there is never enough. Just ask our readers to keep sending them. Remind them to leave about a quarter-inch or half an inch all round' if tearing them off the envelope. We can make use of every stamp we get.'

Address for used stamps:
Sister Philatelist,
MMM, Beechgrove,
Drogheda,
Co. Louth,
Ireland.

Prague
A Mystical Experience

Anne Marie Kenny Bull

Prague is one of the most beautiful cities in all the world. Surviving the two world wars of this century without destruction, the city is a glorious tribute to art in architecture.

The communist regime ended in 1989, in what is known to many as the *Velvet Revolution*. At the end of 1992, Slovakia wanted independence, and peacefully severed the federation partnership. Prague now is the capital of the Czech Republic, which comprises the areas of Bohemia and Moravia.

Democracy, a new government, free market, newly privatized industry, membership of NATO, and a desire to join the European Union, have all had a huge effect on the social and economic lives of the people. Where once there was security in housing and jobs for all citizens, people are now discovering the stark reality that responsibility goes hand in hand with freedom.

Freedom of religious expression has opened church doors for the first time in decades. Czechs are struggling to come to terms with their spiritual beliefs. Evangelists from many religions and sects are pro-actively marketing for increased membership.

Tourists who visit Prague for a few days rarely go away disappointed because of the city's sheer physical and mystical beauty. A stroll across the Charles Bridge takes the pedestrian on a journey through time. Looking around in every direction, one sees magnificent structural testimonies to the past, which have become part of contemporary civilization for the lucky 1.2 million inhabitants of Prague. The castle, perched on a hill, dominates the view.

For visitors, finding a place to stay in the city center can be expensive. A lovely pension hotel, in the north area, called J&S (telephone 2092-0170) is delightful and low priced. It has an excellent restaurant, clean rooms, located right at a bus stop, and has a kind owner named Mrs. Jarkovska.

The Czechs are a very cultured people who love literature, music and nature. Most Praguers have a cottage in the country where they enjoy their gardens, fresh air and relaxation on weekends.

Sister Adalberta Simakova MMM, known to her family and all of us as Sister 'Bibi', is a native of Masov in the Czech Republic. She is now, once again, working in her native country after many years abroad and is pictured here, and below, with Sister Helena Mulcahy.

Czechs are concert-goers. The Rudolfinum, the State Opera House, and the National Theater are packed with Praguers during performances. The Czech Philharmonic is among the best orchestras in the world.

Czech cuisine is similar to the German cooking and a typical Czech meal would be roasted pork with dumplings and sauerkraut. Unfortunately tourists usually eat at tourist places, and never get to taste the real thing. It is best to wander around and peek into the different eateries. See the posted menu outside the restaurant and if prices are low, go inside and if Czech is being spoken by most of the diners, this is where to have a real Czech culinary experience.

Church services in the English language are listed in the *Prague Post*, a weekly newspaper sold at most newstands, which will also have information on other events as well as news.

Anne Marie Kenny Bull is involved with the MMM Associate Programme (See p.21). She has been running a business in Prague for many years.

Formation for Mission

Sister Joanne Kelly

Today, a young woman who is interesting in joining MMM is in contact with us for a long time before she actually comes to live in community with us. This period will last for at least a year, says Sister Joanne Kelly, who is one of the Vocation Directresses for MMM in Nigeria, and has been involved in the work of Formation for Mission for more than twenty years. Most of the many MMMs from Nigeria who are now seasoned missionaries themselves, came under the influence of Sister Joanne at one stage or another along the way.

During this early time of preparation, the young woman is getting to know us and we to know her. This happens by letters and visits to us. Usually she will invite us to her home and to wherever she is working or studying. When you choose to take up the life of a Medical Missionary of Mary, it is a choice to belong to MMM as your priority family. While that doesn't distance you from your natural family at an emotional level, we often have to help the parents of the young woman to understand the choice their daughter is making.

They also have to be helped to see that our life involves a lot of insecurity, possibly going into danger, ready to go to war-torn areas and places that are unsettled. Another area that is especially important with families in Africa is to help parents to understand that as missionaires, we are buried where we die. We are really going counter-culture when we insist on this, and some families find that very hard to accept because it is so much against their tradition.

If the young woman decides she still wants to join us, she will come to take part with others in a retreat where there is specific input about the MMM way of life. For that retreat, a few senior MMM Sisters, and some young people already in the formation programme would also come to help. When the woman who is aspiring to be an MMM and the Vocation Directress think she is ready, an interview is arranged with a specially appointed panel. Some people may look on that as quite an ordeal. The MMM way of life is not an easy one, as we try to help people to understand from the very beginning. She is also asked to bring the report of her medical examination and a psychological assessment. Those would be requirements for joining any religious community today. Many come that far and then drop out.

Of course there is a very big difference between the world and life style of young women today and my early years in this work. When I started, there was more discipline in families, a more secure family lifestyle, and there were fewer problems around values in society. Today it seems to be harder for young people to really understand what it is they want to give their lives to. So, discernment of vocation is very important. We try to help them to discern whether they are really seeking to givve

Sister Maria will be remembered for her music...

Sister Maria Glancy will be remembered for her music, and for much, much more. When she was called to God on 27th September, 1999, a quiet sense of personal loss was palpable. The quietness spoke volumes. For Sister Maria was a quiet person, going about whatever she had to do with a sense of purpose but also a sense of humour, with a competence that was tempered by genuine kindness. She was a resource – not just a practical resource, but a font of inspiration. Nothing special or extraordinary, except that she was always there, always available, always could be relied on to find a way, the right word, and when the time was right to come up with a tune. Her work as a nurse-midwife in Nigeria,
and later in Taiwan reflected her adaptability. Later at the hospital in Drogheda, she brought wide experience to her task in Nursing Administration. Then in the Tropical Unit, where many a missionary and development worker was helped to avoid the nastiest of diseases. But Sister Maria will be remembered too for her music. She will be greatly missed at liturgical celebrations at our Motherhouse in Drogheda. Not just the liturgical part – we'll miss the way she could move into other traditions, from jazz to

their lives to God, or whether they are looking for some kind of security, or perhaps opportunities for education etc. I think anyone who chooses religious life today is a very courageous woman, because she has to be so different from her peers as regards lifestyle, ambition, and motivation.

What we are looking out for in the young women who come to us is a commitment to Christ, some idea of Christ's mission and an attraction to the mission of MMM. We look out for some sense of passion for this, at least at some level. She needs to show some understanding, too, of sacrifice, that this way of live involves giving up many things. We are looking for somebody who is basically happy, and free enough in herself to make this choice - of course she has to grow into that too. That is what our initial formation programme is all about.

You might wonder what draws young women to make this sacrifice today? What is it about MMM that makes our way of life attractive to them?

Vocation has always been quite a mystery. Young people are generous and they want to give themselves to others. They have a deep desire to help those who are less privileged. Many young people are not happy with the world as it is - how the poor are so poor - and they want to make a difference. They see that MMM gives them scope to get involved in this in a meaningful way.

In Nigeria, when young women come into our community, they come from a very traditional background both in terms of religion and in terms of their own culture. During the first year of the formation programme, when we begin to do something about human development, one's own personal growth, working with the Scriptures in a different way to what they have been used to, and learning to relate with God in a different way, this turns their whole thinking around, upside down. Then they just seem to get a new way of looking at the world, at God and themselves.

In the first year, there is usually a tremendous enthusiasm, a joy in

Sister Joanne Kelly

discovering all of this, I just cannot describe it. It is as if each person is opening up to something she could never have imagined in herself. To speak of wider horizons isn't enough to describe it. She is actually opening up to God, to herself, to other people and their needs. This happens to everybody in different ways and at different levels, and there can be a lot of struggle and pain to get there. It involves a lot of sitting and reflecting and looking at life, at what is going on in yourself, in your day, in Scripture, what Christ is saying and doing in your life.

Once they join the community, the young people take a lot of responsibility for the running of the house, the accounts, shopping, cooking, housekeeping, maintenance, etc. They also do a prolonged period of working in the apostolate, either in one of our hospitals or some other aspect of the work MMMs do. That keeps them in touch with the poor, and those in need. It also gives them an opportunity to reflect on their experience there and what it is doing to themselves.

There is a lot of group work, of course. This includes basic input on subjects like prayer, spiritual reading, scripture, basic catechesis, basic Christian education towards a deepening of their faith. Introduction to religious life, the history of MMM, and an understanding of our charism and the specific missionary challenge we embrace.

The group work also includes peer evaluation. In the course of the formation programme the young people learn to face each other and hear what they are saying to one another. They do a good deal of self-assessment too.

These young women are going to be leaders in whatever work they have later on. In the initial formation programme you discover the natural leaders, but you also need to encourage the others. Everybody has some leadership ability. For me, to be involved in this work has been wonderful. But more than anything else the work of Formation has challenged me to try to live what I teach. It has been the biggest gift to me for my own growth

We appeal to your generosity

None of the work you read about in this Yearbook could continue without your generous support. We look upon those who keep us going by their prayers and by their financial contributions are part of our worldwide family.

People who belong to the MMM Circle of Prayer, now numbering 2000 members or more, pray daily for one another, and for all those who support the work we are doing. In our community prayer we remember all of you daily.

Dear Sister Ann,

With my prayers I enclose an offering of _____
to help MMMs in your struggle against disease, poverty and war.

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Address_____

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All donations will be gratefully acknowledged if required ☐

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Rosemount, Booterstown,
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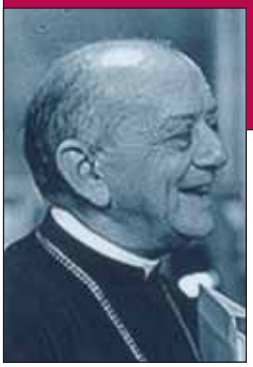
Charity Reg. Nos: Ireland: CHY7150.
England: MMM Trust 293494.

Two great men they called 'COMMUNIST'



'When I give food to the poor, they call me a Saint', mused Dom Hélder Câmara, 'but when I ask why the poor have no food, they call me a Communist.'

Born in 1909 in the city of Fortaleza in northeast Brazil, Hélder Câmara was the eleventh of thirteen children. Five of them had died in the terrible 'flu epidemic which hit that region in 1905.

From the beginning of his priesthood he devoted himself to social issues, including the reform of education. During his whole life, the struggle to defend the rights of the less privileged and marginalized, the forgotten and the excluded, shone like a beacon before him.

He was influenced and encouraged greatly by Pope Paul VI, whom he first met in 1950. As soon as Dom Hélder was ordained bishop in 1952, he played a major role in the founding of the Conference of Bishops of Brazil and of CELAM, the Latin American Council of Episcopal Conferences. At the same time, he was deeply involved in the growth of the Brazilian *Catholic Action*, which played such an important role in the linking faith and the everyday problems of life when the power of repression tightened upon the people.

In Medellin in 1968, and again at Puebla in 1979, his voice in favour of the world's poor was heard.

Dom Hélder has left 7,600 written meditations. More than 350 books have been published about him.

Julius Nyerere had as his Spiritual Director an Irish missionary called Fr. Dick Walsh who died in Drogheda in 1979. During Fr. Walsh's final illness, Julius Nyerere phoned personally on several occasions to enquire for his mentor and guide. For he always felt he owed Fr. Walsh and the missionaries who had educated him a great debt..

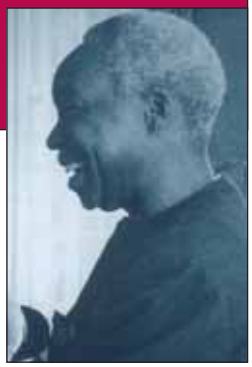
Later that year, *Mwalimu* came to Drogheda. It was a memorable day, especially for the Sisters who had worked in Tanzania, and had shared his dream that this world's resources could be distributed more equitably. In Drogheda he appealed to us several times – 'teach my people compassion, teach them dedication'.

They have gone from among us now and no torment can touch them. But when they tried – one from his modest Archbishop's residence in the northeast of Brazil, and the other from his modest Presidential offices in Tanzania – to apply their belief that there is something wrong with the fact that the rich grow richer while the poor grow poorer, they earned themselves the label 'Communist'.

Both Hélder Câmara and Julius Nyerere have left a wealth of meditations, educational philosophy, and political ideas to be unpacked and re-examined by generations yet unborn. In that sense, perhaps their passing from us is more like a birth than a death, when the seeds of the new world they envisaged have matured enough to be born.

Their passing, somehow, recalls TS Eliot's*Journey of the Magi*, where birth and death are juxtaposed:

'All this was a long time ago. I remember
and I would do it again,
but set down this – set down
this: were we led all that way for Birth or
Death?
There was a birth, certainly,
We had evidence and no doubt.
I had seen birth and death
but had thought they were different;
this birth was
Hard and bitter agony for us, like
Death, our death.
We returned to our places, these Kingdoms,
But no longer at ease here in the old
dispensation
With an alien people clutching their gods.
I should be glad of another death.'



Born in 1922, on the shore of Lake Victoria in north-west Tanzania, he was twelve years of age before he started school. Yet, with the help of the missionaries who taught him in secondary school, he went on to become a teacher – and philosopher of education. When he graduated from Edinburgh with his MA in history and political economy, he was the first Tanzanian to graduate from a British University.

Nyerere's integrity, ability as a political orator and organizer, and readiness to work with different groupings was a significant factor in Tanganyika's independence being achieved without bloodshed. He later negotiated with the leaders of Zanzibar and agreed to absorb them into the union, creating the Republic of Tanzania.

In the *Arusha Declaration* in 1967 he declared that "the objective of socialism in the United Republic of Tanzania is to build a society in which all members have equal rights and equal opportunities; in which all can live in peace with their neighbours without suffering or imposing injustice, being exploited, or exploiting; and in which all have a gradually increasing basic level of material welfare before any individual lives in luxury."

He failed in his proposal, and ten years later published a list of his mistakes! "Even socialism requires Capital", he acknowledged. It also requires more human expertise, commitment and support than was available to him at the time. But his proposal contains precious elements of a political system that closely mirrors the values of the Gospel.

Sharing the Healing Charism

See
I am doing
a new thing
(Is. 43:19)

Sister Joanne Bierl

Our MMM tradition has been one of collaboration with lay women and men in mission. Mother Mary herself was a lay missionary before founding MMM. Across the world, lay people – local staff, missionaries, volunteers, and friends – have worked with us, encouraged and supported us. They have also challenged and taught us. With humility and gratitude we acknowledge that it is their dedication that has enabled our continuous response to mission since our very earliest beginnings.

For several years there has been a desire among us to extend our MMM family to include in a more formal way women and men called to the same healing mission and attracted by the MMM charism.

As we celebrated the 60th anniversary of our foundation in 1997, a few women and men, single and married expressed a similar desire. Some have begun to explore with MMM their call to mission. They have heard the cries of the multitude searching for healing, justice, reconciliation, and peace and have a sense of urgency about mission. They find that the life of Mother Mary Martin and the spirit of MMM resonates with their own spirit.

They believe that the spirit of MMM can enrich their lives and that, in turn, their different life experience and commitment as a single person, or as a married couple, can enrich MMM. This mutual enrichment would enable a new unfolding of the MMM Charism for the third millenium.

Encouraged by their request, we are now inviting others who also hear a call to a global healing mission to explore with us a new dimension of their Christian commitment in a way that would respect the uniqueness of their own vocation, their life choices and commitments.
MMM has been fortunate in having many friends who share our mission through prayer, the provision of logistic and financial support, involvement in mission awareness, vocation promotion or though their commitment to health and wholeness, reconciliation, justice and peace for our world. Many men and women have worked with us outside of their own culture in our healing ministries and have remained friends over the years.

The Associate Movement responds to a call for a deeper relationship to the Mission and Charism of the Congregation and this relationship will unfold as we live it. There will be different expressions of this world-wide Associate Movement, but at the heart of it is an intentional response to a call to live the charism of healing love with the Medical Missionaries of Mary in concrete ways expressed in the words of a Covenant.

If you are interested in becoming part of such a movement you are welcome to contact the MMM involved with prospective Associates in the Area where you are living.

The addresses of the contact persons for MMM Associates are on the back cover.

The Mothers of The People of God

Sister Brigid McDonagh

About ten years ago we started the work we call *pastoral de mulher* here in Brasilândia on the periphery of São Paulo. We have a regional team of 10 women leading the work. There are also local groups. I work at both levels.

When, at Regional Level, we started celebrating International Women's Day in March each year, groups of 300 or even 400 women participated. The women then started to ask for some follow up to that day during the year. They choose themes that were relevant to their daily lives, relating to the struggles in the family, at work and in the Church.

We began to study the women in the Bible, and for two years groups met every week, taking different Biblical stories, reflecting and discussing the relevance of these stories to the life they were living today. Lessons were drawn. The message was applied.

With all the many sufferings that touched their lives, it was surprising that one of the biggest dreams of most of the women was to be literate – to be able to read and to write. In most homes the boys were sent to school while the girls stayed at home. The attitude that "they didn't need to study as they would get married" left them severely handicapped when it came to coping with modern life in an enormous city.

Sister Brigid has been working in Brazil since 1969.

Zildinha, pictured above right, is a good example of the determination that these women bring to their journey. She started with a literacy programme. Then she went on to study a course called *Suplitivo* – that is a quick secondary school. Then she began to study for her *Vestibular* which is equivalent to matriculation to a Third Level course.

The same perseverance was evident when Zildinha was finally admitted to University to study Sociology. She has now finished her first year at the age of 68!

Zildinha is a symbol of liberation for others and the women in the group know that. As a result they all contribute to paying her University fees, each making a small monthly contribution.

At the local level we started a small type of Credit Union with a donation that came from a benefactor in England. The money is mainly for emergencies, like sickness, medicine, food or to help family members more than a thousand miles away in the northeast of Brazil from where many migrants have come to São Paulo.

In 1996 a community radio station was started in our area and the group were asked to contribute an hour a week, so we divided into teams of three, each team taking a week in turn. We divided the hour's programme into four sections, first a Scripture reading presenting the women of the Bible, both the Old and New Testaments. The second part was a discussion on how to apply the reading to life today. The third part of the programme was devoted to health issues, problems women have to cope with in their own lives and in the lives of their families. In the last section we would give news and updates on events in the communities. In between each of these sections there would be music, songs, greetings and dedications. We ran this programme for two and a half years without ever repeating a Bible reading, so it shows how many women there are in the Bible!

The radio station was closed down last July, but we will be ready to resume this work if we get another opportunity another time. One day I asked the women how the group had helped them. The answers were very touching. "It helped me to value myself as a woman," "It helped me to face life, to speak out and look for my rights as a human being." "My family are managing better because I am managing better." "We are more aware now not to blame other women for problems." "We have more solidarity with one another." "We discovered a feminine spirituality through presenting our weekly radio program, on women in the Bible, and relating the stories of these women to today's living."

Sister Teri McDonough has spent more than 20 years in Brazil and now works with the Brazilian population of the Archdiocese of Boston. She writes:

"The Brazilians with whom I work are 90% undocumented immigrants who work in house cleaning and in the kitchens of Boston restaurants. Their reality and concerns are very different from Brazil. I am slowly entering the world of undocumented folk, experiencing their vulnerabilities and fears, hopes and dreams.
It is very challenging, and stretches me to go into areas I have not explored before.

The right people in the right place at the right time.

MMM was only five years old when Mr. Vincent Sheehan returned to Ireland in 1942 with Fellowships in Surgery from London and Edinburgh. His sights were focused on Boston, where he hoped to begin an exciting career. But when he met our Foundress, all that changed. At first he had no intention of listening to her, but Mother Mary Martin persuaded him to stay and work with her in building up the training centre she envisaged. In 1945 he married Dr. Marie de Vere, one of the first women to specialise in Anaesthetics in Ireland. Dr. Marie also played a key role in training MMMs and other missionaries who would take their skills to far-flung countries all around the world. They devoted their entire lives to their own family and to their wider family of MMM. Both were called to their heavenly home this year. We give thanks for their generous lives.

Helping People Cope with Psychological Distress

Sister Sheila Devane finds plenty of scope for her talents in Arusha.

The World Health Organization has recently reported on the immense and growing problem of psychological distress as more and more people become migrants, refugees, victims of war, crime and poverty.

Sister Sheila Devane's work involves her with many agencies who are trying to provide a service in Mental Health in Arusha. This city is one of the fastest growing urban centres in sub-Saharan Africa. Because of the density of the population, they confine the service to the urban area.

Preference is given to the poorest of the poor but as there is no other Mental Health service available it is difficult to turn away people who come. Immediate attention is given to children and to those who are at risk.

The programme is run as a partnership between the Tanzanian Government and their overseas supporters including the people of Ireland and Denmark, and the Catholic and Lutheran Churches.

Supporting an out-patient service at the Government hospital in Arusha was one of the first aspects of the work. But this soon branched into home visits and family counselling. Before long the need for a drug and alcohol programme became evident.

Nowadays, ten times each week you can find groups of people who have begun to face their problems - including Alcoholics Anonymous and Narcotics Anonymous. Some of the group meetings are held in Swahili and others are working through English.

Sister Sheila first trained as a Nurse-Midwife and later took her Doctorate in Psychology.

Sister Sheila's next challenge was to help to get a class going for children with Autism. This is now up and running and she provides ongoing support to this work. The programme is also involved in an educational outreach to primary, secondary and tertiary levels as well as to youth clubs.

It seems the need for Mental Health services has no end! It is no wonder that they are currently searching for more adequate premises from which to co-ordinate this many-faceted service.

Needless to say, Sister Sheila is frequently called upon to be involved in professional support groups, to provide resources, and to carry out consultancy work and evaluation for other Mental Health programmes in Africa. It doesn't leave her much time to catch up with her own desk work, but somehow, she finds time for "loads and loads of begging and fund-raising".

'The twilight of past dreams...'

Sister Catherine Dwyer

"A refugee lives in a no-man's-land, where the twilight of past dreams turns gradually into shadows, and expectations fade. Little is left except plenty of time to wait for an indefinite future. It is this uncertainty, which becomes intolerable, which dehumanizes and calls for solutions. But which solutions?"

S.S.Mehdi *Living in the Shadows of Death*

So many issues arise when we try to understand the causes and consequences of displacement and forced migration. Among them is the fact that many countries now try to find ways of circumventing Internatioal refugee law. In a media-driven society, once the latest refugee crisis goes off our TV screens, we can soon forget the drama people have been through and begin to blame the refugees in our midst for their plight.

At the Oxford International Summer School people spoke about the unhelpful policies of the powerful G7 nations, the greed of the arms industry, the limitations of the United Nations in the face of the staggering figure of 45 million displaced people around the globe.

I returned to Malawi with a sense of powerlessness, asking myself 'Are the leaders of any country really concerned about displaced people? What power drives our world?'

Refugees in Malawi

The Republic of Malawi, an extremely poor country in terms of economic development or indeed economic potential, can be justly proud of its history of reception and hospitality for over 1.25 million Mozambican refugees. The repatriation of those people back in 1994 has been held as model for future repatriation programs.

By 1994 some other nationals had sought asylum in Malawi, particularly people from Somalia, Rwanda and Burundi. They were drawn to Malawi by the possibility of peace and hospitality and financial help. At the end of 1994 the Government decided to designate Dzaleka, a high detention prison camp in the old regime, as the place of residence for the refugees. The camp which used to accommodate up to 800 prisoners had to accommodate up to 2,000 refugees – people of different nationalities and ethnic groups.

Refugees now faced a new reality. As they tried to accommodate to the restrictions of a confined area, they experienced new deprivations and restrictions on their freedom from the host country.

Sister Catherine Dwyer works in Malawi, in a small, multi-ethnic refugee camp under the care of the Diocese of Lilongwe and the Jesuit Refugee Services (JRS). In July of this year she was in Oxford UK, at an International Summer School in Forced Migration, where she was one of seven people representing JRS – from India, Nepal, Bosnia, Kenya, Burundi and the Southern African Region, for which Sister Catherine was the delegate.

The aim of the Summer School was to deepen understanding of forced migration, local, regional and global contexts in which it occurs and thereby promote better practice. It sought to facilitate a dialogue, and the sharing of experience about forced migration; between academics, policy-makers and hands-on practitioners.

Among the mixed group of participants - from Africa, Asia, Europe and North America, Sister Catherine had a few shocks! First she heard that her own native country – Ireland – is considered to be hostile to refugees. And then she learnt that refugees are believed by some people to be an elite group!

'Everyone, coming from wars of the most horrific kind, carried wounds and memories beyond human description or tolerance. '

Events in the Great Lakes Region of Central Africa meant a continuous inflow of new arrivals seeking a place of shelter. Different ethnic groups tried to co-exist; all with an interconnecting background of social and political conflict. Everyone – coming from wars of the most horrific kind – carried wounds and memories beyond human description or tolerance. Denial and repression gave space and courage to want to go on living, 'if only for our children'.. Tensions between the refugees sometimes gave rise to new problems. This often required leaders, and the Camp Administrator to become involved in solving conflicts.

The population of Dzaleka comprises people coming from societies torn apart by an attempt to obliterate an entire group. Fear, insecurity, boredom, and apathy are in the air one breathes. For many, Dzaleka is but a resting place - they have left camps in Tanzania and Kenya due to fear of forced resepatriation - on their way to South Africa where they hope to get access to education and the possibility of work.

Our Response

JRS continously seeks ways of responding to the expressed needs of the people. Listening to the voice of refugees, we accept that they are the only people who can speak for themselves. So often we are left with a sense of powerlessness and frustration with systems and Governments. The weariness at the seeming futility of our best efforts can be draining. Many times, all we can offer is a continued human presence as we try to convey the message that 'you are not alone'.

Our programmes have at their root the objective of seeking to build trust, hope, human solidarity, caring, and sharing ways of coping.

The Women's Crafts Programme provides space and time for women to share with each other, become surrogate extended families and help young mothers in parenting. The sharing is superficial still.

Our Education Programme has succeeded in setting up a Library which now has more than 2,000 volumes in French and English. This is located in a

VOICES CALLING US ASIDE

When someone calls one of us aside, they almost always commence with the words *'I have a big problem....'*

'Please, I want to go to school again.'

'We are dying of boredom, can't you see our minds are dying.'

'I ran a computer training school at home, but now I am losing all my skills.'

'Help us hold onto the hope that there will be a future for our children.'

'We have lost home, husband, family, friends, country and don't you see we are now losing our humanity. What can we do?'

'I miss my mother. My husband's mother is rearing my children'.

'Help me find my wife and children in a camp in Tanzania'.

'The letter I received to-day brought news that now all my brothers and sisters are dead.'

quiet colourful, inspirational room and tries to nurture tired, weary spirits as well as developing the hungry minds.

The Education Programme also urges refugees who can to give English classes. This provides the possibility of a second language and increases the sense of a 'future' for both teacher and pupil. It also encourages solidarity and the sharing of skills.

There is also the question of developing one's philosophy of life. Using Adler's *Six Great Ideas* to reflect on Truth, Beauty, Goodness, Love, and Justice encourages reflection on a future of Hope. This level of reading and discussing different books and texts and the opportunity to discuss these ideas in groups is an enormous help to those whose education has been disrupted

Income Generating Activities

Another aspect of our Programmes is providing start-up capital by way of small loans. This enables many families and young men reclaim self-reliance. It develops a sense of responsibility, paying back loans in a co-operative scenario.

Providing seed and fertilizer for asylum seekers is another resource we can offer. Planting creates a certain sense of normality for rural people. It can also be a very healing exercise.

Reunification of families is always a target. We use JRS structures to trace relatives who are missing and whenever this turns out to be successful it is a source of great rejoicing.

We do advocacy in various situations and for different reasons.

Needless to say, we are also expected to provide a postal service! Sending and receiving letters and fax messages is just part of our daily routine.

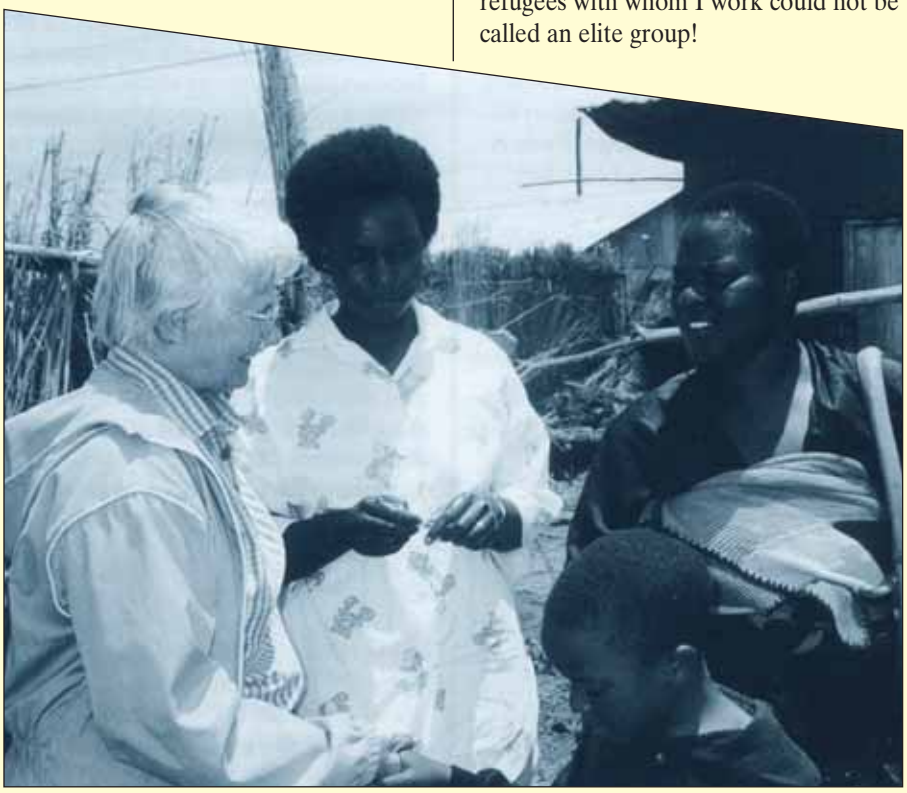
Evaluation

At regular intervals we stop and attempt to evaluate our Programmes. This usually leaves us with a sense that while we manage to reach out to a few and in small ways rebuild some semblance of normalcy and help people to hold on to hope, we are not really touching the roots of the problem. We feel helpless to rekindle the strengths people undoubtedly had prior to the horrors they have been through - even four years later. Only a few blank faces seeme to come alive.

We feel that contributory factors include the threat of forced repatriation under which the refugees are living. New arrivals come with new horror stories. Everyone is awaiting change in the refugee laws of Malawi year after year. There is a long wait for the determination of status. So often there is news of continued killings of family members, leaving the refugees to deal with multiple bereavement.

What might break through the fog? How can we help people prepare for a different future, a future of peace? Everyone longs for peace, with the possibility of wiping the slate clean but how to approach the subject of reconciliation, when to do so and with whom? We have to live with many questions but few answers.

But, of one thing I am certain - the refugees with whom I work could not be called an elite group!



Refugees against AIDS in Kenya Camp

Sister Pauline Dean is an MMM doctor working in Kibera Slum in Nairobi. The main focus of her work is the prevention of the spread of AIDS. She was invited, along with her co-worker, Loreto Sister Noela Makhotsi, to give workshops at the UNHCR Camp at Kakuma in Northern Kenya, and shares her impressions with us:

The camp had 62,000 refugees in it. About 20% of them had come from Sudan. The remainder from Ethiopia, Rwanda, Congo, Burundi, Eritrea and Liberia. I think there were eleven nations altogether.

I was amazed to discover how such a large Camp is organized. The Camp is run by the United Nations High Commission for Refugees (UNHCR).

The Jesuit Refugee Service (JRS) collaborate with the Lutheran World Federation (LWF) in providing distance learning for those who may have been in University before they became refugees. There is also a scholarship programme for those who do well in school – arrangements are made for them to attend schools elsewhere during the term.

JRS also run the Social Services. These consist of counselling services, and some refugees have been trained as counsellors. There are also Social Workers paid by the LWF. They have two Day Care Centres for people who have been greatly traumatised.

An Australian Sister who stayed in the camp for three months taught some refugees to give massage and reflexology, and this is done at the Day Care Centre, where a meal is provided and games are organized.

LWF have built and run 21 Primary Schools in the Camp and another one is going up. They also have 3 Secondary Schools, with another being built. For the young, there are 5 Nursery Schools.

The International Refugee Committee (IRC) has built and runs a 90-bed hospital and has several clinics in the various communities. There are four doctors in the hospital, but drugs are difficult to get. We met a Muslim woman who is a psychiatric nurse working in the community.

The Staff Compound where we stayed houses about 100 staff members is heavily guarded with big gates and surrounded with barbed wire.
The Cafeteria seemed to be the social hub of the place. It overlooked a small but very pleasant swimming pool. The food was excellent. The Camp staff were mainly African of different nationalities, and a few Europeans and Americans.

The rest of the Camp is quite open, just typical Turkana country, very dry, but with a few trees planted here and there, especially at areas like the Day Care Centre and the Rehabilitation Centre.

The various nationalities live in comunities in allocated areas, following their own customs and traditions as far as is possible. On our last day we were taken by a different route and saw a quite beautiful Orthodox Church made out of local materials. We also saw a Mosque which seemed to be made of branches skillfully matted together.

Each person is given the strong sticks needed to erect their own small house and they add mud to make the walls. There is quite a lot of space between the homes. We saw some goats and a few chickens, but I did not see vegetables growing.

Each day at 8.15 a.m. and were driven about two km. to the Rehabilitation Centre for disabled refugees.This was a collectrion of buildings made from sticks and mud and arranged in a circle with benches outside under some carefully watered trees. Participants were mainly refugees who had been trained as counsellors. Also an Administrator and a Clinical Officer came to the morning sessions. Day Care Workers who worked in the Centre for the traumatised, came in the afternoons. We had 21 participants at each session.

For the first two days we gave a three-part workshop on AIDS Awareness, the facts, the feelings and the response. For the remaining three days we did workshops on Behaviour Change, or as it is called now, Education for Life. This is a problem-solving, action oriented approach.

We were very touched by the evaluation and by the responses the participants made to some of the group sessions: “Life is full of home sickness”, “thinking about the future”, “feeling exhausted and getting fed up”, “thinking about the children, and the insecurity”.

Seeking and Granting

Sister Mairéad

Since 1996, Sister Mairéad Butterly has been working as Co-ordinator of the Refugee Development Project in Brentwood diocese, which covers East London and Essex County. A main feature of the Project is to provide analysis of the root causes of the refugee phenomenon; raise awareness, lobby and advocate for particular asylum seekers. Networking with other agencies is a vital part of the work especially as the Diocese spans such a wide area. They also rely on volunteers to befriend individual families who are particularly vulnerable, to act as interpreters, and to run Day Centres.

Sister Mairéad explains that when somebody crosses their own national border for protection and claims sanctuary in another country, they are then officially an asylum seeker. They do not become a refugee, technically speaking, until they get a positive decision on their application and refugee status.

When asked where the asylum seekers are coming from she beings a long list “Kosovo, Afghanistan, Somalia, Sudan, Sierra Leone and Angola ...” then she breaks off –“Press any of the trouble spots on the world map and you can bet we have people from there, or soon will. When you begin to see a trickle, you know trouble is brewing in that country.

The work in Brentwood diocese includes advocacy on behalf of asylum seekers and emergency relief for destitute people. She feels that there is little humanity reflected in the legislation concerning asylum seekers, policies of deterrence in Europe are more in evidence.

The Day Centres try to offer a safe haven where asylum seekers can meet people from their own country, take English classes, computer classes, get a hot meal, have a place where the children are safe, and get advice as they are not allowed to work.

She says “We rent, lease, and beg – mostly from churches and faith groups.”

Asylum Refuge

Not surprisingly, the problem is a big one around London.

"Most of the people we meet are impoverished and in a hurry. For a lot of them, any money they had is spent in getting here. Their travel documents are mostly false, but under international law it is recognised that when fleeing persecution a person can travel in this way. This is often why they are called illegal immigrants, but that is a misnomer. The people we see did not leave home voluntarily. If they had the opportunity to remain at home in safety they would not leave whatever they had for the misery they have to go through when they come here."

Sister Mary Canty is also based in London now. After more than twenty years' service in the Medical Social Services Department in the University College Hospital of Ibadan, Nigeria. Sister Mary has helped as a Casework Adviser in two Day Centres in East London.

sister mary

One project is called the Thurrock Refugee Interest Group. It is made up of health workers, representatives of churches and other voluntary groups, and people from social services. Sister Mairéad says these groups are under great pressure today from the Government, to provide services on its behalf. Voluntary Church groups are not willing to "be co-opted or coerced" as she put it. Even though this is tempting and life could be quite comfortable if they filled this role as Government funding would be available, it is not what the voluntary agencies wish to do. Sister Mairéad thinks that would be a retrograde step for the churches to take because, she says:

"We are a safety net, providing a service where the Government services are wanting. If our energies are to be diverted into staffing the mainstream services, then the asylum seekers will have nobody to fall back on when they find themselves outside statutory provision."

Addressing the more complex needs

Sister Rita Kelly

Ireland of the Celtic Tiger is no different to the rest of Western Europe. There is no great welcome for refugees. With about 8,500 already here, it caused quite a stir when the media and the Government recently realized that 500 new asylum seekers arrived in the space of two weeks. It led the Government to talk of plans to issue vouchers for food and rent, pending the processing of applications for refugee status. This is instead of providing cash, as had been the arrangement already in place. Many agencies who look upon the plight of the refugees from a more Christian perspective, protested at the discrimination that this would cause. A voucher system would not be acceptable today among any other group of people in Ireland who are dependant on State assistance.

In 1981 the Jesuit Refugee Services were established and are working in forty countries. Recently the Spiritans in Ireland (formerly Holy Ghost Fathers) set up the Spiritan Asylum Services Initiative (SPIRASI). This is an attempt to identify needs and meet them without duplicating what others are already doing. According to Fr. Michael Begley, this is absolutely in line with their oldest traditions. "Our Congregation was founded to address the needs of the poorest and most abandoned. When you reflect on this in Ireland today, to choose the asylum seekers for special care is absolutely compatible with our history as a missionary Congregation. We see this as a logical extension of our ministry."

Fr. Begley, who is a Public Health Psychologist and has specialised in trauma counselling, has, like the other two priests in this service, taken the specialist programme in International Humanitarian Assistance organised at the Royal College of Surgeons in Ireland. He points out that people have needs beyond their most basic needs - which he feels are not cared for in a holistic way in reception policies. "The basic needs are met.. But people have higher level needs including spiritual and psycho-social needs. There can be very complex needs to be addressed. Approximatrely one-third of asylum seekers have endured violence and torture, they have suffered multiple traumas, and sometimes it is hard to know which loss is the greatest. Some events attack the identity of the person so severely that you are talking about a life-long process of reclaiming one's identity. They may need help to be reconciled around whatever caused them to take flight from their homeland, for instance."

The Spiritans have made a former house of studies in Dublin available for this service. Already, the Association of Refugees and Assylum Seekers of Ireland and the African Refugee Network have been provided with space from which they can function. In collaboration with Dublin City University, volunteer teachers of English are in attendance to assist asylum seekers who need to learn English. Soon they hope to have facilities for computer training and keyboard skills.

Sister Rita Kelly, on behalf of MMM, is currently in dialogue with the Spiritans regarding the health initiatives that may be taken through SPIRASI. Meanwhile, Sister Bernadette Freyne, will help part-time, bringing her skills as an Occupational Therapist and 27 years of experience in Ethiopia to the work for women's groups at the Spiritan Centre. Fr. Begley feels our overseas experience in tropical diseases, and the cultural sensitivity that we can bring will be invaluable to the initiative.

Dr. Tim O'Dempsey of the RCSI, and Mohammed Al Sader, a pathologist who has survived torture and is now a naturalised Irish citizen and is working in Ireland, will also bring immeasurable experience to this initiative. It is Fr. Begley's dream that in the long term we might even see an Irish Foundation for the survivors of torture.

I feel lucky to be involved with the Hospice Movement

Sister Therese Kilkenny

Dame Cicely Saunders is regarded as the founder of the modern Hospice Movement. But she herself says the real founder was a patient she knew, called David Tasma. She visited David about twenty-five times during the two months that he was dying in a very busy surgical ward back in 1947. From that experience sprang her commitment to working with people who are terminally ill and their families. It took all of twenty years before the work of this British physician led to the opening of St. Christopher's Hospice in London in 1967. The work at St. Christopher's has become a model from which many people all of the the world have drawn inspiration.

Hospice is a philosophy of care which focuses on all aspects of comfort: physical, social, spiritual and emotional. Hospice Care is a programme of care that incorporates the management of symptoms, and especially of pain, to maximize the quality of life for those who are seriously ill. Palliative care is more than pain control. It is about providing all the care you can when you know you are not going to effect a cure.

'You matter because you are you.
You matter to the last moment of your life,
and we do all we can,
not only to help you die in peace,
but also to help you live until you die.
– Dame Cicely Saunders

Hospice groups can be found all over the world today. Our group, called *Drogheda Hospice Home Care*, is just one of three groups providing this kind of service in our county area.

We are a voluntary group who provide a back-up to what is available through the government health services for people who are terminally ill. We provide all the extra things that make a person more comfortable when they come home from hospital – perhaps a special bed or mattress, an electronic lifter or some other special equipment. Or we may be asked to supply a night nurse for a week when a person is dying.

We do everything we can to ensure that a person is comfortable. So often, when the time comes for people we care for to die, the families tell us they feel very consoled that so much was done to ensure a good quality of life of their loved one during that special time.

When *Drogheda Hospice Home Care* was established in 1994 by Carmel Freeman and a group of volunteers, I was asked to be its Secretary. My job at our Motherhouse is to look after the needs of missionaries during their home leave. This means I have an office, a car, a telephone and a Word Processor at my disposal so I could do the secretarial work for the Hospice and attend meetings and do visiting, in my spare time. I am a nurse at heart, and the Hospice work provides a great connection for me. Nobody knows more than a nurse about how people react when they are ill. I feel lucky to be able to make this contribution.

We have to do a lot of fund-raising to provide the equipment and services we offer. We have some very generous donors, we get some bequests. We run Golf Classics, appeal to local businesses, take part in the Women's Mini Marathon, hold coffee mornings, and also participate in events organised by the Irish Hospice Foundation, to which we are affiliated.

Our members all work voluntarily, but we provide petrol vouchers to drivers who give their time and their cars to take people to hospital for their chemotherapy or radium sessions. Our volunteers love doing this work. It is a wonderful thing to be able to journey with people who are coping with serious illness. You hear a lot in the car, and you learn a lot. Sometimes it is hard to say who is helping who – there is an enrichment both for the volunteer and for the person who is ill.

I think there will always be a need for the voluntary sector in meeting social needs and in health care. The day volunteers disappear will be a sad day, because voluntery workers add something you can never quantify.

Why do Missionaries need Computers?

The question came from the 8-year-old nephew of one of our Sisters as she tried to squeeze the last item - her printer cable - into her hand luggage before leaving for the airport.

Statistics of the immunisations you've given, knowing who failed to return for their second injection, hospital attendance, disease patterns – nowadays there is increasing demand for all these records, and all the thousand and one other items of information needed in any busy hospital or out-reach health care programme. Without this information it is difficult to observe the pattern of the problems we are trying to address. Health authorities require us to return this information. And, naturally, our donors also require regular reports on the financial state of the projects they are supporting. In fact, having access to information is even more important, when you live a couple of hundred miles beyond the 'Information Superhighway'.

In the past six years, more than 250 missionaries have come to the MMM Communications department for computer training. The opening up of the Internet, and the increasing use of e-mail has put additional pressure on us all to acquire the new skills needed.

Sister Kathie Shea is currently visiting our Missions in Africa teaching Stewardship of Resources and the management of Financial Information.

Missionaries have to keep one foot in the part of the world where technology is progressing rapidly, and at the same time keep the other foot on the ground with people for whom the most basic services are still unavailable – including electricity and water supply.

Half the world's population today live more than seven days' walk from the nearest telephone. That is a fact that can easily be overlooked in places where hourly TV and radio advertising encourages us to take up the latest offer from one or other cellular phone service, or to install an additional land line to our office or home.

Today, half the world's population live more than seven days' walk from the nearest telephone.

More remote missions can face a very practical challenge - like installing solar power panels where there is plenty of sunshine but where your mission lies well beyond the national grid. In that case your luggage will also have a couple of inverters and several sets of jump leads to connect your computer to the solar-powered batteries, and maybe a battery charger and a couple of spares.

Solar power, where it can be harnessed, is a great alternative to the diesel generator. And high-frequency radio transceivers can be a good alternative for Internet access in places where there is no terrestrial telephone line. (Satellite phones – an option frequently used by international journalists and the big emergency relief agencies – are just too expensive to be an option widely used by missionaries.)

The information issue, however, is much wider than our need for rapid communication, or even the need to provide health authorities with statistics or our donors with data on how their money was spent. If the countries where we work are to break out of the poverty trap and enter the world economy, we must support them in their aspiration to have equitable access to information. In other words, information, and the capacity to manage it, is an essential component of development today.

Africa's leaders are very aware of this. Just as we go to press, the African Development Forum 99, meeting in Addis Ababa, is studying the theme "The Challenge to Africa of Globalisation and the Information Age'. Its agenda includes Africa and the information economy; the question of

Sister Helen Spragg has no help at hand in Rwanda so wants to understand the hardware inside-out!

strengthening Africa's information infrastructure; information and communications technologies for improved governance; and democratising access to the information society.

In Cambridge, UK, last August, the African Computing and Tele-communications Summit was attended by 200 delegates, most of whom had come from Africa.

Many positive lessons were drawn such as the establishment of multi-purpose telecentres in Uganda. The concept of the village-based telecentre was further developed by doctor Dietrich Splettstoesser from the Faculty of Commerce and Management at the University of Dar es Salaam.
A community-based pilot project in which he was involved pointed to the advantage of building on local cultural decision-making traditions to develop the African telecentre into genuine 'Information and Decision-making Centres'.

Most ambitious of all was the plan which is now to be implemented all over South Africa, following the successful outcome of a pilot project.This programme in "tele democracy" aims to place a Public Internet Terminal (or PIT Kiosk) in every Post Office, and later in other public service stations, whereby any individual using a low-cost "smart card" can have personal e-mail and Internet access. This is South Africa's attempt to empower disadvantaged communities and close the information gap.

Pastoral Care of the Sick

Sister Eileen's Dream

Twenty-five years ago, Sister Eileen Carmel Keogan trained in Clinical Pastoral Education at the Mercy Hospital in Chicago. She returned to Ireland and began this ministry at Drogheda. In March 1976 whe was invited to speak about what she was doing at a Seminar at Marianella Pastoral Centre in Dublin. Many of the forty participants who listened to her there invited her to visit their hospitals and nursing homes in different parts of Ireland. She was then invited to Cork where she spoke in all the city hospitals and was interviewed on Cork Local Radio about this new understanding of Clinical Pastoral Care.

Today, it is almost taken for granted that hospital Chaplaincy Teams will have been professionally trained in Clinical Pastoral Education. But back in 1975, Sister Eileen had some difficulty in getting across the idea that this required more than a few lectures to existing chaplains and nurses.

By 1978 Sister Eileen had become well-known as a speaker on the pastoral care of the sick, and especially concerning death, dying and bereavement. After she appeared on the TV chat show, the Late Late Show, letters and enquiries poured in to our Motherhouse about the possibilities for training in Pastoral Care and hospital ministry in general.

The Augustinian Provincial, Fr. Martin Nolan, held the position of President of the Conference of Religious at that time. He asked Sister Eileen to bring a Supervisor to Ireland and and put on an experimental course in Clinical Pastoral Education, in order to showcase the concept. The course proved popular and was widely praised.

Before long, the National Association of Hospital Chaplains approached the Conference of Religious requesting assistance in training for hospital ministry. In 1980, Fr. Joe Cahill, a Columban missionary priest, who had qualified as a Supervisor in the US, was invited to start a programme at St. Vincent's Hospital in Dublin. A year later, a programme was established at the Regional Hospital in Cork, and subsequently at the St. John of God Hospital in Dublin, and at the General Hospital in Tralee.

Between 1981 and 1989 a Steering Committee was established comprised of members of the National Association of Hospital Chaplains, the Association of Clinical Pastoral Education and other interested hospital personnel. Negotiations commenced between the Bishops' Conference, the Conference of Religious, the Department of Health, the Health Boards and Hospital Administrations. All this hard work came to fruition on 29 November 1989 with the establishment of the Healthcare Chaplaincy Board. Since then, this Board has been responsible for Certification of Chaplains and for standards for the basic, advanced and supervisory training in Clinical Pastoral Education in Ireland.

Today Sister Eileen can rejoice that the dream she nurtured since her return to Ireland from the US in 1975 has become a reality.

Sister Ronnie Cawley gets great joy for working with the elderly through a programme in which she works part time at Youville Hospital, Cambridge, Mass. The hospital is run by the Grey Nuns. Sister Ronnie co-ordinates the outreach service that is provided to people living at home. She says:

"My time is spent mostly as Co-ordinator of the transport. We have approximately 12 volunteer drivers who use theirown verhicles and take our clients to medical appointments, or for grocery shopping, to church, haridresser, or on other local trips. These clients for the most part are all elderly, living alone on modest incomes. Many have varying disabilities – blindness, hearing disability, trouble walking etc."

Sister Ronnie spends a lot of time on the phone.

"I arrange rides for them with the volunteer drivers and make all the arrangements. Then we follow them up to see how they are doing. It takes a good deal of time and patience. They can become very nervous if they are notified about rides. So it is important to spend time listening to them and re-assuring them.

Once a month we all come together and pray, share a meal and have a guest speaker – perhaps helping to keep us up to date on health benefits, or social problems-keeping intouch with our government representatives. People from all denominations are invited.

It is also my job to keep in touch with about 50 lay people who volunteer throughout the hospital. and keep them encouraged, as it is not always easy to be a volunteer.

Sister Johanna Power has worked in the Pastoral Care Department of Massachussets General Hospital, Boston, for the past seven years. This 1000-bed hospital is growing bit by bit every year. Sister Johanna works with two priest chaplains and a large volunteer staff to provide spiritual care for the patients. The Catholic and Protestant chaplains at this large hospital collaborate with with those from the Jewish, Hindu and other faiths. So teamwork is essential!

Sister Marie Slevin trained in the United States and is part of the Chaplaincy Team at the Regional Hospital in Waterford.

Sister Mary Katherine Donato is Associate Chaplain at St. Joseph's Nursing Care Center, Dorchester, Masachussets.

"St. Joseph's is a 123-bed nursing home in Dorchester, Massachusetts, on the southeastern side of Boston. It is a long term care facility, Most residents are elderly, all have severe chronic physical and/or mental disabilities.

We are three in the Pastoral Care Team – a retired 75 year old priest who has had a stroke himself and another part-time Sister. Probably the greatest challenge is being with so many residents with all degrees of dementia. So many are unable to express what they feel, think, what their worries are, whether from the past or the present. There is also the challenge of being a resource person for the staff who care for these patients and for the families who come to visit."

Sister Anne Elizabeth Comaskey is one of those who celebrated their Golden Jubilee this year! She works as part-time Chaplain at three geriatric facilities managed by the Northeastern Health Board in Drogheda. St. Mary's is a modern 50-bed Hospital, and the Cottage Hospital which also has 50 beds. Boyneview House is a smaller unit. She works in collaboration with the clergy of the respective parishes and has received much help also from Brother Isidore, OFM.

Sisters Mary Reynolds (top) and Gabriel Ashe are part of the Pastoral Care Team at Our Lady of Lourdes Hospital, Drogheda.

Sister Louisa Ritchie is Supervisor of the Clinical Pastoral Education Programme at the Mater Hospital, Dublin.

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Golden Jubilarians, l-r, Sisters M. Augustine Sheridan, Assumpta Boylan and Mairead O'Quigley

More Golden Jubilarians, l-r, Sisters M. Benedict Kerr, Josephine Grealy and Francis Xavier Boyle.

More Golden Jubilarians Sisters Mairin Jones, Maureen Ita Quinn, Teresita Donnelly, Maria Anne Travers and Margaret O'Conor.

Sustainable healthcare is our goal

Eamonn Brehony

Eamonn and Moira Brehony have 14 years experience in East Africa. Moira is a Nurse-Midwife and specialist in Complementary Health Care. Eamon has a PhD in Rural Development. They are the first married couple to explore our charism through the MMM Associate Programme.

In developing countries, there is increasing interest in and commitment to the concept of capacity building. This can take place at community level, regional or national level or at the level of those who provide services. Very often, this last group are forgotten. Once they have received their initial training, they seldom get the opportunity to upgrade or diversify their skills.

In Tanzania, despite the wide usage of traditional medicine, there have been few attempts to integrate traditional healers into the main stream health service provision of the country. This is now beginning to change. In 1998 a department was established within the Ministry of Health dealing specifically with traditional medicine and a medical doctor was appointed to the Institute of Traditional Medicine.

In the coming three-and-a-half years, £268,000 will be spent in the development of a project that will carry out research involving traditional health practitioners and seek better ways to implement integrated and sustainable healthcare.

It is an imaginative, courageous and exciting development for everyone involved.

This initiative endorses the incorporation of traditional medicine into the primary health care system. It includes a directive to district medical officers to work hand-in-hand with traditional practitioners. Referals from traditional practitioners will be encouraged, there will be emphasis on the diffusion of health education. The teaching of safe obstetrical and surgical practices are also part of this initiative.

While this development is taking place in Tanzania, equally encouraging moves are seen in neighbouring countries like Uganda, Ethiopia and Kenya to recognize the importance of the traditional health sector and to integrate them in some way into main stream health care.

Against this background, work has begun to make the MMM Training Centre in the village of Ngaramtoni, a few miles from Arusha, a Resource Centre which will provide training for development workers who are interested in the area of traditional and complementary health care. Discussions are going on with local and national government health officials about the type of training, and in what way the Centre can assist with the integration of traditional healers into the formal system. The Centre, which has a capacity for twenty people, is currently being modified to provide additional facilities, including multi purpose rooms suitable for group and individual therapies, staff accommodation and services.

There are few other, if any, Centres in East Africa that have as a main focus the promotion of complementary and traditional health care systems. The courses on offer are designed to benefit development workers, particularly those who are involved in health related projects. A particular focus will be placed women as it is recognized that women have a key role in the use of herbs and traditional cures in the home.

Ministry of Health personnel will also benefit from the courses, especially those who are involved in decision making. Another target group are the traditional health practitioners who are willing to co-operate with research to find out the traditional practices and beliefs in the community and are willing to integrate with the Ministry of Health.

Eamonn and Moira's children Aishling and Peadar.

The existing MMM network in Tanzania will be used to carry out research with traditional practitioners with a view to integrating the traditional and Ministry of Health approaches to health care. A needs assessment is currently taking place, as a result of which training courses will be designed. There will also be courses in other areas, for example facilitation skills training, project planning and management etc. These will be of short duration and will be tailor-made to meet specific needs. All training courses will be evaluated by participants to ensure that they meet their needs and recommendations will be taken on board for future courses.

Research will be carried out in selected communities to find out the traditional health system in the place. This will be based on a methodology that was developed in Ethiopia to find out the practice, beliefs, and knowledge related to health care. The worldview of the community and the langage related to health will also be examined with a view to creating a dialogue and ultimately a project that will link the traditional and Ministry of Health approach to health care. The possibility of using traditional health practitioners and elders as health educators will also be investigated.

Breaking New Ground

The Zaffe Mission

Our newest mission is in the Diocese of Dassa-Zoume

Republic of Benin

All African MMM Pioneers

Zaffe will be our first mission to be staffed by an all-African community of MMMs. Left to right below: Sister Maria Obotamah is Nigerian, a nurse-midwive with several years of experience in Malawi. Sister Radegunda Shayo is Tanzanian, and graduated in nursing and midwifery a year ago. Sister Ekaete Ekop is a Nigerian doctor, who is currently studing at the Liverpool School of Tropical Medicine & Hygiene, and hopes to join the community in Zaffe in January. Sister Rose Mogun, (right) is MMM Zonal Coordinator for West Africa

The Republic of Benin, with its estimated population of 5,342,000 stretches over 43,483 square miles just west of Nigeria. Formerly called Dahomey, it is bordered on the west by Togo, with Burkina Faso and Niger to the north. Its southern coastline lies on the Bight of Benin, which is an arm of the Gulf of Guinea.

Porto-Novo is the capital, but Cotonou is the largest city and chief port. There are four major geographical zones: a narrow, lagoon-fringed coastal area in the south; a flat, fertile area crossed by the wide Lama marsh further north; forested mountains in the northwest; and savanna-covered highlands in the northeast.

Benin's economy is largely agricultural, with most workers engaged in subsistence farming. Chief crops are maize, cassava, millet, sorghum, peanuts, pulses, cacao, cotton, and palm nuts; palm oil is a major export.

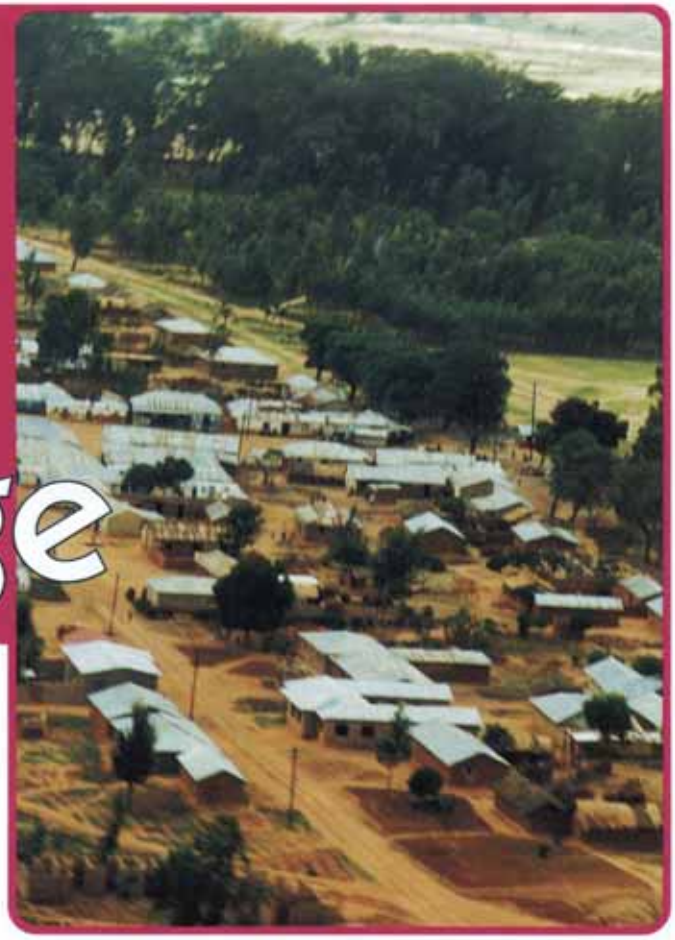
Although there are rich mineral deposits, notably of offshore petroleum, chromite, iron and other metal ores, only petroleum and limestone are extracted on a large scale.

The population is made up of four main ethno-linguistic groups: Fon, Yoruba, Voltaic and Fulani.

French is the official language, and Fon, the language of the largest ethnic group, is widely spoken.

Most of the people follow traditional religions, but there are large Roman Catholic and Muslim minorities.

Malaria still presents a huge Callenge



From the air, the tin roofs of Makiungu village would not lead you to suspect that it boasts of a fine 150-bed, hospital. Located 31 km southeast of Singida Town, Makiungu is a semi-desert area of sandy soil. Situated on the high central plateau of Tanzania, it gets more than a fair share of windy days. Normally, they would expect one longer rainy season, or two shorter periods from late November to the beginning of January, and again from February or March until May.

But in 1998, El Niño changed that pattern! After that, Singida was effectively cut off by road from the rest of the country for approximately three months. The main road to Arusha was closed for nearly six months due to flooding. All the water lying stagnant caused an increase in mosquitos, resulting in widespread malaria.

Malaria continues to show up at the top of the league of causes of admission in the Hospital's latest Report, with 968 admissions in a year. Malaria also tops the list as the cause of deaths in the hospital, both among adults and children.

An MMM from Uganda, Sister Bernadette Nanyondo is Director of Nursing at Makiungu.

More than 30,000 patients are seen at Makiungu's Outpatient Department each year. Over 6,600 people are admitted, with an average stay of 7-8 days. Usually – as is the custom in Africa – one or more family members accompany the patient to cook their food and assist in their well-being. But when this is not possible, the hospital provides food from its fine kitchen, well equipped with Camartec Stoves, where meals for night staff are also prepared.

Water is supplied by a windmill, from a shallow well. The laundry is a self-contained unit equipped with solar water heating.
The run-off water from the laundry is used to irrigate a very productive banana plantation, and a nearby crop of sweet potatoes.
Without this irrigation, bananas and other crops would never thrive in this semi-arid district.

Four landrovers and a Toyota Hilux cruiser are in constant use providing transport to the Mother and Child Welfare Clinics, the Community Based Health Care programme, for AIDS education, Nutrition, Eye Safaris, Maternity calls, and for transporting medicines and other hospital supplies. They are very proud of their new garage which provides security, and a pit where the hospital's drivers can provide regular on-the-spot maintenance of vehicles.

The Operating Theatre caters for over 360 major operations in a year, and over 1000 minor procedures. The hospital benefits from the assistance of visiting specialists through the Specialist Outreach Programme of the *Africa Medical & Research Foundation (AMREF).*

Inevitably, the laboratory is a busy place too, with more

Sister Charity Munonoye from Nigeria is Hospital Administrator at Makiungu.

than 61,000 tests done in a year, which represents an increase of 150% in the past year. Blood transfusions increased by 542%. Neither the hospital nor the Singida area has a Blood Bank, so usually patients depend on donations from their relatives when they need a transfusion.

Close to 3,000 X-rays are taken in an average year. The Hospital Pharmacy too, provides an essential supportive service.
As well as supplying drugs, the Pharmacy has its own IV fluid production unit, which can now supply 16,000 intravenous units in a year.

The Pastoral Care department provides a service to all the patients, and supports the care-givers of patients who are dying. Another important part of this work involves counselling for people who need to undergo testing for HIV infection or AIDS, and for follow-up counselling after the results are known. The latest report from Makiungu shows a dramatic rise in numbers coming for this service in the past year.

Above: Sister Mary Swaby is Pharmacist at Makiungu, pictured here with her assistant, XXX

Left: Sister Noeleen Mooney , Laboratory Technologist at Makkungu.

The hospital's water supply is pumped by windpower from a borehole.

Due to the dusty terrain among other things, eye disease has always been a big problem in the area. More than seven thousand patients are seen in a year, and almost one hundred eye operations are performed.

Mobile Eye Clinics are held in nine villages in the surrounding area three times every month.

During these safaris, more than four thousand patients can be screened in a year, and up to one thousand children in school visits.

Specialist eye surgery is made possible at Makiungu Hospital thanks to the visits of Dr. Marilyn Scudder and Dr. A. Shayo.

Way over near western border of Tanzania, malaria is also ranking as the top cause of illness at Kabanga Hospital.

Kabanga lies in a valley surrounded on all sides by hills. It is more than 1,000 metres above sea level. The area's two rivers, the Malagarasi and the Luiche, both flow from the surrounding hills into Lake Tanganyika.

These, with their lesser tributaries, and the 6 months of rainfall that is usual in these parts, ensure the fertility of the area.

Roads are poor and often impassable in the rainy season. The main mode of transport is by foot, or by bicycle for those who can afford to have one.

Malaria, often associated with anaemia, also topped the ten causes of death in the most recent report.

???? CAPTION

Sister Rosalinda Gonzales, Medical Officer in Charge at Kaganga writes:

"Malaria remained consistent in being the leading cause of outpatient consultations and hospital admissions. It was often associated with anaemia, especially among children, and many required blood transfusion."

In the busy hospital laboratory, where more than 50,000 examinations are carried out each year, 58% of adult patients, and 63% of children tested positive for malaria parasites, while 39% of sick children seen at the Mother and Child Health clinics had the same diagnosis.

With over 2,000 operations in a year, and 1174 babies born in the hospital, the back-up services of the laboratory are very important.

Nigerian MMM Sister Beatrice Okoh (above) and Sister Rosalinda Gonzales from Philipplines both work at Kabanga Hospital.

The Pharmacy at Kabanga provides another essential service, where MMM pharmacist, Sister Pacelli Ward, is assisted by Mr. Herman Lungu. and Ms. Raymunda Costa. The Kabanga pharmacy also has a unit for producing Intravenous fluids, which saves a lot of time and expense travelling to Kigoma for IV supplies.

The Physiotherapy department, and the X-ray, where over 1000 patients are seen in a year, also make a big contribution to the excellence of the care which the staff at Kabanga try to provide, amid very difficult circumstances.

Sister Pacelli Ward supervises the Hospital Pharmacy and IV Production Unit.

Sister Elizabeth Bundala in a Tanzanian MMM Staff Nurse at Kabanga.

Sister Damien Corcoran checks that suffient supplies are on board before a Mother and Child Health Clinic sets out from Kabanga.

Mwanza is a most picturesque town on the shores of Lake Tanganyika. It is home to Staint Augustine's University and Bugando Medical Centre – built by the Catholic Bishops Conference at request of government in 1971. With 820 beds, this is the second largest hospital in Tanzania, after the University Hospital at Miuhimbili in Dar es Salaam.

Bugando Medical Centre is a consultancy and research facility. It offers courses for Assistant Medical Officers as well training in General Nursing and Midwifery, Psychiatric Nursing, Laboratory Technology, Radiography, Pharmacy and Clinical Pastoral Education. Medical students from all over the world travel there for coveted internships. Sister Aine Lucey has been Hospital Administrator at Bugando Medical Centre since 1989.

Angola's Agony Goes on and on!

The re-escalation of the conflict in Angola has caused severe disruption to the country's 12 million citizens. About 1 million have become displaced during the past year. Of these, 147,000 have fled the country.

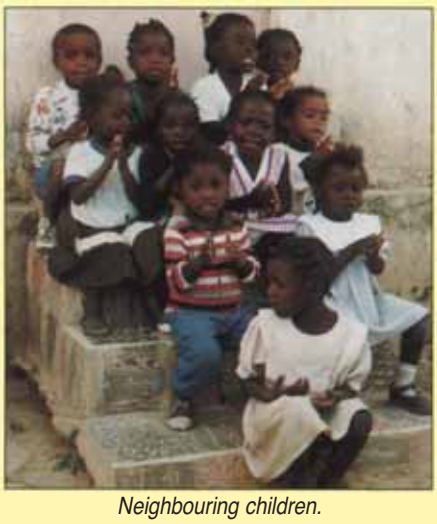
According to UNICEF, Angola is now at the top of the world-wide *Child Risk Measure* table of inadequate living conditions. Given the current situation, this is unlikely to improve in the months ahead.

MMMs have been in Angola since 1952. With only a short interruption in the mid-1990s, the country has endured a civil war since 1975.

Four young MMMs renewed their vows in Angola in XXX Sister Margarida and Laurinda are Angolans themselves. Sisters Angela and Zita are Nigerian, MMMs on mission in Angola.

While the fighting, so far, is not centered near Lubango and Tchulu where the MMMs are located, it is dangerous to travel. Like all urban centres, Lubango is suffering severe congestion from the influx of displaced people from other parts of the country.

The MMMs are deeply involved in helping people to keep up their morale. Building the parish community centre draws them together.



Neighbouring children.

The place where they used to meet in this slum area of Lubango was too small, so all came together, bringing buckets and basins and any container they had to draw water and make mud bricks, which when sunbaked would make a fine place to meet.

The resumption of the war found most humanitarian agencies unprepared. Donor fatigue, and the more visible humanitarian emergenciss in other parts of the world has contributed to the present critical situation in Angola.

Apart from the interruption to a country's health service in war-time, and the disastrous effects on food production, two other major problems are a cause of grave concern to the Sisters. One is the capture of teenage children, and even younger, to be forced to take up arms. The other is the ongoing issue of land mines.

Pax Christi International has been involved with the issue of child soldiers since 1989. It has now redoubled its efforts to campaign against the proliferation of light weapons.

According to Pax Christi, there are 55 million Kalashnikovs currently in circulation around the world – part of an arsenal of 500 million light weapons which are cheap, widely available and easily traded or smuggled. These can be

Sisters Margarida, Laurinda, Zita and Angela.

Sister Brigid Archbold with the community.

used with devastating effect even by children. In some countries an AK-47, simple enough for a child of ten to strip and reassemble, can be bought for the same price as a chicken.

At least 300,000 children are engaged in armed conflicts in various parts of the world, using light weapons and small arms. Pax Christi points out that when children are used as soldiers in combat, their chances of survival are low. They are more likely to take risks, and are often seen by their superiors as expendable.

Sister Cecilia Asuzu.

Nigeria NEWS

There's awlays something to celebrate in Nigeria and the culture seems to lend itself to the most lavish and exotic forms of celebration found anywhere on this earth! The year that is ending saw plenty of it. The highlight, no doubt, being the Silver Jubilees of the first group of MMMs who made their first profession of vows at the Novitiate in Ibadan in 1974.

Five Sisters were in the group. Four of them made it back to Ibadan for the big event that took place on July 24.

Sister Chinyere Anyaorah didn't have far to travel, for she is currently based in Ibadan. At St. Mary's Hospital, Eleta, she is Nursing Office. And if that were not enough to keep her out of mischief, she also has the onerous task of being Area Leader for MMM in the North and West of Nigeria.

Sister Cecilia Azuh was also in the country. For the past number of years she has been Midwifery Tutor at Mater Hospital Afikpo, and a much loved Tutor if the reaction of her students to her leaving of that post is anything to judge by.

Sister Priscilla Anene has been around the world a couple of times in her twenty-five years. She has studied in the United States and has served as Directress of Novices at our Novitiate in Nairobi, Kenya for a number of years. But now she is back in Nigeria again, and is an invaluable asset as she speaks fluent Hausa, a language that is difficult to learn.

Sister Patricia Amadi made her way back to Nigeria from Mzuzu in Malawi. She has been working at St. John's Hospital, first as a nurse, and later in the Pastoral Care Department.

The one member of that first group of Ibadan novices who did not make it back home this year is Sister Teresa Ugwuliri. She is Vocation Directress in Malawi and based in Lilongwe, where equally grand celebrations took place among the MMMs and the many other friends Sister Teresa has made there. "These people have become my people now", she said. "It is good to celebrate among them here in Malawi.

Despite the age of communications in which we live, we have not yet heard of the date for the celebrations to mark the Award of the Nigerian National Honours, which is to be conferred on Sister Ann Ward. In a letter dated March 19, 1999, from the Secretary to the Government in Abuja announced that the Head of State has approved the conferment of the Nigerian National Honours of the rank of Member of the Order of the Federal Republic (MFR) on Sister Ann. Congratulations to Sister Ann on this recognition of her pioneering work in pioneering surgical procedures for the repair of damage suffered by women with vesico-vaginal fistulae. The Centre where Sister Ann and her Team work at Itam is a model facility of which she and the donors who so generously support her work can be justly proud.

Sister Margaret Anne Meyer is the doctor in charge of the Leprosy Control Programme at Ogoja. She is the recipient of the 1999 Damian Dutton Award for Leprosy Aid. That was conferred on her at a Ceremony in New York in November.

Many a heart-string is torn at the leaving of Mater Hospital Afikpo, which transfers from MMM Administration to the Diocese at the end of the year. MMMs have been working in Afikpo since 1946 when they started with two small wards with palm thatch roofs. Their own small mud block house was overlooking the ravine leading to the spring.

From those modest beginnings, as the decades passed the Sisters developed a first class hospital and training school for General Nursing and Midwifery. Those who graduated from Afikpo Training School during the past 5 decades will remember all the Sisters who helped them to take their first steps in their professionaal lives.

The Sisters were there in Afikpo right through the Biafran war. They were taken captive along with the staff and still they returned to their bullet-strafed convent to rebuild and take up the threads of the work as soon as they were permitted.

We hope and pray that the strong foundations in health care that were laid at Mater Hospital Afikpo will bear great fruit for the people of the area for many generations to come.

We wish the community who are leaving Afikpo God's blessings as they transition to their new assignments where, no doubt, God's plans to use their many talents will keep them busy!

Top left: Sister Mary Howard with XXX. Right: Sister Deirdre Twomey. Below left: Sister Catherine Therese Onyeugo with XXX.

'Hello's too at Ketu, where the new house for the Administration of MMM in West Africa is located. Sister Rose Mogun, Zonal Co-ordinator, and Sister Cornelia Udoke, Zonal Business Administrator, moved in during the year.

'Goodbye's at Afikpo, but 'Hello's at Abuja, the capital city of Nigeria. At last the Sister's house is ready and Sisters Joan Cosrove and Grace Ahanonu were able to move in and begin to settle into their new work. Sister Joan is a Pharmacist, and will be responsible for the Pharmacy supplies for all the health services run by the Archdiocese of Abuja.

Sister Grace is an experienced nurse and midwife, and will bring her skills to the community based health care programme in a huge outlying circle of communities on the periphery of this growing capital city.

Above right: Sister Grace. Centre: Sister Joan. Below right: Sister Cornelia.

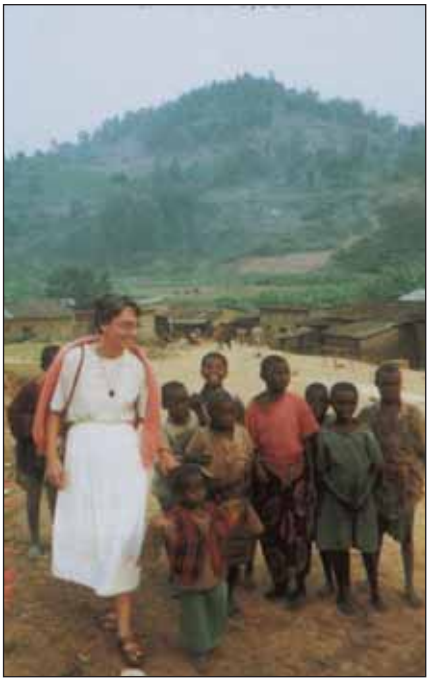
Rebuilding Rwanda

Caroline Lynch

AS WE PREPARE TO ENTER a new millennium, the newspapers are carrying reviews of the century. One episode in twentieth century history that they will not be able to overlook is Rwanda in 1994.

Rwanda! The word alone registers images of horror.

In a remote area of this tragic country, two Medical Missionaries of Mary - Sr Rose from Kenya and Sr Helen from England - are making a real and lasting difference to a people who were embroiled in one of the world's most traumatic events.



During the black months of April and May 1994, 800,000 people were murdered and another two million fled into exile.

Today, the repercussions are still being felt. More than 100,000 prisoners are in jail; one in four houses are destroyed; most homes are headed by women as their husbands and sons were murdered and80,000 children are caring for families left orphaned.

In the Summer of 1998, I travelled to Rwanda to see Trocaire's programmes in this post genocide society. Six months later, in February 1999, I returned.

On both occasions, I visited the MMM programme in Gikongoro which has received Trocaire funding. From their base in Kirambi, Sr Rose and Sr Helen are serving some of the world's poorest and most traumatised people.

The dynamic duo have run a Health Centre in Kirambi since 1997. As soon as they arrived in this remote area, they carried out a survey which took more than one month to complete. The findings were compiled by walking door to door - to 3,000 homes!

The result was an impressive database of information about the circumstances of the people they live among. They discovered that nearly 40% of people were malnourished with a high incidence of preventable disease. The most vulnerable groups at risk were pregnant women and children under the age of five. Less than one in five women availed of the services of a Traditional Birth Attendant when giving birth.

Over half of homes were classified as poor. More than nine out of ten people earned their income from subsistence farming on the poor soil of the area and nearly three quarters of households survived on less than half an acre of land.

Healthwise, the people faced a high incidence of malaria, diarrhoea, scabies as well as asthma and respiratory problems.

It was clear that the people were very traumatised and at the time, it was only three years since the genocide took place. Households are female-headed. Some women are widows who survived the genocide. Many of the men were in prison or detention in relation to the genocide. Their wives spend the whole day walking to the prisons to bring them

food. There is no time left to cultivate the little land they had.

A health centre was established where illnesses such as malaria scabies and TB were treated. A laboratory conducted tests to diagnose the problems. A Nutrition Unit was set up in the Centre and each Tuesday, a Trauma Counsellor came to speak to people who wanted to speak about their experiences during the genocide.

On the day that I visited the health centre, there were a number of cases of malnutrition. A number of children and adults were suffering from odema with swollen faces and limbs that did not represent chubbiness but malnutrition. With no nutritious food, the children were prone to infections. Women had sores on their feet due to the lack of immunity.

Alfonsine (37) carried her 14-month old child on her hip. Ndagijimana looked a mere six months old. She had scabies and no teeth. She had already been treated for malnutrition at the Centre. Both mother and child looked in bad shape. They lived with Alfonsine's mother but they had no land to plant food. They ate when they could. It wasn't often enough.

Intercultural MMM community in Rwanda L. to R. Sister Josephine (Ireland), Rose (Kenya) Helen (England). Agatja (Nigeria) and Genevieve (France).

Another family in the centre was Esther (25) and her child Solange (2). Solange looked in good health but Esther's face was puffed an her hair had changed texture. She was giving Solange the little food she could get. Esther herself was malnourished and needed treatment.

There have been a rising number of TB cases at the centre. In one ward, a small farmer and father of three called Inyasi (40) lay on hisbed. He was a suspected TB case. He had been coughing at home for four months before he sought treatment.

The MMM programme is making a real effort to combat the serious problem of malnutrition and infant/maternal mortality.

This programme includes upgrading the skills of Traditional Birth Attendants and organising regular nutrition and health care training for Community Health Workers who work in the outreach and often isolated areas.

Meanwhile, to get to the underlying cause of malnutrition - the shortage of food - local farmers have been helped to improve their farm techniques and to use agricultural inputs in order to increase the yields from their land while agricultural training has been introduced into the classrooms of the local schools.

A number of health committees have been held in the community and these committees have been assisted to set up two model farms.

Some 12 groups of families have been given particular support. These are the poorest families in the area, with little or no land, that have had a family member treated in the past for severe malnutrition. The families are helped to become self reliant in food.

Finally, Mother and Child Health Clinics have been established that immunise the children and monitor their health and nutrition. The mothers are educated about health and nutrition while expectant mothers receive ante-natal care.

In visiting Rwanda, you can be overwhelmed by the suffering of the people and the trauma they experienced during the genocide. The task of rebuilding this country can seem insurmountable.

Then you meet Sister Rose and Sister Helen and see how their work with the people of Rwanda is making a difference and people are allowing themselves to hope for a better future for their children

My hobby is Bird-watching

Sister Marian Scena

***"What colour is its eyebrow, Marian?"*, asked one of my MMM Sisters – with a bit of humour and just the slightest touch of sarcasm! Little did she realise how important that eyebrow might be in identifying the bird I was trying to observe. The misunderstandings that one suffers in the call of duty as a Birder!**

From the time I was a child we always had a bird feeder outside our kitchen window and my mother used to point out various birds that visited it. I was always interested in birds but didn't get seriously involved until I came to Tanzania where the beauty and variety of birds is amazing.

Once I acquired my first set of binoculars or "bins" I was hooked forever! Then in 1991 I met a Welsh couple who were working in Singida and they introduced me to Liz and Neil Baker, an English couple living in Tanzania, who were compiling a Bird Atlas of Tanzania. I met them and was introduced to the system of observing and reporting on all the birds I see every month. This means noting down where I see them, how many, what species, and whether they are breeding or not.

Like me, many other'Birders' from all over the country report monthly so that the entries are accumulated for the ever growing data base of the still-to-come Bird Atlas. Birding is great fun – without any other motive except wonder and appreciation of God's feathered friends. But the fact that I am contributing to a yet-to-be-published Bird Atlas gives me added incentives.

I have found birding a wonderful complement to my doctoring ministry which is often so absorbing and time comsuming. Even if I don't have a few minutes to sit down with my "bins" I can see various birds just as I amwalking home from the hospital at the end of a busy day.

I think being a doctor and having developed my powers of observation to a fairly high degree has helped me in observing the various aspects of a bird that are essential to its accurate identification.

Three Superb Starlings. The one in the middle is a juvenile as it doesn't yet have the gold eyes nor the white breast band.

I find birding a great feeder of my prayer. In fact it is like prayer; I spend time in waiting, not knowing if and what I will experience of God, but

grateful for whatever visits God might grant me. When I am birding I am quiet and waiting, not sure what I will see. Sometimes, like dryness in prayer, I see nothing. But many times I get wonderful surprises and see a new bird for the first time or some new bird behaviour. And I

always find myself praising God for the beauty of creation around me and in God's feathered creatures. Prayer and birding just go together.

Wherever I go I am alert and looking for birds. This makes the time on long safaris on bad roads go more quickly and enjoyably. There is alot I miss as I rarely ask the driver to stop so I can have a look with my "bins", but I still manage to identify approximately 25% of the birds that I pass while driving.

Once a month, on my day off, I try to walk to nearby Mianji Dam. It takes 5-7 hours to do a thorough walk at a contemplative pace. On such a day, I usually see over 50 species of birds around the Dam and 10-15 more species on the way there.

So far, I have seen 498 different species in Tanzania. Of these, 122 have been in or over Makiungu Hospital. I am amazed at the wonderful variety of birds even in our own compound. I haven't yet had time to total my entire Life List of species I've observed in other countries where I've been.

Anyone who can see or hear can be a birder. The very energetic, adventurous person will see more, but it doesn't have to be energetic. Even if you happen to be confined to a wheelchair you can enjoy the sight and sounds of birds. It can be an occasional hobby or can become a daily one. I hope that I have whetted your appetite to discover the beauty of God's fethered friends.

HONDURAS
after the hurricane

Sister Rene Duignan writes about

Below left: Mary Egan who is involved with the MMM Associate programme, is part of the MMM community in Honduras.

Below Centre: Sister Renee with Lenca women at a Midwifery Workshop.

Below right: Mules are hired to make the journey a remote village.

Four of us arrived in Honduras last May. We had been studying Spanish in Mexico with a view to expanding our work there. But when we saw the devastation that Hurricane Mitch had wrought in Honduras, it was felt it was even more urgent to help the people establish some healthcare there.

Honduras was devastated by Hurricane Mitch in 1998. Virtually everyone was affected through loss of life, crops and infrastructure. Even at this moment, as I write, we have extensive flooding in many parts. The destruction continues.

Just above one of the bridges in the capital city, Tegucigalpa, the entire centre of the hillside was washed into the river and many lives were lost. People are still missing. The water level in the river was way above the top of the bridge you see in the picture below.

Our hope is to give a long-term commitment to the people of Honduras. We are based in a rural parish called Marcala. Three of us are working in healthcare. The fourth member of our community is involved in an adult literacy programme, having discovered that many people in the rural areas neither read or write.

We are working with the local communities in the process of training health promoters, and local midwives. People are eager to learn ways of taking responsibility for their own health. They are very responsive and do an amazing amount of volunteer work. We are learning a lot from them and we all find it very rewarding.

The Passion at

March 5, 1999, around 7 a.m. gun shots were heard. The people started running towards the church. The sound of shooting, which came from three directions, continued for four and a half hours unabated. Nobody moved.

This battle took place at the Turkwell River near the mission at Nakwamoro in Southern Turkana. MMMs have been there since 1968, when they were welcomed during a severe famine. Tribal conflict between the Turkana people and the neighbouring Pokot people is common. The relationship between these two warrior tribes has always been aggravated by constant raiding of each other's herds.

For a few months late in 1998 and early in 1999 relative peace prevailed and both tribes brought their animals for grasing and watering to the Turkwell River.

Suddenly, the Pokots disappeared. This raised an air of suspicion.

At 11.30 a.m., the first wounded man walked into the Health Centre. Then, Fr. John O'Callaghan SPS, the parish priest, drove down to the river. In all, fourteen Pokots had been killed. Many were wounded. Six severely wounded men were carried in for treatment.

It took three and a half hours for the staff in the Health Centre to treat their horrific gunshot wounds.

Nakwamoro

It was 5 p.m. before the Army arrived. They had been detained in another part of Turkana, where this raid had started at 4 a.m. At Kalimongorok, they had found thirty women and children who had been killed in their homes.

The following morning, the Army personnel assisted the staff in carrying the wounded on stretchers across the wide Turkwell river – for onward transportation to the District Hospital in Lodwar, a three-hour journey.

After the raid, people felt too nervous to sleep in their own homes. They spent the nights in the mission compound. They were even afraid to attend to their small vegetable plots in the daytime. Anyone who could move away from the area left.

Conflicts like these used to be carried out with clubs and bows and arrows and spears. But the availability of guns in recent years has resulted in more deaths and more serious injuries.

The MMMs at Nakwamoro, Sister Lucy Mbawuike from Nigeria and Sister Karen Shearer from Scotland hadn't time to think of what was happening until it was all over. They were grateful it happened in daylight not at night. They were glad they were there to provide some assistance and support for the people. But what of the future if the people don't stay? What if those who fled this violence don't return?

The Stations of the Cross painted on the church walls at Nakwamoro by Patrobus E.L. Edapal

Anybody can get AIDS!

The Report to June 1999 from the AIDS Prevention Programme of the Archdiocese of Arusha, Tanzania, shows that they are still seeing an average of about 3 new patients per week. Sister Denise Lynch, Programme Co-ordinator, writes:

"The new patients coming in were very sick and many of them died very soon after reporting to us. This, in turn, caused an increase in the number of orphans left with relatives, friends or neighbours, to care for them. These families are already struggling to care for their own children and in most cases there is not enough money to go round and most certainly not an opportunity to save for any personal family emergency."

In the first 6 months of 1999, 170 teachers and 4886 students participated in an extensive programme of seminars about HIV/AIDS through the schools network reached by this project. The Uhai Centre (*Uhai* is the Swahili word for health) has also featured on national TV and radio networks. AIDS workers from four other dioceses of Tanzania were also trained with the Uhai programme.

The Uhai Centre team made 840 home visits to persons living with AIDS, while 734 were seen at the Centre. In addition, volunteers working in collaboration with the team made 334 visits to patients. A lot of work in a short six months!

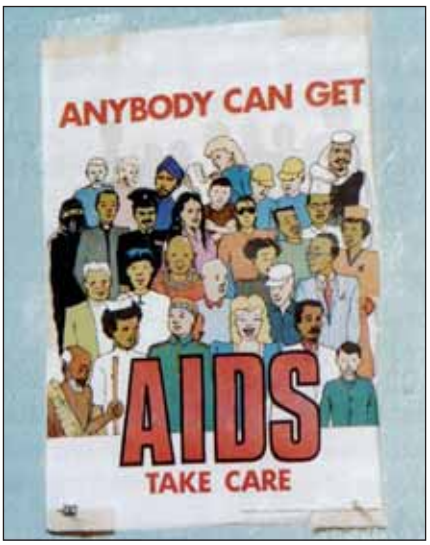
We pray for those who are afraid to name their illness
Who are forced to conceal the real cause of death
We pray especially for those left behind
We pray that those who have died with AIDS
may be at peace in the joy of the Kingdom.

The usual range of illnesses associated with AIDS were seen although the severity in many cases was greater than previously seen. These include problems with the central nervous system, ear, nose and throat, eyes, heart problems, respiratory difficulties, gastro-intestinal and genito-urinary problems, skin problems, anaemia, fevers, weight loss and acute or chronic pain.

The Report from the Uhai Centre makes sad reading. It ends with the words: "Always we are saddened by the death of patients for whom we have cared and have become their friend. Most of our patients die young; life has hardly begun for them when we help to prepare them for death and say goodbye to them. May they all find joy and happiness in the life beyond."

In Ethiopia, the MMM Counselling and Social Services Center runs an extensive programme with people affected by HIV/AIDS The Center's Administrator, Sister Carol Breslin has welcomed the Ethiopian Government's new Policy on HIV/AIDS, and hopes to be able to expand the services in line with the recommendations contained in this policy.

The main purpose of the Programme is to provide psychosocial support for persons living with HIV and their families. There are over 1500 clients registered. There is group counselling, couple counselling and family counselling. There is home care and medical care.



One of the most serious problems the clients face is periods of illness when they are not able to work. Very often they cannot engage in regular jobs.Women often are not educated and if their husbands are sick they have no means of support. Often they resort to selling sex to support themselves and their families. Not only is this an exploitation of women, but is one way in which HIV spreads more rapidly in the population since the women are often infected with HIV by their husbands.

The programme's social services assist those who have a poor health status no secure income with food. Some also received house rent. But the Income Generating Activities project is an attempt to increase the working capacity and interest of clients rather than depending on charity. Spiritual support is also provided with the collaboration of the Ehiopian Orthodox Church and the Ethiopian Catholic Church.

In Uganda the story is not very different. It is now eleven years since the Mobile AIDS Home Care and Orphans Programme began at the Kitovu Health Care Complex near Masaka.. Although some data from the Medical Research Council suggests a drop of 15% in the number of adults infected with HIV in Uganda, the number of people developing AIDS is on the increase year by year. This calls for increased efforts to improve and sustain existing AIDS control initiatives.

The number of orphans is rising too. A UNICEF Official has put the number at over 1.5 million, while government reports a figure of 1.9 million now, two-thirds of whom have lost their parents through AIDS. Mrs. Robina Ssentongo, Manager of the Mobile AIDS Home Care and Orphans Programme at Kitovu says: "This is a disaster and we must take a disaster relief approach."

Addressing these problems, the programme seeks out people living with HIV/AIDS, orphans and their families. There are special services for young people and women.

In an attempt to address the problem of teenage dropouts from school, a Mobile Farm School has been established in the five sub-counties covered by the programme. There are two centres in each sub-county, with approximately forty trainees in each. In this innovative approach, trainees receive input on modern farming, marketing, book-keeping, arithmetic, reading and writing. Peer counselling and Behaviour Change around the problem of HIV is also part of the curriculum and this is explained to students before they enrol. The farm school staff includes five Field Co-ordinators, five Agriculturists, one Market Research Officer, two teachers, two other part-time education staff and two counsellors. Students have time to practice what they are being taught, before returning home – with their assignments for the following three weeks after which they return for another residency at the Mobile Farm School. There are, of course, recreational activities too, including clubs, sports, and cookery.

In Kenya, in addition to the work we are doing in Kibera slum in Nairobi, MMMs have been contributing to the health and well-being of the residents of Kitale, Kenya for many years. The Sisters have built-up an extensive range of services, which includea well-developed and comprehensive HIV/AIDS education and behaviour change school program, led by trained educators. This includes a peer-education component, and the training of teachers and community chiefs. For care-givers there is homecare training, as well as distribution of gloves and sheeting to support this work.

Sister Mary Dunne visits the home of a person with AIDS. Right: With Sister Teresa Hogan at the Hostel where people with AIDS can be cared for.

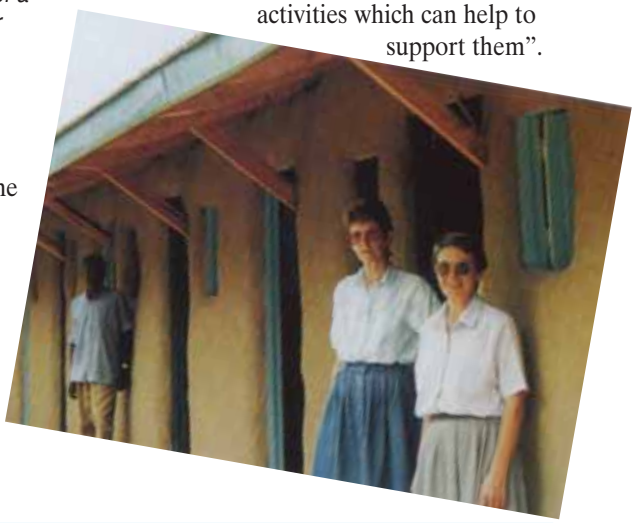
Guardians of orphans who are unable to provide adequate financial support are assisted in the provision for the basic needs of the orphans; including school, vocational training and medical fees. There are also a number of income-generating projects, to assist the guardians of orphans, the orphans themselves, and widows, to achieve and maintain their self-sufficiency.

Last year, this programme was selected as an example of Best Practices, by the Kenya Consortium of non-governmental agencies working with AIDS. The consortium presented a Case Study on the programme in their newsletter *Partner*. It reported: "The resource team was impressed not only with the variety of services they offered, but also with the openness, sensitivity, and caring approach to their work, that was displayed by the entire staff of MMM. These qualities appear consistently - among all staff members, and in all of their programming. MMM manages to synthesise the desire to provide quality medical care to the community, with a holistic approach that encompasses every aspect of community care and support."

Sister Mary Dunne is Programme Coordinator. The team's Social Work is managed by Lucy Birgen. Sister Teresa Hogan is Programme Administrator and HIV/AIDS Counsellor while Francis Gatua, also a Counsellor, is responsible for Training of Teachers component.

Sister Mary Dunne says: "Our approach teaches people that AIDS is a disease. And, as such, it should not be stigmatised. As individuals and families struggle through the emotional stages which will finally lead them to an acceptance of the impact of HIV in their lives, our team is there to provide support throughout this personal process."

Her gravest concern is for the orphans: "There must be a country-wide emphasis on the care and support of AIDS-orphans and for more income generating activities which can help to support them".



Sisters Therese Jane Ogu and Alice Ashitebe cross the Kaduna River, Nigeria, for clinics in villages on the far side.

Contacts for MMM Associates

BRAZIL
Sr. Ursula Cott
CP 7058 Pituba,
41811-970 Salvador, Bahia.
Sr. Uche Iwuoha
CP 63034, Agencia Cachoeirinha,
02494-970 São Paulo.

ETHIOPIA
Sr. Catherine Young
PO Box 7127, Addis Ababa.

IRELAND
Sr. Bernadette Freyne
Realt na Mara, 11 Rosemount Tce.,
Booterstown, Co. Dublin
Sr. Patricia O'Kan, Beechgrove,
Drogheda, Co. Louth.

KENYA
Sr. Patricia Lanigan
PO Box 14754, Nairobi

MALAWI
Sr. Mary MacNamara
PO Box 31077, Lilongwe 3.

NIGERIA
Sr. JoAnne Kelly
St. Mary's Hospital, Urua Akpan,
PO Box 92, Ikot Ekpene,
Akwa Ibom State.

TANZANIA
Sr. Theresia Ladislaus
PO Box 1338, Arusha
Sr. Bernice Okoh, PO Box 42, Kasulu,
Kigoma Region.

UGANDA
Sr. Ursula Sharpe
PO Box 413, Masaka.

UK
Sr Maureen Clarke
2 Denbigh Road, Ealing,
London W13 8PX.

USA
Sr. Cheryl Blanchard
3410 West 60th Place,
Chicago, 60629-3602 Ill.

Sister Maria Borda at Makiungu Hospital in Tanzania

MMM Vocation Enquiries

Angola
Irmã Laurinda Bundo
CP 122,
Lubango.

Brazil
Irmã Cléide da Silva
CP 60760
Ag. Campo Limpo
02494-970 São Paulo.

Ethiopia
Sister Catherine Young
PO Box 7127
Addis Ababa.

Ireland
Sister Anne Sharratt
52 St. Agnes' Road
Dublin 12

Kenya
Sister Fidelia Ogujawa
PO Box 14754, Nairobi.

Malawi
Sister Teresa Ugwuliri
PO Box 18,
Mzuzu.

Nigeria
Sister Rose Mogun
PO Box 2748,
Oshodi, Lagos.

Tanzania
Sr. Theresia Ladislaus
PO Box 1338
Arusha.

Uganda
Sr. Monica Prendergast
PO Box 413,
Masaka.

UK
Sister Maureen Clarke
2 Denbigh Road,
Ealing,
London W13 8PX.

USA
Sr. Cheryl Blanchard
3410 W. 60th Place
Chicago
Ill. 60629-3602