Healing & Development

Yearbook of the Medical Missionaries of Mary

2002 EDITION

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Ireland's President Visits East Africa


The MMM Malta Connection


Health Care Among the Fulani


Music and Mission in Brazil


Home Based Care is Best


Inter-religious Dialogue Needed

Volume 63 – 2002

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin. To-day MMMs number 410 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,
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Tel: +353-1-2887180
Fax: +353-1-2834626
E-mail: mmm@iol.ie
www.medical-missionaries.org

Charity Reg. Nos:
Ireland: CHY7150.
England: MMM Trust 293494

Editor
Sister Isabelle Smyth

Subscriptions
Sister Aileen Doggett

Design Consultant
Molly Molloy

Photographic Consultant
Robert Allen

Designed by GraphixPlus
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Cover:
With Domitilla who works with us at Kirambi, we hope and pray for a brighter future in Rwanda.

Engaging our vulnerability...

Dear Readers,

Some years ago, when we sat down to update our Mission Statement, the Sisters brought many ideas about the healing mission of MMM to our General Assembly. But something was missing. One essential ingredient, we felt, was too elusive to catch. Sometimes it was mentioned and tossed around, but it did not bring comfort. That was it! It was something that made us uncomfortable. It was the idea that – to be authentic in today's world – we must engage with our own pain and vulnerability. Without that recognition, without acceptance of the reality that we are fragile people, in a fragile human race, we cannot touch into the healing power of God at work in us.

Our world now is more vulnerable than ever. The deplorable events of September 11th 2001 have marked all of us, whether in great cities or remote villages. People of so many nationalities suffered in that attack. Our thoughts and prayers have been with them and with our many colleagues, supporters and friends throughout the United States. Since then, the threat to peace and security is on everyone's doorstep in one form or another - through terrorist attack, biological warfare, economic difficulties, shortage of supplies, or threat to the environment.

All war creates terror as well as destruction and heartbreak. The first stirrings of the MMM vocation came when Marie Martin, our Foundress, left the comfort of her home and sailed to Malta to nurse wounded soldiers in the 'Great War' of 1914-18. We retrace those steps in the pages that follow, in the hope of renewing the charism we inherited from her.

In later years, our Sisters survived many frightening experiences through a succession of wars, right up to the present day. In some places, we have lived through the terror of air raids. Elsewhere, the fear is landmines, which have left so many people maimed. In countries where we work, hundreds of thousands of people have been killed, often buried in unmarked mass graves. Too often these events received little media attention, much less any concerted action to secure the right to life of innocent people. Millions remain displaced by these wars, even today.

At this time, the world needs people of peace, people of dialogue, people who listen, who want to understand the other's point of view and the pain of their situation. If we are strong enough to engage our own vulnerability, it can make us sensitive to the needs and concerns and desires of others whose religion and ethnic background are different to ours.

The vitality of the people among whom we work always renews our energy. Despite the obstacles against which they have to struggle, their good humour and resilience give us strength. We hope you will find inspiration reading the stories we bring you from our missions around the world in the pages of this Yearbook.

Our friends and supporters in many countries make this work possible, and we feel greatly indebted to you, the members of our 'extended family'. With God's grace and your help, we face the year ahead with courage. The work of healing – in whatever limited way we can – calls to us now more urgently than ever.

Sister Phil Sheerin MMM

Congregational Leader

Mission Statement

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

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

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

When Eyes run out of Tears

By Sister Helen McKenna

Sister Agatha prays at mass grave close to our Health Centre, at Kirambi, Rwanda.

I was on home leave in Ireland in 1998 from my mission in Tanzania. On Friday, August 14th, I set out from our Motherhouse in Drogheda to visit my family taking the very same route as the car bearing the 500-pound bomb, which exploded the next day, the feast of the Assumption, in my hometown, Omagh, Northern Ireland.

That fateful Saturday afternoon, as I did some shopping in town, I walked past the ticking car bomb twice. I heard the Police give a bomb warning. Having lived in Belfast while I trained as a nurse, memories flooded back. In panic I ran to get as far as possible away from the danger. Instead of heeding the Police directions, I headed back to the car park and drove out home, three miles away. A few minutes after arriving we heard the bomb explode. Since there had been a warning, we felt there would be no injuries. Half an hour later my brother came home in a very agitated state and told us that many were killed instantly and hundreds were injured.

Immediately my sister and I got into the car to go in search of our family members. Thankfully, we found all of them uninjured. With a sense of deep gratitude in my heart I went to the County Hospital to offer a helping hand to those less fortunate. The first one I met was a young teenager, Claire, with her mother, who is a physiotherapist at the hospital. Claire was lying with a pad over her eyes. She had been completely blinded by the explosion.

Memories of those scenes will never leave me - seeing the injured lying on mattresses that lined the floor of Out Patients Department. The County Hospital was well organized to respond to the horrific events. A stream of relatives came searching for missing loved ones. If the list hanging outside each Ward contained the name they sought, relief and hope could be read on their faces.

On the other hand, in the Emergency Mortuary there were scenes of

'...as I did some shopping in town, I walked past the ticking car bomb twice.'

inconsolable grief. Everywhere shock pervaded. Mobile phones in use in every corner brought news - good or bad - to anxious families.

Untouched physically did not mean untouched psychologically. As the weeks passed and I prepared to return to Tanzania my Reflexology Tutor in Dublin suggested that I have some counselling.

Sisters Helen and Geneviève conduct a workshop in Butare

'At least take time to debrief', she advised me, with some concern.

That December I began the counselling sessions, which I thought would take a few weeks. I found it took a whole year before I was ready to think about returning to Tanzania. I realised that the events in Omagh on August 15 went deeper than I suspected. For me, what happened in Omagh on that one day was more traumatic than all the bomb and gunshot victims I cared for while in Belfast. This time the injured were not just patients but neighbours and friends.

Sister Geneviève and Nurse Mathilde Mukanyandwi

In January 2000 I returned to Tanzania and began to give Workshops on Health and Healing both in our Training Centre at Ngaramtoni and beyond. Sister Geneviève invited me to give some workshops in her project for Women in Distress in Rwanda. This invitation was, at one and the same time, a dream come true and the fulfilment of my worst nightmare.

Today, as I write, I am back in Rwanda for the second time, in Butare, ready to start a five-day Reflexology course with fourteen women. My first visit to Rwanda was quite difficult. I had a great sense that everyone I met was affected by the genocide of 1994, even the children. As I looked at the people passing me in the street, I wondered 'are they killer or victim'. The words of Jesus: 'Judge not and you shall not be judged' rang in my ears more than once. Then a sense of compassion followed – for a country of aching people.

Each woman who comes to the courses carries a heavy burden. Just to listen to the stories of the people of Rwanda can be very stressful: one woman tells how her brother killed her husband and children because she had married into the 'other'tribe. Another young woman had lost forty-seven members of her family. We go to visit a woman who is dying of cancer. All three of her brothers were killed. Another woman working with the group had been wrongfully jailed for twenty-nine months. Many others had been raped. These women now find themselves widowed or else their husbands are in jail. They are left with a family to feed and have to travel to the jail every day to bring food to the prisoner.

Some of these women have had to resort to prostitution and now they find themselves HIV-positive. For them emotions are hard to find – eyes have long since run out of tears. Lifeless people look into my eyes seeking answers to the impossible question *Why?* This question reminds me of a wreath on an Omagh bomb victim's grave, which just read *Why?*

In Omagh, we drew a lot of strength from the hymn *Be Not Afraid*. 'If you stand before the power of hell and death is at your side, know that I am with you through it all...'

'...emotions are hard to find – eyes have long since run out of tears.'

But here in Rwanda I ask myself, 'Is it possible to convince a whole country full of survivors that God is still with them, and has not abandoned them'?

Seven years after the genocide, there is still a lot of unfinished business. How can the heart heal, how can the body relax, how can life get back to normal again? There is some counselling being done. How can everyone avail of it, with over seven million people in the country, and nearly everyone in deep need?

How could I, after having received so much support and professional counselling, share some of my healing with these women?

Sister Helen

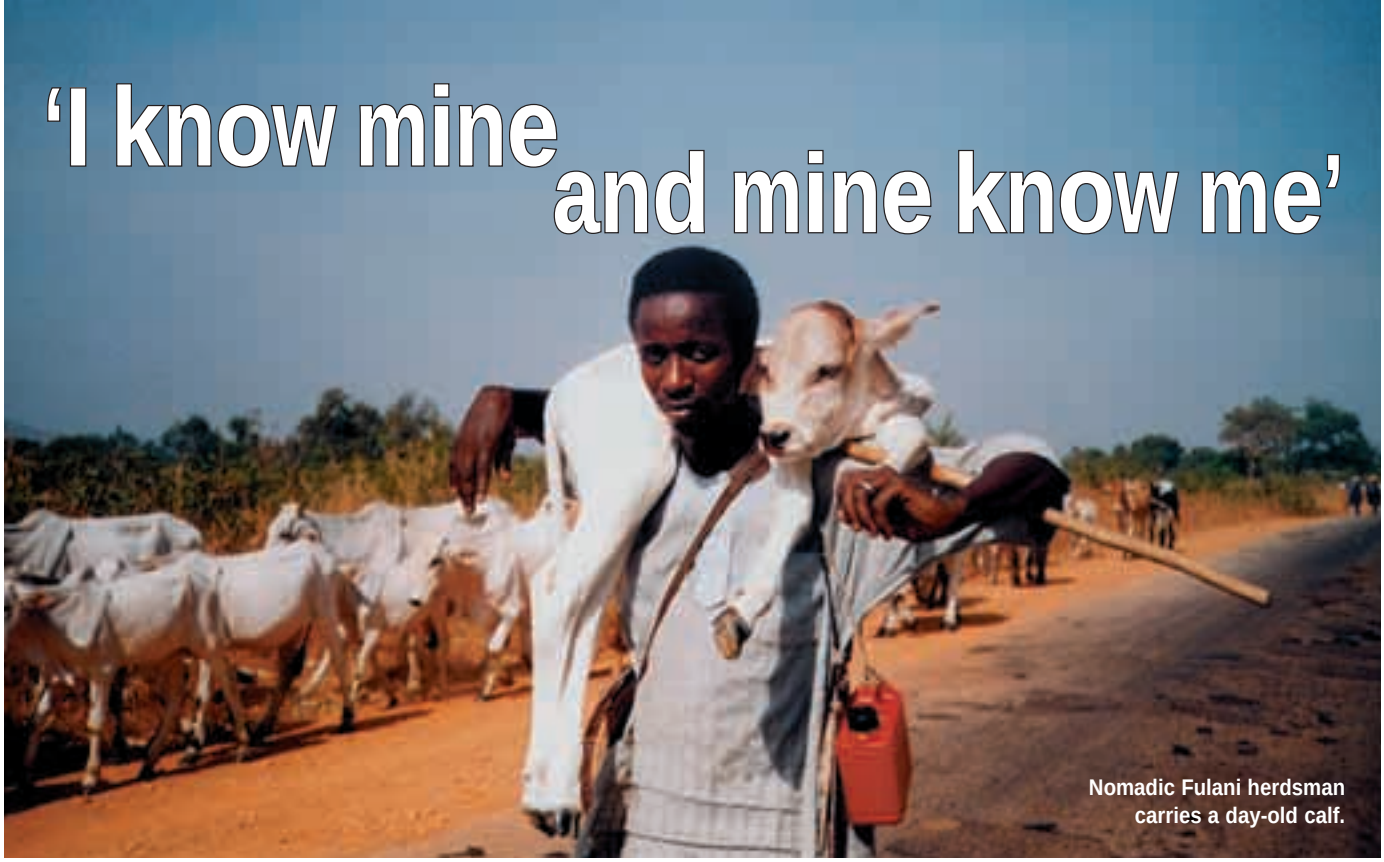
In the evenings, Sister Geneviève and I would discuss this after our evening prayer. We decided that the healing touch of love expressed through Reflexology could help them at this time. Words would only sound hollow. Their bodies as well as their minds and spirits are so traumatised. Through Reflexology they could experience a new kind of touch – having their feet massaged as their bodies healed. Then, as they learned the skills of Reflexology themselves, they in turn could go out to do it to others in their communities, just as Jesus suggested after washing the feet of his disciples.

So far I have trained four groups. There are fourteen people in each. It is wonderful to watch the joy on their faces as they relate how Reflexology has helped in their villages. The need for sleeping tablets is reduced since they see there is a more enjoyable and inexpensive way of getting a peaceful night's rest. It is so important to get a reprieve from worries, at least at night.

I often reflect on the sequence of events. Back in 1994, when MMMs first went to Rwanda in response to the genocide, I was unable to volunteer. I was not capable of going into Rwanda to offer healing until I acknowledged the trauma in my own life and received deep healing myself. As our Mission Statement says, it is by engaging our own pain and vulnerability, that we become able to go to those places where human needs are greatest.

Relaxation exercises with 'Women in Distress' Group.

‘I know mine and mine know me’



Nomadic Fulani herdsman carries a day-old calf.

SNAKE bites, farm accidents, fire burns and the usual killers (if not treated in time) malaria and water borne diseases, are what we see mostly at this busy clinic.

The outreach work to the surrounding twenty villages shows a remarkable improvement in the life expectancy of the children as well as a high compliance by the mothers to complete the vaccine schedule of their children.

Sister Cordelia Nwaokike who comes from the southern part of Nigeria, is now able to converse in Hausa with ease. In the villages, or at home in the static clinic the job involes a lot of listening, advising, sympathising as well as treating those who come for help.

Our medical services are to five ethnic groups, the larger groups being Gwari and Fulani. The Gwari are gracious, friendly and co-operative. They are lovers of peace. Their sense of community is highlighted in the event of sickness. You can have 30-40 relatives coming to support and share the anxieties and fears of the sick person. There is a palpable sense of solidarity, which makes the burden of sickness much easier; there is never a feeling of aloneness or loneliness.

‘Fuka’ is the Hausa word for ‘tuberculosis’, With assistance from Irish Aid, MMM recently opened a new Health Centre – water and termite resistant, spacious and well ventilated. Sister Christine Gill tells us about it.

The Gwari people are subsistence farmers. The whole year, practically, is spent on the farm – preparing, planting, harvesting or just simply admiring the land. Their life style is simple – living in harmony with nature, completely attuned to the rhythm of the seasons. They enjoy working with the soil and seem to appreciate its calming effect. Their main crops are rice, yam, guinea corn, maize and soya beans. There is seldom a scarcity of food. Each family has a few granaries where the grain can be dried, stored and protected from rodents. Their diet is reasonably well balanced.

The Fulani, on the other hand, are nomads. They travel with their herds moving southwards to greener pastures as the wet season ends. They have a great sense of direction, and can tell you the time to the minute by glancing at the sky. The image of the *Good Shepherd* is very real as you observe their care for their animals. A newborn calf will be carried until it is strong enough to follow the herd on foot.

The Gospel words of Jesus, *I know mine and mine know me* always remind me of a young Fulani boy who came to the clinic with his leg badly gored. In order to suture the wound, we had to cut the leg of his pants, which were heavily blood-stained.

Sister Cordelia befriends a young patient

A Guari Grain Store - secure from rodents

Sister Christine at the Well-Baby Clinic

The fine new Health Centre.

I explained to his mother how important it was to keep this deep wound clean, and that he would need clean clothes to give him every chance of avoiding infection. His mother seemed to understand and they went away.

The following day when they returned to have the dressing changed, the boy was wearing a beautiful new blue shirt but – to my dismay – the same blood-stained pants with the leg cut out of it. On enquiry, his mother quickly explained that the pants could not be changed at the same time as the shirt. 'The animals would not recognise him if he changed all his clothes at the same time', she said. 'This he can do only when he is off duty and going to market.' That lesson helped us to realize that most cultural practices have a serious reason behind them if you take the time to enquire.

The Fulani are persistent in their request for 'cow medicine', whenever they come to the clinic. They say 'if you can cure our children what of our cows?'

Nightfall in the villages is restful, simple, and otherworldly. The pump at our borehole outside goes silent after the last few pails of water have been drawn. The generator drones, drums beat in the distance – a sign of some celebration in a nearby village, a birth, a marriage or maybe a death. Children laugh and play in the darkness until, finally, a starry silence envelops us all.

Nightfall in the villages is restful...

A Fulani family return northwards across the River Jebba after the rains have come.

MAUREEN O'CONNOR was the eldest of a happy Dublin family of seven girls who were followed by three boys. You might suppose she spent her childhood helping her mother to keep some order in this busy household, but that is not how she is remembered. Instead, her siblings recall the pranks she led them into. It was from her they learned to roll and smoke paper 'cigarettes' and many other escapades that they could laugh about together in recent years.

After school hours in the Holy Faith Convent in Glasnevin, she would lead her pals down the out-of-bounds path to the Tolka river – hopping with agility across the stepping stones, defying the swift current above the waterfall. On the far side, they were in the safety of the National Botanic Gardens. Once there she would make straight for the large glass hot houses. From her early teens she declared she would become a missionary. Nobody took her seriously. But to her close friends she confided that her interest in the hot houses was to acclimatize herself to the heat of Africa and become familiar with all the tropical plants she found there. She was a very keen camogie player, and had many medals. The night before she left home to join MMM, she wanted no party. "Arrange a camogie match", she told her friends, "that's how I'll say goodbye." And that's how it was.

In MMM the goalposts changed, but she never took her eye off the ball. She became a nurse, midwife, and later a nurse tutor. Her 'live wire' character animated all of us who knew her. She passed on her dedication to nursing to her students with great enthusiasm and energy. She first went to Tanzania in 1968. Her family treasure a 14-page letter, written in copperplate to her aunt, describing her life in Dareda, which revealed how happy she was there.

While on sabbatical leave in Ohio, in 1984, she suffered a disabling stroke. For the past seventeen years, aided by her life of prayer and her great sporting spirit, she gradually accepted the many losses this implied. Despite her physical handicaps, she kept her mind stimulated by her passion for and knowledge of a wide range of athletic events. She also loved music and animals, and had developed a special interest in bird watching. She worked at keeping herself up-to-date and remained enthusiastic about these interests through her long illness.

Sister Maureen's years of suffering ended on 29th January, 2001. With her loving family, we all miss her. Her life remains an inspiration and a great challenge to us. May she now enjoy her eternal reward!

Sister Catherine O'Grady is involved in

Primary Health Care

We asked her 'what exactly do you do'?'

Emmanuel Mande with his wife and family.

PRIMARY HEALTH CARE complements the curative work done at Makiungu Hospital. Last year Sister Jacinta Akonaay, a Nurse Midwife, completed a Diploma in Community-based Health Care at the Africa Medical & Research Foundation. Her arrival at Makiungu has made it possible to improve the present services, especially by providing training courses for staff, bringing them up to a higher standard.

Other members of the team include James and Leah Ndimbo, a husband and wife who are both Medical Assistants. Rahema is a Public Health Nurse Midwife and is always busy dealing with the government health department in relation to preventative health disease and the village health workers. Emmanuel Mande, is a Community Development worker and has just completed the first module of the Diploma in Community Development in the Danish Centre, Arusha.

One of the activities involves teaching behavioural change in relation to HIV/AIDS. The team arranges weekend and week-long residential seminars for men and women in the age group 18-45. Participants are drawn from the catchment area of 14 parishes that make up the Diocese of Singida. But participants are not all Catholics. The service is open to and attracts men and women from all religious backgrounds. Each year in the month of August, a week long Youth Rally is held at the Diocesan Pastoral Centre, attracting more than 500 young people. During the day they have a variety of activities, including games and cultural events. The health education sessions are held each evening, covering information on procreative health, family planning, sexually transmitted diseases, and AIDS prevention. This is complemented by discussions and videos. Raising awareness of the importance of how disease can be prevented is seen as a key strategy.

Mother and child health, training of village health workers including traditional birth attendants and traditional healers, nutrition and food security, water supply, AIDS education and prevention, education on other sexually transmitted diseases, income generation projects – all these and more are the activities that make up a comprehensive approach to community-based health care.

When the team members return to their base at Makiungu, they do an assessment of the programme – how was it, how can they improve, where is the most urgent need, what went wrong.

Another task involves cooperating with Mother and Child health programme. This means supervising the making of 'mamak', a locally produced and highly nutritious weaning food comprising beans, maize and groundnuts. Originally this was made for children in Makiungu hospital who were suffering from Marasmus and Kwashiorkor – a very bad protein malnutrition. The community-based health care team meets with the village health workers to follow up the care of these children in their villages after they have returned home from the hospital, to ensure there is no recurrence of the malnutrition. From this, the production of 'mamak' developed to supply the wider group attending the Mother and Child Welfare clinics.

Sister Jacintha Akonaay

These health workers also visit people who are living with HIV or AIDS after they leave hospital. They make sure they have all the nursing equipment necessary to

"No one was too big or too small"

Sister Mary O'Neill's unexpected death on Christmas day 2000 left our communities around the world in shock. As we mourned with her family and prayed and tried to let her go, we often recalled her special calmness, tranquillity, patience and peace.

Mary, a native of Dublin, was on home leave from Kenya when she became ill. She knew she had health problems and often said she was ready to go when God called her. Meanwhile, life was for living to the full. She loved fun and didn't take herself too seriously. She had three big loves in her life – her family, MMM and Kenya.

An artist at heart, eveyone treasured the hand-made cards they received from her. She worked for most of her life as a nurse-midwife in Turkana and Kitale, where she was also involved with young women aspiring to life in MMM. For them, her passing was a great blow. 'No one was too big or too small for Mary', said one. 'She showed interest in everyone and easily formed relationships.' And another: 'She was always compassionate. Being with her was being at home.' With Denis and Shane and their families, we miss her greatly and we thank God for her generous life.

keep them comfortable – macintoshes, dressings, disposable sheets, gloves, oral rehydration fluids and some limited amount of drugs, while making sure their carers are trained in how to look after them. Both the sick person and the carer have counselling services available to help them cope.

The programme of Income Generation Activities is also regarded as a top priority. Originally, when the team went out to train village health workers, they discovered that there was no source of income to support these willing people. Today, several groups have received help to initiate a variety of income generating projects. These include appropriate agricultural activities, digging wells, food production and storage when it is plentiful and later selling it when the price is right, and setting up of kiosks where everyday necessities can be bought.

At Mininga Bridge when the rains come, the river becomes dangerous and impassible. Women could not get to the griniding mill at Makiungu on the other side. Money from Gorta in Ireland and a loan from the Community Development Trust Fund of Tanzania made it possible for for a communal grinding maching to be installed. After two years they were able to pay back that loan and buy a sewing machine, which is used by one of the group. She makes new clothes, repairs old clothes, and makes uniforms for schools. The money generated through this activity goes into the bank, and the members of the Co-op can borrow from it.

A further new building was erected from the proceeds of the sewing machine. It includes a room for storing food.

In the past year, the members of this group dug a well on an acre of land and planted moringa trees. Unfortunately, the plants were killed by a severe storm of hailstones, but the group, undaunted, planted again. On the rest of that acre they have planted banana trees, maize and beans.

This group are always thinking ahead, always asking what more can we do? They are still looking after the health care of the people in their area, with no remuneration for that. They encourage all pregnant women go to the ante natal clinics and young mothers to take their children to the clinics for under-fives. If anybody is very ill or dying, they report to the community-based health care team at Makiungu, and they are constantly active to educate their community in relation to the prevention of HIV and AIDS.

Healing at Lonesome Pine

Sister Bernie Kenny drove into Lonesome Pine Airport, in Wise County, Virginia at 4 a.m. She thought she and her team from the Health Wagon would get a headstart setting up the clinics due to open at 6 a.m. in the hangar. But she found people there already. They had been waiting in line since 1.30 a.m.

"It is difficult to believe that for many people in the United States today, health services are so hard to access. 43 million people are without health insurance, which means they cannot access proper health care", she says.

Sister Bernie is a Nurse Practitioner who has worked with the Appalachian people in Virginia since 1978. In her area, 75% of people cannot afford health care. In the Health Wagon, which is partly funded by the Diocese of Richmond, she and her team travel to many mountainous locations regularly. They also hold Health Fairs, sometimes associated with ecumenical church events.

Two years ago she was invited over to Mountain City, Tennessee, to see the services provided by the Remote Area Medical (RAM) Volunteer Corps. She realised that could make a big impact back in Virginia. Together with Stan Brock, who founded Remote Area Medical 16 years ago, she and her co-workers began to mobilise volunteers from across Virginia to help provide vision care, hearing and diabetes tests. These were just some of the services available during an intensive 3-day event. Three congenital heart defects in children were found the first day.

It was a huge feat of co-ordination. Terrific collaboration came from staff of the hospital, the Lions Clubs, the Mountain Empire Older Citizens, the Appalachian Regional Community Head Start, National Guard units and numerous businesses.

The Virginia Dental Association organized 175 volunteers. A year ago, on the first RAM visit to Wise County, 1,888 patients were seen. This year, the number reached 2,074, and many aspects were improved, based on what they had learned from the previous year. Sister Bernie says:

"For me the significance of the event was in seeing the length to which people are willing to go to help one another. So many folks came to me saying 'thank you for inviting me, for allowing me to help so many people.'

"The spirit was not only for those who received services, but the ones who provided services, and all of the community – the children, the student doctors, nurses, dentists, the churches, the local politicians, the media – all were giving of themselves and knew that they were making a difference in the lives of their brothers and sisters. One young man said to me 'this is the way life should be every day!' It is a mission of mercy and trust – trust in one another that we can pull together and make a difference for one another. Plans are already afoot for next year!"

Commentators were quick to point out, however, that events such as these are also a pointer to the major gaps in the healthcare system, even in many developed countries, and these gaps need to be addressed. Sister Bernie says: 'For many folks it was an eye-opener to realise that there is such a lack of services in our country.'

In ANGOLA our slogan is 'Promote, Prevent, Rehabilitate'

Sister Cecilia Asuzu gives us the nuts and bolts of how to start a rural health programme.

We started in 1998 by first orientating ourselves as a team. There were four of us, all nurses. All through 1999 it felt as if we were traversing a thick forest with no ray of light. During 2000, we could look back and see a few tracks we had made. Now, as 2001 draws to a close, we are able to guess the next step and can give some picture of what we might be doing.

As I write we are in the middle of a three weeks course for our Health Auxiliaries. Students take notes from flip charts. This is the fruit of work that began by visiting the villages around Chiulo, to learn the situation regarding community health. The overall district is called Mucope, of which Chiulo is a part. MMMs have been working at Chiulo for nearly fifty years. Now that the hospital is administered by Angolan staff, we were freed to look to the wider health needs of this very rural community.

'Most of the villages we visited had never seen a car.'

There are three divisions in Mucope District. We concentrated our main work in one division each year. The general objective is to improve the health situation in the villages through health orientation and education. We do this by selecting with the communities, people to train to 'promote, prevent and rehabilitate'. We have a growing repertoire of slogans and this is one of them. We visit the villages, first to do a baseline survey, and later for health orientation. During this time we provide the community with a process and with them select someone who can be trained to do the work. This was very difficult, as we required people who can read and write. Often there was not one person in a whole village who could meet this requirement.

This is a community project and the local people select and remunerate the person chosen. An objective of the project is to help the community do as much as possible for themselves. 'Autonomy' is a word they love.

Angola has so much land and people live scattered over it, not in tightly-knit communities that are found elsewhere. It is very difficult to bring them together. Most of the villages we visited had never seen a car. We often had to cut down trees to make a road to reach these remote locations. And for four months of the year there is water everywhere so we are forced to remain at base.

After much visiting and discussion, the people chose to have a three-week course covering leadership, communication, simple teaching methods, sanitation and a basic knowledge of health. Last year, nine people took this first phase course and the present group of students has eight.

'We often had to cut down trees to make a road.'

After the training they return to their villages and we supervise them for one year. Then we bring them back for a second phase course during which we concentrate on the common health problems and how to prevent them and give first aid, the concept of using medicines and how to care for the sick.

We also teach them to keep simple statistics. They go home with a kit and some essential medicines. This is as far as we have got with the first division. Next year we will follow them up with supervision and any other need that may show itself. We will look at their records, especially the signs, symptoms and treatments. This will give us a fair idea of their knowledge and use of the medicines.

Sister Cecilia Asuzu from Nigeria has been a missionary in Angola for many years.

In due time we hope to have a stock of essential medicines for them. The users of the medicines will pay, as this is a revolving assistance scheme. It is part of growing into independence.

During our second year in each division, we begin to train Traditional Birth Attendants.

Generally the work is developing very well judging from where the people are starting. We are all being transformed, each of us on the team, the health-care auxiliaries being trained and the people in the villages. Each year now, we feel we are delivering a better service, knowing where more emphasis is needed. I feel myself growing with the project. Really what is needed is common sense and being practical.

There are other components to the project besides the education and training programmes. We have vaccination of the under-fives – every year we have a four-month vaccination campaign in thirteen villages. Malaria prevention is a big concern and is helped by the production and use of mosquito nets. Education for prevention of AIDS, TB, and Leprosy. Then there is the Nutrition work – teaching the mothers to cook nourishing foods. We also help them develop their use of herbs. We find Aloe Vera works miracles to detox the body – the body relaxes and the person feels good and the body's immunity is maintained. I make Aloe Vera syrup, cream and eye drops. We have also used reflexology successfully for allergies, weakness of one side of the body, chronic skin conditions, for releasing tension, inducing sleep and of course relaxation.

In a country like Angola that has known so much violence and war, anything that that helps to release tension is a big contribution to the status of the people's health. I have job satisfaction, that's for sure!

In the Role of Health Care Co-ordinator

Sister Elizabeth Dooley is Co-ordinator of Health Services for the Diocese of Kitale, Kenya. Some of the programmes in which she is involved are attached to health care units. Others are associated with the many small christian communities in parishes throughout the Diocese.

Sister Elizabeth says: "Administration is a necessary part of my job. However, what I appreciate most is the contact I have with people, mostly women, in their local communities where they struggle to improve their quality of life.

"Each programme has a leader chosen by the group. This person participates in a three-week 'Training of Trainers' course which is designed to prepare them to be leaders in their local health programme.

"The basic principle of Community-based Health Care", explains Sister Elizabeth, "is that the community members meet and identify their own problems, prioritise them and agree what steps they can take to address them. The cost is minimal and the results rewarding. With education, information and encouragement, many of the previous common health problems can be eliminated or reduced – including malaria, diarrhoea, skin rashes and respiratory infections."

"One of the biggest fears people face is contracting the AIDS virus which has already affected 35% of the people of Kitale and the surrounding area. This reality has already become a priority focus in the co-ordination of the Diocesan Health Care programme."

Sr. Moira Murphy – 'so down to earth'

A generous, flexible, and kind person, an all-rounder, who was 'so down to earth' and always 'called a spade a spade'. That is what was said about Sister Moira Murphy, who left us for her heavenly reward on August 17th, 2001.

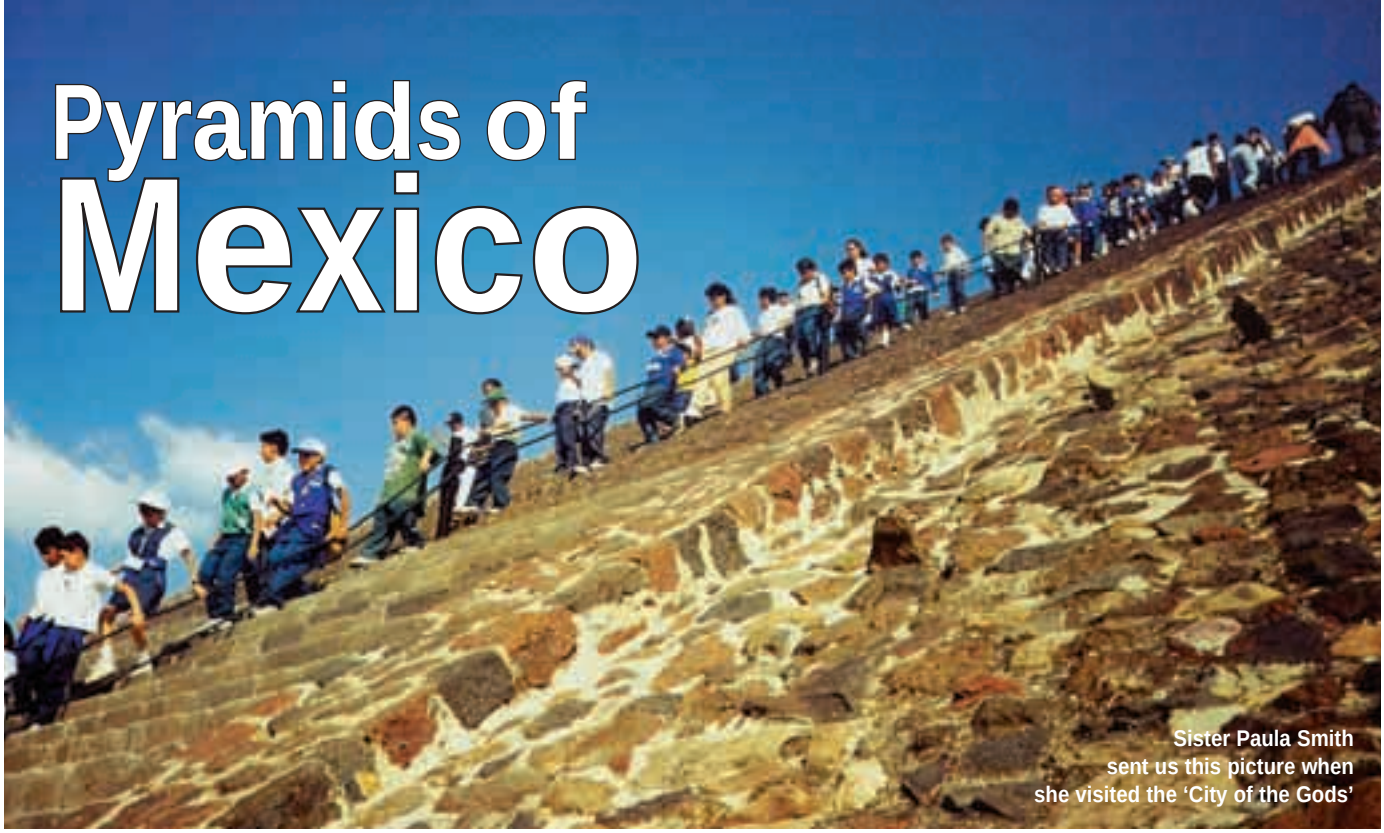
Born near Knock Shrine in 1915, Moira had great devotion to Mary. She was already trained as a midwife and had extensive experience working on district cases in Dublin during the second world war, and later in Galway.

She was forty years of age when she gave up this independence to join MMM, and worked in Nigeria for several years. Despite poor health in later life, she was ever generous and willing to fit in wherever she was needed. This took her to California, where she was involved in community work. She also did pastoral work on the east coast of the US. Back in Ireland she served in the parishes of Artane and Clonsilla in Dublin, and later in Drogheda.

Wherever she went, this gentle woman is remembered with great affection. Her family in Mayo remember her home visits and nightly sessions when they discussed the state of the world, politics, the church - whatever was current.

No doubt from heaven she will continue to take an interest in all these needs of ours and we can rely on her help in our troubled times.

Pyramids of Mexico



Sister Paula Smith sent us this picture when she visited the 'City of the Gods'

SOME FORTY KILOMETERS northeast of Mexico City, in the valley that forms the central basin of Mexico, are the archeological vestiges of the 'City of the Gods'–Teotihuacán. The magestic pyramids of Teotihuacán were built by a people who dominated mesoamerica for hundreds of years. Much later, the Aztecs, who took over the area in the 15th century, gave the city the name 'Place of the Gods'. They believed it was built by supernatural beings. Nobody knows what this place of great wonder was called by the people who built it.

Teotihuacán was inhabited from 100 BC to 700 AD. In the beginning the economy was based on agriculture, supplemented by hunting, fishing and gathering. Later, there were social changes due to a population increase. Storage of production surpluses led not only to a division of work and to trade, but also to the centralization of power and permanent settlement, culminating in the construction of the great urban centre.

The north-south axis, originally 4 km long, was later named by the Spaniards *Calle de los Muertos*, the 'Avenue of the Dead'. It is flanked by palaces, temples and altars which extend to either side like the wings of a butterfly.

At one end stands the Pyramid of the Moon. Off to one side, rising in an immense stone mass, is the Pyramid of the Sun, the third largest pyramid in the world.

It is thought that Teotihuacán developed from a cave system with religious significance located under the present Pyramid of the Sun. As other settlements in the area diminished, Teotihuacán flourished and became a religious and economic centre, controlling the region's production of obsidian – the black stone people used to make weapons and utensils.

By 250 AD the ceremonial core was completed, including the Pyramids of the Sun and Moon and the *Calle de los Muertos*.

Sister Mary Ann MacRae works as a primary care physician at Clinica Esperanza, in Tijuana, Mexico. She writes:

"At Clinica Esperanza we try to address the most common health problems encountered by people who live just across a canyon from the municipal garbage dump. Some of these problems are diabetes and hypertension. These health problems and so many of the other problems in this community are aggravated – if not caused – by living in a highly stressful situation like this, on the border between Mexico and the US. This stress also brings on many other problems like alcohol, drug abuse and domestic violence.

For me it is not enough to treat the people with medicines for diabetes or hypertension. While these are needed, they are not the whole answer. Together with one of the Mexican Social Workers, we seek a more integrated and holistic approach. So in *La Casa de la Comunidad* in Canyon K, we have started using practices that include microdoses of herbal medications, meditation, and Reike. I have been teaching a course in massage therapy. The women are all working with various groups and are incorporating what they learn into their everyday lives and work. In a city with so much physical abuse of women and children, when people learn to touch in a respectful and loving way that can lead to a lot of healing of this trauma."

The massive pyramids were painted red, and must have been an awe-inspiring sight.

In 400 AD, with around 200,000 inhabitants, Teotihuacán was the sixth largest city in the world. Extending over eight sq. miles, it was larger than Rome. Trading relationships were established with Monte Alban in Oaxaca and the gulf coast. There is little evidence of any hostility during the years of prosperity.

The activities of the inhabitants of the great city included agriculture, building, carving bone and shell, trade both with distant areas and in the city market, pottery, stone cutting, sculpture, painting and weaving textiles. Teotihuacán's influence spread along the trade routes to other regions in mesoamerica.

Religion occupied a position of prime importance. The gods worshipped were associated with water, earth and fertility. These are represented in sculptures, clay figures and mural painting.

La Ciudadela, a large sunken plaza, was the city's administrative centre. It was originally surrounded by fifteen small pyramids. Its name was given, centuries later, by the Spaniards, who viewed the archeological remains with European eyes and mistook the perimeter platform and pyramid remains for a fortress and towers.

There is evidence suggesting that a great fire swept through the city around the year 650 AD, devastating many communities. For some unknown reason a swift decline ensued. Scholars put forward different theories for this. Perhaps invasion from a rival city, taking

advantage of temporary weakness. Or a culmination of the erosion of natural resources by over exploitation. Others suggest there was a famine caused by repeated drought which forced the inhabitants to migrate. Whatever the reason, the population moved to other growing cities. Teotihuacán became deserted. By the time the Aztecs arrived on the scene, the area was little more than an ancient ruin.

Teotihuacán became a place of pilgrimage for later peoples, who went there to perform ceremonies honouring the gods. To the Aztecs, Teotihuacán was a holy place, where the sun, moon and universe were created – "the place where men become gods".

Today, apart from the large number of tourists, Teotihuacán draws great interest from archeologists. As yet, only 5% of the city has been excavated. Its secrets invite a lot more digging.

Great debate has taken place over the fact that on both sides of the Atlantic ancient civilizations chose to build pyramids. But archaeologists give a simple explanation. Before engineers had invented the dome or the spire, before structural steel was available, a sloping edifice was the only high structure you could build. If you wanted a high momument when all you had to build with was heavy stone, then it had to be a pyramid. But there's no taking from the genius of the architecture, the magnificent sculpture, and the sheer hard labour involved!

When the Center for Justice, Tolerance and Community, at the University of California, Santa Cruz, hosted a Summer Institute on Transnational Organizing for Social Justice, Sister Eleanor Donovan was lucky enough to be among 22 participants who were selected from 110 applicants.

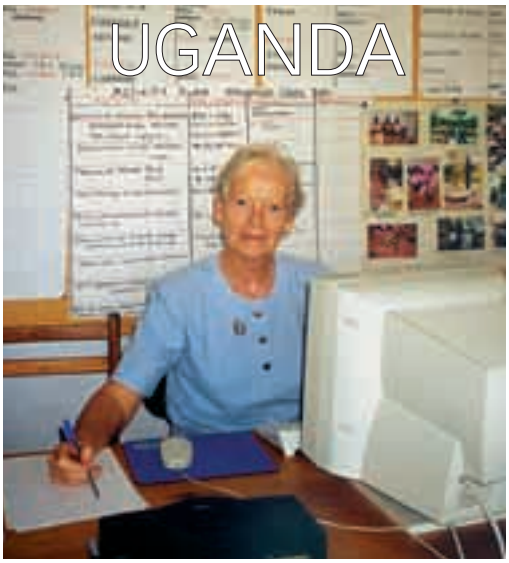
"Half of us came from countries south of the border - Ecuador, Guatemala, El Salvador and Mexico. The other half were from Latino communities based in California. We were eleven men and eleven women all working in urban, rural or indigenous communities. Some worked in the sweatshops of Los Angeles, other in the *maquilas* in Tijuana. Other were migrant farm workers. Some had been part of protests against violence to the environment. Others had taken part in the World March of Women in confrontation with the World Bank representatives in New York. All our expenses were covered entirely by the University and funders of the project.

They were ten busy days of learning about the international political economy and its effects on community organizing. It was geared to networking with organizers doing parallel work and building new alliances for future collaboration. There were workshops on useful skills, such as computer training and fund-raising strategies. And we had visits to active local and regional organizing campaigns to discuss best practice.

What is transnational organizing? Organizing which accepts as a basic premise that the linkages and relationships between local, national and international forces are fundamental to understanding the patterns of power and powerlessness in our communities. The enthusiasm and dedication of each one was inspiring as we listened and shared our stories, hopes and dreams. There were times of laughter and tears, of prayer using indigenous ceremonies, meditation, massage and exercises, much listening and learning, planning and dreaming, singing and dancing. Friendships and bonds were made and connections are already continuing by e-mail. Soon we hope to be networking in coalitions and movements, which will be effective in creating social justice. It was an experience that we shall never forget."

Ten Years at Makondo

Sister Rita Hand writes from



Makondo is a remote area of Uganda, 50 km west of Masaka town. This area has the highest incidence of HIV/AIDS in the country. Other health problems include malaria, anaemia, malnutrition, and diarrhoea.

Since 1970, MMMs had been sending a medical team on monthly visits to Makondo.

In 1991, a community of four Sisters took up residence, and established a permanent Health Centre at Makondo with outreach to the surrounding villages.

AS WE CELEBRATED the tenth year of Community-based Health Care at Makondo, we gave thanks for what has been achieved. It was time too to plan for an expansion of our services over the coming five years.

The clinic attendance now brings an average of 9,000 adults and 7,000 children per year. Mother and Child Welfare clinics are held each weekday. Emergency weekend services are available. Laboratory diagnostic services have expanded and with the employment of an additional assistant Laboratory Technician we expect these to reach an average of 12,000 tests per year. Our Ambulance service for critically ill patients is greatly in demand. A Consultant doctor is available once a month from Kitovu hospital in Masaka, 50 km away.

OUTREACH CLINICS

The Outreach team attends four clinics once a month in surrounding villages. Children's developmental and health status is assessed and advice given. Sick children are referred to the Health Centre or to Hospital if necessary. Children under five are immunized. Health talks and nutrition demonstrations are given. Ante-natal and post-natal mothers are assessed and referred to the hospital if necessary.

Training workshops address capacity building for our staff providing skills in the following areas: HIV/AIDS/TB, Record-keeping, Counselling, Education methods to encourage behaviour change, Management and Administration.

WATER SUPPLY

There are no rivers or streams in this area. Traditionally the people got their water from swamps and from hand dug depressions in the valleys.

Back in 1995, we identified a number of springs from which the people were getting their water supply. These sources were contaminated, resulting in water-borne diseases. Since then we have been able to help the people to address this problem and today, a total of 38 springs have been protected and shallow wells have been constructed.

This work is by no means done - there are many areas still getting water from swamps, or rain water from roof catchment, so the Programme must continue to work at the protection of the water sources.

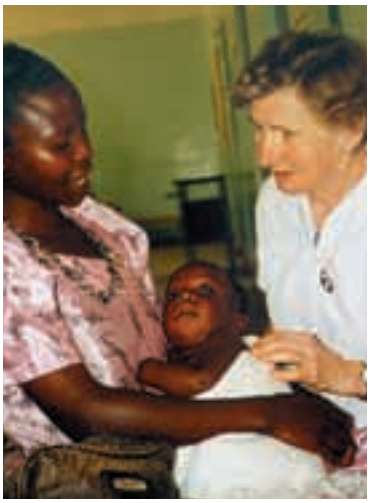
AIDS & PALLIATIVE CARE

The outreach Programme covers 12 centres, servicing people living with AIDS in 63 villages. In the year 2000 the Project team recorded 5,795 visits, averaging well over 100 people per week. We provide medicines,

In Uganda, women provide 68% of the labour for food crop cultivation and 53% of the labour needed for cash crop cultivation.

Uganda has the 2nd highest population of people under 15 years (48.8%) in the world. With 258.8 cases of AIDS per 100,000 inhabitants it ranks 8th in the world.

Polluted water source near Makondo. Sister Dympna Hannelly and Charles Ssendege inspect the clean shallow well that replaced it.



Sister Ita Barry at the Well-Baby Clinic

counselling services and supplementary food - when available. There is also material assistance including blankets, cooking utensils, to the poorest of the poor, in families affected by HIV/AIDS.

Working with people who are living with AIDS is emotionally and physically draining on our staff. We hold frequent meetings, monitoring how they are coping in order to recognise stress symptoms early.

Many people who are infected with HIV or who have developed AIDS also suffer from TB. Patients diagnosed and treated for TB have an improved quality of life. They feel stronger and in some cases are able to return to work. This creates an additional benefit for their children and families. Family members will also benefit by treatment if patients are discovered to have TB. It is important to ensure that children under five will be protected from contracting the disease.

Sister Catherine Nakintu helps Nurse Christine with immunizations

TRAINING OF TRAINERS

Our Programme for community trainers and traditional birth attendants is carried out on a phased basis. Each phase consists of one-week sessions with three to six months of field work in between each phase. Regular follow up is conducted as well as annual refresher courses to update the training.

Our goal by the end of the year 2002 is to provide training for:

- Community Resource Persons
- 45 Community Health Workers
- 10 Trainers of Trainers each having completed two Workshops
- 10 Traditional Birth Attendants each having completed two Workshops
- 20 Youth Trainers in Behaviour Change, each having completed two Workshops
- 25 Primary School Teachers in Behaviour Change and Counselling, each having completed two Workshops
- 10 Village surveys
- Refresher courses for 50 Community Health Workers
- Refresher courses for 25 Village Health Carers.

School Programmes will continue with the education on health and environment issues. The curriculum will include a diversity of current issues including HIV/AIDS, reproductive health etc.

Our plan is to target 25 primary school teachers who are responsible for counselling and the guidance of girls. Behaviour and Counselling Workshops will be carried out. There is a tremendous need for the teachers to understand their role as School Counsellors and to acquire the necessary skills to guide the girls both in and out of school. We plan to organize two workshops for Teachers each year.

YOUTH PROGRAMME

The project will organise workshops on HIV/AIDS, Sexually Transmitted Diseases and Behaviour Change. This will target young people out of school. Many cannot pay school fees to continue their studies and have no employment, so they are bored as a result get into problems – e.g. alcohol, drugs, and unwanted pregnancies. Two workshops will be conducted for them per year. The youth Programme will include sexual development; friendship formation; resistance to negative peer groups; dangers of alcohol and drug abuse.

This comprehensive programme is a huge challenge, but we feel that Community-based Health Care is the best strategy to raise the health status of the people, and that is our ultimate goal.

Sister Celine Jones runs a playschool that provides nutrition as well as education and fun.

Life expectancy in Uganda is Male/Female is 43/42 years respectively. The adult illiteracy rate of males is 25% while that of females is 47%.

Uganda is a land locked country with a total area of 241,038 sq.km. 34% of its land area is arable. The population is 20.9 million with an average growth of 2.6%. The majority of the inhabitants (86%) live in rural areas.

HONDURAS

Home is where the Hearth is!

Sister Renee Duignan

ONCE MORE we headed off up the dirt road into the hills, past the coffee plantations and the freshly ploughed fields prepared for planting corn. It was like so many other days – only today was different. We were finally about to begin our stove-making project.

There was a great buzz of adventure. With us came Jared, a Peace Corps Volunteer who had designed the stoves and the four young people chosen to be trained in their construction.

We bounced from side to side in the pick-up – which was full of aluminium chimneys, pieces of iron, *comales* (hot-plates) and other necessary materials. We climbed higher and higher until we arrived near the border with El Salvador, about 55 km. from where we live in Marcala. Eventually we reached the house where Dona Reina lives. She is a single mother with seven children. Her house had been badly damaged by the earthquake earlier in the year.

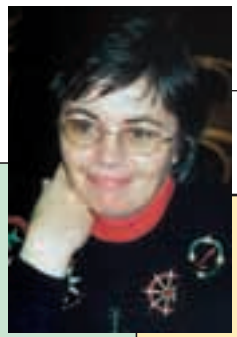
This house – small, stark, with walls fashioned of tree limbs and a roof of burned tiles – sits on the edge of a cliff. Dona Reina met us as the pick-up drew near the house. She proudly announced that the bricks and adobe blocks were ready to begin the work.

We entered her home which consists of one fairly big room with an area curtained off for sleeping. It was a dark, sparsely-furnished room with an uneven dirt floor. The beams supporting the roof above were thickly covered with years of soot from the open-fire stove. Bundles of corn cobs hung from the lower beams.

As we sipped sweet coffee we listened to Dona Reina recounting her morning activities; she had washed and ground the corn and made the tortillas before the morning sun came peeping through the lattices. The children were eager to explain to us about their participation in digging out the old stove in preparation for our arrival.

The old stove, common to most houses, was a wood-burning one made of clay with no chimney, which constantly threw off clouds of black smoke. The family members especially the women, who spend hours preparing tortillas etc, are exposed to these fumes. Our work among the people in the Integrated Health Programme brought us in touch with the health problems such as eye irritation, headaches, respiratory infections and general fatigue as a direct consequence of this unhealthy atmosphere. Over the past year many women welcomed the possibilty of having a better type of stove and were willing to make it a priority and do their part in its construction.

And so we all set about making this new stove in one corner of the room. Neighbours watched the proceedings curiously. Our volunteer, Jared, highlighted the importance of constructing the base to suit the height of the woman of the house.



As we followed his instructions we all enjoyed the feel of the clay and being part of this new creation. We were very impressed with the artistic ability of our four trainees and their enthusiasm.

This model of stove has a number of advantages. It includes a little oven for baking, a chimney to expel the smoke and a small opening for the firewood. This actually cuts in half the amount of firewood needed. This latter aspect makes a huge difference to the lives of the people where firewood is scarce and expensive. It will have lasting effects on the environment.

Having completed the task, the children produced the firewood and took delight in setting it aflame. We all raced out to watch the smoke spiral up into the sky. Big applause!

Since that day over 100 stoves have been constructed. This project is proving to be a huge success, we are hoping to help about 500 more families over the next year or so.

Sister Bernadette Heneghan has recently joined Sisters Renee and Rita Higgins and MMM Associate, Mary Egan in Honduras.

WHAT YOU NEED:

BASE	Stones, Gravel, Mud 55” x 36” constructed to the height of the cook’s knees.
OVEN	2 Sheets of tin 18” x 36” 8 burned bricks Metal bars Hot plates
FIRE BOX	11 adobe blocks 6”x8”x16” Iron rods of different lengths Old tiles Mud
CHIMNEY	3 tin tubes, 5” in diameter

Ireland's President visits East Africa

President McAleese visited the Nutrition Unit at Kitovu Hospital, Uganda and was captivated by two-year-old Emmanuel and five-year-old Noeline. These children had been found abandoned as babies near the Nutrition Unit. Probably both sets of parents had died of AIDS and relatives were already overburdened by other family orphans. Both children have since been adopted by the Co-ordinator of the Community-based Health Care programme Miss Regis Nsubuga and are growing happily in her home.

President McAleese is captivated by Emmanuel and Noeline

Photos courtesy of Maxwell Picture Agency, Dublin

In Kenya's Turkana Desert, Sister Kathleen Crowley shows the visitors the the basket-making industry of the Women's Development Group.

Sister Mary Teresa Reilly introduces Annette Nakuye to the President.

Robina Ssentongo, Director of Kitovu Mobile Programme and Joyce Lugasa, Assistant Resident District Commissioner for Masaka welcome President McAleese.

Sister Davnet O'Kane explains the catchment area of the Blood Bank.

When Home-based Care is Best...

Sister Carla Simmons is an MMM doctor bringing home care to families living with AIDS in Uganda

Nurse Maxi and Sister Carla

FOR FIVE YEARS I had worked as Medical Superintendent at Kitovu Hospital, but when I was able to pass over that role to a Ugandan doctor, I could follow my dream – to do something to help people living with AIDS through home-based care.

You get a different picture when you see a person in their home. As the doctor on the team, I call to see any patients referred to me by the nurses. It might be a patient they want advice about or a patient needing palliative care. When I worked in the AIDS hospice in my home city, Detroit, I saw the benefits and the need for palliative care for patients suffering from AIDS.

We offer this service to our own patients in the AIDS mobile outreach programme and also for patients with cancer referred from the hospital. While the purpose of our mobile Outreach Programme is to care for people and families who have been struck with AIDS, you couldn't have a service in an area as poor as this without it being available to anyone who needs it.

We are very fortunate in Uganda that morphine is available for treatment of severe pain. Because morphine is a classified drug, an opiate, a drug of addiction, there are very strict laws as to its handling, use and prescription. In many African countries it is not even allowed to be imported. It is only since the growth of the hospice movement that the benefits of morphine in terminal illness have been appreciated fully. The beauty of the morphine we use is that it is oral, cheap, easy to take, and wonderful for pain relief as everybody knows. It is also helpful in the control of severe diarrhoea that often accompanies terminal stages of AIDS. That gives tremendous relief not only to the patient but also to the family.

Another aspect of my work is to try to develop a more intensive programme for TB – the disease which kills more AIDS patients than any other single thing. This makes it important to detect it early and start treatment. It is also important because TB, unlike most other infections that AIDS patients get, can be transmitted to healthy people. So detecting and treating early protects the family, especially the children. We have hired a male nurse who can go out and do contact tracing, case finding and case follow-up.

We have twelve nurse-counsellors on our Home Care Team. Each one of them is gifted. They don't come to work on the mobile Outreach programme if they are only nursing as 'a job'. This really requires dedication. They work long hours, arrive 8 a.m. to get their things ready, and often don't get home till 7 p.m. Their day takes them over very bad roads, working with

people who are sick and dying all the time. It takes something special to do that kind of work.

Each day, three vehicles each with a driver and a nurse, go out to visit designated centres. There, patients gather every two weeks. They have time to discuss various topics, i.e. hygiene, good food, social problems etc. The nurses spend time with each patient advising them and giving the basic medicines. If patients are too ill to come to the centre, the nurse will often do a home visit.

Lately my weeks are spent doing programmes for our community workers, introducing them to palliative care, and TB prevention and treatment. We have over 700 community workers in 15 parishes. They are all volunteers. These are ordinary people with jobs in their own place. The great advantage of the community workers is that they know the patients attached to their centre. These volunteers have received some training in counselling techniques, and in hygiene of course. They know the patients, understand their problems, listen, and talk to them. On a clinic day, if a patient is unable to come to the designated Centre, a community worker will tell the nurse at the Clinic, who will either go to the home or give the community worker the medicine to bring.

Some of our volunteer community workers are very active. Often, our patients are far-flung over a wide distance in remote places. I cannot ever remember a time when we stopped to ask somebody the way and they didn't drop whatever they were doing and get into the car with us and come to show us the house we wanted. I remember one day we set out to see a child. We knew the father was working in Kampala, which is 80 km from here. It was pouring rain, pelting out of the heavens. We called to the house of the local community worker. She was a young woman, herself eight months pregnant. She put on her raincoat and boots, and brought us to where the grandmother and the sick child were. When we were finished treating the child, we were going to take the community worker home again, but she said 'no, no, I'll stay with the grandmother for a while'.

This wonderful bunch of volunteer community workers started out with a few catechists. It was parish-based from the very beginning. After a while, the catechetical work reached out to become a community service. It grew from there. People offered to become involved; maybe a family person of their own was ill. Although we don't remunerate community workers, it gives them a status in the community, and many of them have been elected to local political positions. They are seen to have leadership. The education wing of our mobile Outreach Program does refresher courses for community workers, so all of them get at least one week's upgrading workshop each year.

Because many of these volunteer community workers have to get to very rural places, in the past we got some funding for bicycles for them. This year we managed to find the money to provide gum boots and umbrellas for them – it was our small way of marking the international year of the volunteer. But my real dream would be to be able to give each of them a bicycle.

Unfortunately, other things, including medicines and transport, have exhausted our funding. We have between 2,500 and 3,000 people with HIV. Probably 70% to 80% of these have AIDS or AIDS-related conditions. More and more we are seeing patients coming to us with full-blown AIDS and dying within 6 months of being on the programme. But we still have people who have been on the programme for up to eight years. This makes you wonder do they have the same kind of AIDS, is it the same strain? Or, are they surviving because of the support they get from the programme, the encouragement to live positively and knowing there is someone there they can turn to.

A lot of research has been done on AIDS in Uganda. In Rakai and Masaka districts now, the incidence of new cases is going down. But as far as our work goes, the incidence of cases of AIDS is not going down, in fact it is even more common now because many of those already infected with HIV are developing AIDS. The hope is that in ten years from now we will see it going down. But for at least the next ten years we have our work cut out for us.

Kabanga: Celebrating 50 YEARS

On New Year's Day of 1951, a Departure Ceremony at our Motherhouse bade farwell to three Sisters as they set sail to establish a new Hospital at Kabanga near the western border of Tanzania. Five weeks later, Sister Gemma Breslin and the late Sisters Margaret Garnett and Evangelist O'Connor arrived in Dar es Salaam.

The compound of Kabanga Hospital was en fête on March 17 2001 to celebrate the 50th anniversary of their arrival. At the Jubilee Mass and Nurses' Graduation Ceremony, the joy of everyone was expressed with great reverence and respect by the student nurses who graced the liturgy with magnificent dance.

After Mass a tree planting ceremony ensured that the occasion would be long remembered. Then followed lunch with 300 guests. After this the entertainment continued in the School of Nursing quadrangle with speeches and drama.

Sister Phil Sheerin, on behalf of MMM, said honouring the memory of those who have been with us and are now gone implies putting their values and ideals into practice.

The MMMs who founded the hospital at Kabanga, she said, could not have succeeded without the help of many local people. A number of those are today working as staff at the Hospital and elsewhere around Tanzania.

Speaking to the graduating nurses, Sister Phil asked if there would be three among them who, like the founders of Kabanga fifty years ago, would be willing to take their skills to the remotest villages where people are still awaiting the healing touch of Christ.

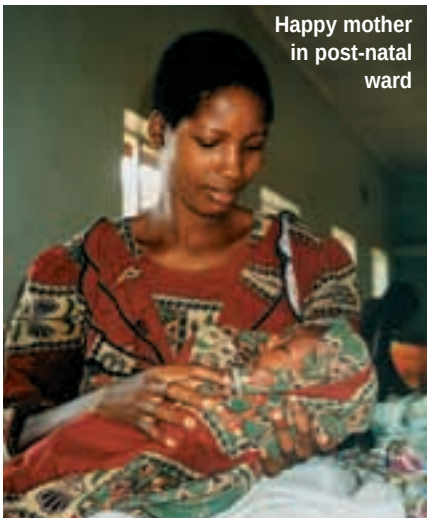
The Nurses and Midwives Training School at Kabanga Hospital Complex is the only training school for nurses and midwives in Kigoma Region. More than 80 students are catered for at any given time.

The past year has once again been a busy one. There were more than 10,000 attendances at antenatal clinics. There were 1,262 deliveries, of which 22% were abnormal. Many of those are found among women coming from the nine refugee camps, referred to Kabanga by the camp doctors.

Sister Corona O'Brien, Midwifery Tutor

Sister Gemma Breslin was one of the founders of Kaganga in 1951.

Sister Bernice O'Neill and Nurse Pendo Mpayo



Happy mother in post-natal ward

After many years of waiting, a hydro-electric project, funded by Misereor, was completed in time for the Jubilee. It was constructed under the direction of Brother Theo Coll of the Missionaries of Africa, who serve the parish of Kabanga. The electricity is generarated from a dam created in a gorge six kilometers away. In the mission workshop, with the help of local labour and using recycled materials, Brother Coll and his team built the iron pylons that carry the cables. After all the years of depending on diesel generators, the assurance of an all-day supply of electricity in Kabanga is a reason to celebrate indeed!

Brother Theo Coll and Gaspari, one of his helpers.

'Look Fear in the Face'

Last May, Sister Kathie Shea was the recipient of an Award from Fontbonne Academy, Milton, Massachussets, her Alma Mater. She is the first religious sister to receive this Award which is presented annually to a person whose life is characterized by an active social commitment to sacrificial service to others.

Accepting the Award, Sister Kathie urged this year's Graduates of the Academy to be women of conviction. Quoting Eleanor Roosevelt, she reminded them: "you gain strength, courage and confidence by every experience in which you stop and look fear in the face – you must do the thing you think you cannot do".

Sister Kathie is grateful, she said, not only for the academic courses taught at Fontbonne Academy, but especially for "the Sisters who helped me to see that God had created me for some special service – that God had committed some work to me which had not been committed to another – that I had a mission".

"I am proud to be a religious Sister", she said. "We are women who make a decision to live not by what we can get, but rather by what we can give, who leave home to respond to a call of service. We are women who have made a decision to join with others to try to make things better in this world."

She quoted American poet, Robert Frost, in 'The Road Not Taken':

I shall be telling this with a sigh
Somewhere ages and ages hence
Two roads diverged in a wood, and I –
I took the one less traveled by
And that has made all the difference.

Sister Kathie, who holds a Master's Degree in Business Studies, from the University of Notre Dame, was recently missioned to East Africa, as a resource person in accounts software and financial procedures for MMM.

Sister Mary Stack

Despite a number of health problems in the latter phase of her life, Sister Mary seemed to carry her years lightly. When she died on January 4, 2001, many were surprised to learn that she had passed her 80th birthday.

As a nurse, she always ran her Unit to the highest standards of care and efficiency. She filled many leadership positions in healthcare, including Theare Sister and Night Superintendent in MMM hospitals, Senior Administrator at Mayday Hospital, Croydon, Deputy Executive Secretary of the Private Hospital Association of Malawi, and Chairperson of the Nurses' & Midwives' Council of Malawi. To younger nurses, she passed on a great love for her chosen profession. She is fondly remembered in Malawi, where she served for more than ten years.

Later in life, she returned to our Motherhouse, and brought great energy to the task of establishing a Memorial Room where personal items and records associated with the life of Marie Martin, our Foundress, are on display.

Her desire to preserve what was best in the values of health care found a new outlet when she joined the team in our Archives Department.

Sister Mary's work was always well done. Together with her loving family we miss her, but we know that now she can rest from her labours.


Sister Zita

Who can be a Traditional Birth Attendant?

Sister Zita Iwuoha writes from Angola

It was Fernando, one of the village Health Workers, who challenged me during our awareness program in preparation for the selection of traditional birth attendants in the village.

Usually, before any training is done, we make a few visits to the identified places, holding meetings with the chiefs and the local people.

Like every other aspect of Primary Health Care here in Cunene province in Southern Angola, the training of TBAs is very new. So much awareness has to be done to convince both the villagers and the TBAs themselves that they can make a huge contribution and be agents of change in the lives of their people. We have to convince them that the new ideas they will acquire during the training will broaden their knowledge of mother and child care, and could alleviate much suffering for the local women and newborn infants.

When the time came for the selection, I was not quite ready for the question raised by the group: can a man be selected as a Traditional Birth Attendant? My immediate gut response was 'No'. What I had in mind was to train women TBAs only. I was praying that no man would be selected. I had plenty of excuses to put emphasis on the need for women TBAs – the ulterior motive being to raise the standard of women in this society that pays little attention to the rights of women.

But at the back of my mind I realized that at home in Nigeria my grandfather was a traditional birth attendant so I could not help but say 'yes' to the question.

I guessed Fernando must have noticed my reluctance to encourage the group to select male TBAs for training. It was at the end of the meeting that he came up to me and asked outright 'Who can be a traditional birth attendant?' He did not wait for my answer but gave his own definition. 'A TBA is a man or woman who is trustworthy and kind, one who has the gift and experience of helping women with deliveries.'

I agreed with his definition and he went away happy. During their meeting for the selection of candidates for TBA training, the people unanimously selected José as their candidate to be trained. We always accept the people's choice.


At the end of their course, TBA's are kitted out with the basic equipment they will need.

Our first TBA training took place in November 2000 in Chiulo hospital. It lasted for three full weeks. We had five candidates in all, each from a different village. When they turned up for the three week course, José was the only man in the group.

When I look back now, I must admit that José was a 'Godsend' in many ways during the training.

The day they were to arrive in Chiulo for the course the car went to pick them up, some 90 kms away from the hospital at Chiulo. There was a breakdown on the way to Chiulo. As there was no means of communication, the group had to sleep in the bush. José walked 15 kms on foot that night to fetch drinking water and food for the ladies. That sustained them until the following day. He continued to be gentle, kind and supportive to us all throughout the course.

He is fluent in Portuguese as well as in the local language. During the classes, he was very helpful in translating for us. Although he is literate, he had the least previous experience of delivery.

On the other hand, Pingafana, the oldest in the group – with 45 years of experience – was top of the class. She enriched us with her wisdom and experience. When we were talking about problems during pregnancy, I was surprised when she asked in the local language, 'what about premature rupture of the membrane'?

I'll never forget the input she gave on the subject, and even went as far as saying what months it is most likely to happen, the signs, the symptoms and the local treatment. It was unbelievable!

We all learnt a lot during this course. The women were particularly grateful to José for his contributions on the cultural challenges. I have no doubt now about who can be a TBA!

A special kind of presence

Sister Anne Carr writes from Malawi

DRAWING or scribbling can be a child's way of expressing anxiety. We provide coloured pencils and recycled paper so the children in Lilongwe Central Hospital where I work can rise above their pain and enter into a creative world.

One little boy, Dickson, wrote 'the doctors do not like me.' I talked gently with him to find out what he meant. Eventually, he said 'because they will not operate on me'.

Some weeks later the doctors did operate on my little friend, just to open and close him – he was full of cancer, which had spread from his liver and they could do nothing for him.

Dickson asked me if he could have Holy Communion. We often held a small service at his bedside, where he would say his prayers and receive Jesus with an attitude of love and prayer that would be the envy of many of us adults.

I was away on retreat a few weeks later when my little friend died. He had been discharged but had asked his father to phone for 'Annie.' Unfortunately I only got the message the day after he died. When I visited his parents they told me he had wanted to say goodbye.

On a typical day, when I arrive at the hospital I go to the intensive care unit to see how the staff and patients are. On my way out I meet the relatives of the patients who are in the intensive care unit, who are usually clustered in small groups. Sometimes they ask me to pray with them for their loved ones, so we make a simple and short prayer for healing for the sick one and for peace for those who worry about them.

Then I may be called to a particular ward by the relative of a patient or by a staff member. There is always a shortage of beds and often there are patients lying between the beds on mats on the floor. There is no possibility of a quiet time with a patient there. But these people are wonderful. They are glad to see someone who is willing to spend time with them, to hold their hand, to calm their agitation, to listen to their ramblings and not dismiss them.

On the surgical floors we find some continuity of patients because of the high rate of road traffic accidents and assaults. They enjoy being visited, to share a joke or ask how the leg or arm is getting on. Sometimes they too ask for prayer and it is easy to get them involved in the prayer.

By nature a hospital is a place of healing and curing. But here the death rate is out of line with any averages. In Malawi, life expectancy at birth has gone down from 45 to 39 years – nowhere is this more evident than in the medical wards of the hospital. Death is the constant companion of the medical, nursing and ancillary staff. They are just wonderful. They work with minimum facilities and in the constant shadow of dying and death. They try to stay cheerful for the sake of the patients. Many of these staff are coming in to work from caring for very sick relatives in their homes or villages.

What can three chaplains do in a hospital that boasts of 1,100 beds – a hospital that often has a bed occupancy as high as 300%? We are just a drop in the ocean of need for compassion and care. But we know each drop counts.

Day's End

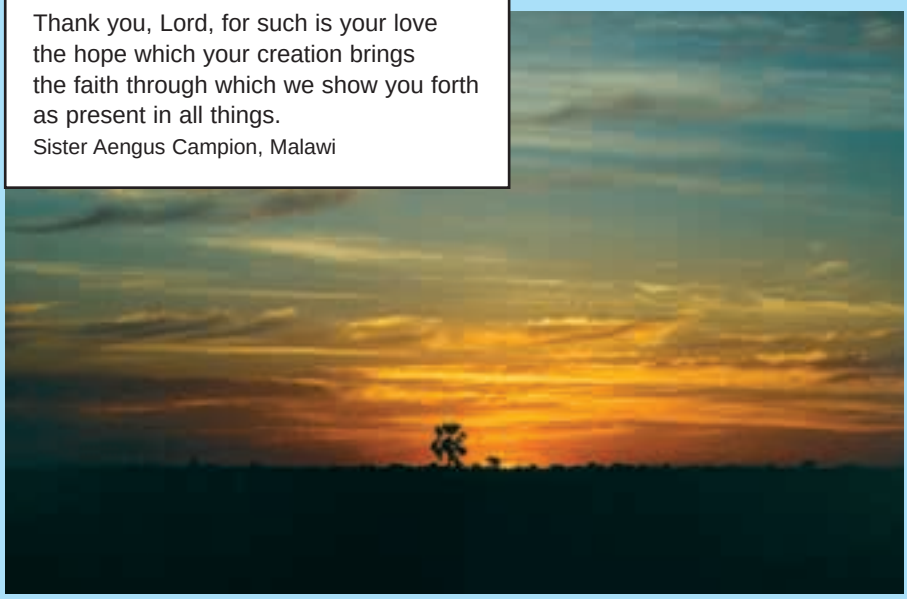
The sun's ray darkens
as its golden orb sinks
behind the blue gums great and tall
leaving a quiet peace.
Light has gone.

The watchman's vigil has begun
as he invades the silence undisturbed
but for the cricket's incessant strains
and the flashing of the fireflies.
Night has come.

The moon rises, etching a silver lake line
magnifying the deep valley with its light.
Day's end.

Thank you, Lord, for such is your love
the hope which your creation brings
the faith through which we show you forth
as present in all things.

Sister Aengus Campion, Malawi



MMM and the Malta Connection

One of the original blocks of the hospital overlooking St. George's Bay.

Marie Martin, 1915

By Sister Isabelle Smyth

"Few episodes in the battle annals of the British Empire can match the nine-month Gallipoli campaign for waste of life of the rank and file, for valour, suffering, endurance and loyalty on land, sea and, for the first time, in the air and for indecision and incompetence in the leadership and ill-luck in the military sphere. The two contending sides fought face to face and chest to chest and died like the flies that fed on their unburied bodies."

So notes John A. Mizzi, author of *Gallipoli, the Malta Connection.**

Gallipoli and its Malta connection played a significant part in shaping the worldview of the young Marie Martin. These events painted the backdrop against which would soon begin to emerge her awareness of the call to establish the Medical Missionaries of Mary.

Early in August of 1914, Britain, France and Russia were drawn into what had started as a local war between Serbia and Austria-Hungary, and which eventually involved 32 nations. It was naïevely thought that this would be 'the war to end all wars'.

Ireland was still under British rule, and while conscription only applied on the mainland, many young Irish men volunteered for service. Tommy Martin, Marie's older brother, had graduated from Trinity College, Dublin, and went to the war with the Connaught Rangers. A younger brother, Charlie, aged 20, was still an undergraduate, but gave up his studies and trained with the Royal Dublin Fusiliers at the Curragh Camp.

Marie Martin (right) with nursing Sister and patients, January 1916

The changing times made a big impact on the young women too. Marie Martin, then aged 23, applied to join the Voluntary Aid Detachment (VADs). Later, her younger sister, Ethel, and her Aunt, Lily Moore, did likewise. Marie was immediately accepted and sent for three months' training to the Richmond Hospital in her native city, Dublin.

The Voluntary Aid Detachment, founded in 1910 as an emergency volunteer reserve, was a division of the British Red Cross. It was intended as a home defense unit to be mobilized only in case of invasion. Two-thirds of the volunteers were women. VADs have been called 'Roses of No-man's-land' and 'Lilies of the Field'. But these young women who left comfortable homes to perform the most menial of nursing duties – in crowded hospitals and First Aid Stations whose patients were horrifically wounded and maimed – had courage stronger than steel.

In July 1915 Charlie Martin's regiment sailed for Gallipoli, arriving at Suvla Bay on August 7. This campaign had been badly devised from the start. The planned invasion of Turkey from the Gallipoli peninsula was aimed at diverting Turkish forces from the pressure they were putting on the Russians. Success

"VADs were called 'Roses of No-man's-land' and 'Lilies of the Field', but these young women had courage stronger than steel."

Malta: December 5, 1915,
Marie Martin (right) with her friends Miss Jenkins and Miss Paul.

would provide a direct ice-free supply line to Russia via the Black Sea. At the same time, the Gallipoli campaign was seen as an opportunity to open a new 'theatre of war' as an alternative to the stalemate that had developed on the Western Front – with both sides entrenched along a 500-mile stretch from the border of Switzerland to the North Sea.

In February 1915 the British and French navies had attempted an invasion of the Gallipoli peninsula from the narrow straits known as the Dardanelles on the northwestern coast of Turkey. They suffered terrible defeat. Again in April, this time supplemented with Australian and New Zealand ground forces, the loss of life was tremendous, with little to show for it. In August, a new major offensive was begun.

The mediterranean island of Malta, like Ireland, was under British rule in those days. At the outbreak of the war, Malta had four small hospitals with a total of 118 beds. Its quick-thinking Governor, Lord Methuen, ordered the expansion of existing hospitals and the selection of buildings suitable for conversion. A scheme was drawn up to extend the number of beds to 2,000 on the island of Malta, with a further 500 beds for convalescents at Fort Chambray on the adjacent island of Gozo.

Initially it was expected that those sent to Malta would be only slightly wounded, just needing convalescence before returning to the warfront. But the landings at Gallipoli's Suvla Bay were accompanied by a rising tide of sickness which was to ravage the troops even more than enemy wounds. Dysentery and enteric fever put huge demands on the emergency services throughout the summer of 1915. As these decreased with the onset of winter, they were replaced by trench fever and frost-bite.

In those months, Malta managed to convert several barracks, schools and even two Governor's palaces providing 28 hospitals with a total of 20,040 beds at the peak of the emergency. During this peak period, the average bed occupancy was 16,004. By January 1916 Malta had 334 medical officers, 913 nurses including VADs and 2032 rank and file members of the Royal Army Medical Corps.

Memories of War: UGANDA

February 1978. The people had had enough. More than 200,000 had been killed in the regime of terror of Idi Amin who had seized power from Milton Obote six years earlier. Rumours abounded that the Tanzanian army joined by Ugandan rebel fighters were about to invade from the south and reinstate Obote. These were confirmed when a number of Sisters from indigenous Congregations arrived on foot from the border area 100 miles to the south of Masaka.

Celebrations marking 100 years of the arrival of the first Catholic missionaries in Uganda were taking place in Kampala.The invading army waited until they were over.

'When we heard bombs exploding in the distance, everybody who could walk left the Hospital compound at Kitovu. Before long the first bombs were dropped around the strategic town of Masaka just 2 km away, patients who could walk, nurses and other staff, ran away to whatever safety they could hope to find at home. Nine nurses and two young men working in the Laboratory couldn't get home as they lived in the area from where the army was advancing. We stayed in the compound with them, until the Bishop came up and said we should all go out to Kategondo, the senior seminary 14 miles away. Eventually, when the six of us did go, we brought the nine nurses, and the remaining patients with us, but the two young men stayed at Kitovu. It really wasn't any safer at the seminary, but we were all together there – the tutors and some students who couldn't get home.

For nine days, bombs were dropping all around us. It was very frightening, even during the day, from early morning. Some of the planes flew low. After nine days, word came from Masaka that if we didn't go back the whole Hospital would be looted. Two Sisters went to talk to the Officer in Charge of the invading Tanzanian Army to negotiate our safe passage. We were stopped every few hundred yards. Having spent years in Tanzania ourselves, we spoke fluent Swahili, and they were friendly. One of them even knew the MMM Hospital at Dareda. We called in to tell the Bishop we were back, then drove up the hill to Kitovu. It was so weird, no people, no staff, very scary – especially if you saw solidiers approaching. People started to come back when they saw we had returned. We began outpatient clinics. We had no electricity, just enough gas to boil a kettle in the morning. We rigged up an old stove on the verandah and lit a fire to do the cooking. Planes still kept flying over. Three bombs dropped on our compound, one just 100 yards from the back door.

Once Masaka was captured, the Army moved on to take Kampala. At one stage they were defeated by Lybian reinforcements fighting for Idi Amin. The survivors came back one evening and camped on our compound. But there was no sign of them by morning. Eventually they got to Kampala, and took it.

On Good Friday, we were in the Oratory in Kitovu, ready to begin the ceremonies, when we heard a car coming in to the compound. The Commander, who had earlier been billeted in St. Henry's School nearby came in. 'We have routed Amin', he said.

Life started to come back to normal – but it took a long long time before anything like a lasting peace was established.'

Lieutenant Charlie Martin was wounded at Suvla Bay, but not seriously enough to be sent home. Two months after he had sailed for Gallipoli, Marie was called up for service with the VADs in Malta. Her mother accompanied her to London where they spent a week together before Marie joined the hospital ship *Oxfordshire*. The ship had 250 beds, but at times carried as many as 550 wounded men.

On October 22, 1915, they reached the harbour at Malta's capital, Valletta. They were a day earlier than expected so their assignments were not ready. Marie, a city girl who loved social life, was delighted when they were allowed ashore for three hours. She and her pals were anxious "to see as much as we can in case we are banished to the other side of the island". They explored Valletta and "had tea and deadly rich cakes". This was probably at Blackleys where she returned on other occasions when she got her half day off duty. Next day she was assigned to a converted barracks on a peninsula overlooking St. George's Bay, on the northern shore of the island about six or seven miles from Valletta. It had opened as a hospital on May 6th. Beds at St. Georges numbered 840 when Marie arrived but were increased to 1,002 in November.

Dr. G.R. Bruce, Specialist Sanitary Officer in Malta, reported that "St. George's Hospital occupied a large area, since the majority of wards were small, holding at that time 10 patients each; consequently the staff, considerably under numbers at first, had to work under great difficulties. As at most of the other hospitals, the sick soon predominated over the wounded at St. George's."

Dr. Bruce also noted that "...the new staff, however willinging, were mostly without experience of the work and necessary routine of military hospitals. However, this deficiency was largely discounted by the great zeal and enthusiasm shown by all concerned, regardless of regular meals and sleep, and it was remarkable how soon the staff became efficient in their new roles."**

Memories of War: SUDAN

Sister Nina Underwood recounts her experience of being captured and deported.

In July 1986 Sister Nancy Lyons, a Maryknoll Sister, and I were working in Southern Sudan. We lived in the Government controlled city of Juba, but our work was mainly serving people who were sympathetic to the SPLA and had been displaced by the war between the Khartoum government and the SPLA rebel forces. One Saturday around 11 a.m. as we returned to our mission we saw a group of about 20 men running away with medical equipment from our dispensary. Thinking it was a bunch of ruffians, I leaned on the horn and thought we had chased them off. But they returned armed with AK47 automatic weapons and we had to dive under the car to avoid the bullets that were zinging around us. Luckily a grenade they threw in our direction didn't explode. We managed to crawl to our house, a pre-fab and no way bullet proof. We crawled into the chapel, but eventually heard them approaching. We shouted to them that we were missionary Sisters. They told us to come out with our hands up. We did.

Some of them were as young as 15 or 16 years. They grabbed our watches, crucifixes, glasses, sandals – anything they might be able to sell, and then dragged us across the compound. They tried to march us barefoot through the bush, but the thorns tore my feet, so I dropped to my knees and said 'shoot me now or give me back my sandals, I cannot go another step'. By evening we reached a huge prison camp, and joined about 1,000 people being held there, almost all men and boys.

Those guarding the camp were disciplined soldiers. We felt safer there than with the group who had captured us. They had radio contact and were pretty well organized. The Commander interrogated us – didn't we know they had told all expatriates to leave the area so that they could finish off the war? They were not impressed by the fact that we were providing medical care for their own displaced people. However, as translators they found us useful since they had looted much equipment and needed our help to translate the instructions on how to use it. They treated us well, gave us a mosquito net, food, and a Bible, but sent a political emissary to indoctrinate us. We were held there for about a week. It was a miracle that neither of us became ill with the water we had to drink. Meanwhile, unknown to us, international efforts were being made to secure our release into the hands of the Government army. The most horrendous part was the first time they attempted to release us. A 12-hour cease-fire had been arranged during which we were to be handed over. But one side broke that and we had to return to the prison camp.

A new plan was devised. I was to carry a white surrender flag while walking with them to the banks of the Nile where a man named Marino would meet us with a boat to take us to the 'safety' of the other side – controlled by Government troops. Three other prisoners were sent with us, all older Kenyans, one woman and two men, no longer of use to their captors. When we reached the Nile we called in vain for Marino, but there was no boat and no Marino. Night was coming on. The soldiers accompanying us didn't know what to do. Their orders were to deliver us safely across the Nile. Instead they lit a huge fire to drive away the mosquitoes, and told us to lie down. They argued for a long time, but eventually it became quiet. As dawn appeared we realised we were alone.

One of the Kenyan men said he could lead us towards the Government camp, but it would have to be through the marshes as the pathway would be strewn with landmines. All day long we walked, without food or water. After many hours we came close to where the Government army were dug out. Evidently, they knew we were to be released by the SPLA. When they saw us coming they shouted to us to run to the trenches. They began shooting over our heads, believing SPLA soldiers were behind us. We had to wait while paratroopers were flown in from Khartoum to 'rescue' the two American women. These were polite and well dressed, and asked us how we wished to be carried across the swamps to meet up with the army trucks that would take us to Juba. It upset us greatly that our three fellow prisoners were not coming with us. In Juba we were interrogated on what we had seen at the prison camp. We were carrying letters to them from the SPLA, which seemed to anger them very much. So they decided to expel us. We got a chance to talk to the Archbishop, who told us not to worry, he would try to arrange for us to come back quietly when we felt ready. On August 15th we were deported, flown by military plane to Nairobi. I made my retreat there, and a month later got a pass to cross back into Sudan from Uganda, through SPLA controlled territory. The local church people put on a tumultous welcome, and said how upset they had been when they heard the way we had been treated by their people.

That zeal and enthusiasm was shared by Marie Martin, the youngest of the VADs who had sailed on the *Oxfordshire*. She wrote to her mother on October 28 saying "The work is really hard, but of course it is what we came out for." A letter of November 25 said "I am just as happy as I can be on duty and I only wish I had two pairs of arms and legs to be able to do twice as much."

In one letter home she reported that she had "about 120 beds to make each day. Sheets are scarce and the dysentery is appalling." In another, she was caring for 140 patients, many of them with broken backs. Her time off, she said, went on sleep or writing letters for very ill patients. When a patient died, she would write to his mother with details of his final days.

October brought mosquitoes and sand flies that left her face in a terrible state and her eyes swollen. Sometimes the sirocco wind was strong. Days were hot and airless. But by December it had become cold, and in the pouring rain they were drenched going from ward to ward.

Whenever she could, Marie would make her way to the convent chapel of the Blue Sisters in St. Julian's for Mass or Benediction. She told her mother, in a letter of November 7, that the Reverned Mother at the Blue Sisters' hospital would like her to be transferred there. Life would probably have been somewhat easier in this well-established hospital where Officers were cared for, but Marie would not ask for any such special privilege.

She was very excited when she got her first ever pay packet. The yearly salary for a VAD was twenty pounds, as well as board and uniform. She carefully registered a letter to her mother with one pound and five shillings saying "It is not very much but perhaps by Christmas I shall be able to

Blue Sisters' Convent Chapel

Memories of War: LIBERIA

Sister Bridget Murphy received an invitation recently to visit her old mission at Ganta in Liberia. The people wanted her to come so they could show her how the work had been built up once again and to say 'sorry' for the way she had been treated during the terrible fighting that had driven her out as a refugee. It was a joyous reunion, even if the peace of Liberia is still uneasy. She recalls how she escaped with her life back in September 1994.

'The situation had become more volatile. The 'Presidential Guard' sent to protect the TB and Leprosy Settlement at Ganta were little more than child soldiers. They were armed but untrained. Looting and robbery were frequent. They were more violent than the regular army that had been there before. When everything was taken and we had nothing left to give them, we felt our lives were at stake. Most of our staff had left. There were still TB patients in the wards, and leprosy patients in the small houses they occupied. Most of the local staff had gone, except for three or four.

One evening these lads came and took the last things we had, all our money and Father Larry's motorbike. They locked the two of us in a bedroom, waved a knife at us, and said they would be back later. We were very scared and just put our lives in God's hands. After about an hour we figured they had gone. It was getting darkish, about 6 pm. Time to make a decision. The room where they had locked us had a window without burglar bars on it. We could make our escape if we acted quickly. We climbed through the window and jumped the 4-ft. drop into the back garden, and crept around to the back of one of the leprosy patient's houses – an old man who had been with us a long time. He went out and made contact with one of the staff, Henry, a young man who had stayed because he was in charge of TB patients.

It was near 10 pm when Henry came. 'Remain here', he said while I go and see how safe it is.' By now the soldiers had returned. They were shooting throughout the whole compound, so we had to keep out of the way. Then Henry came back and said 'let us go, I know the way'.

He led us on foot through the rice swamp. It was very wet. Where the drains were deep he lifted me across. Eventually, after three hours of this terrain, we got to a safer place near to the border. Henry brought us to a house that belonged to relatives of his who had fled that morning. There was no food, but we were safe there for the night. In the morning, Henry went to a corner where he had some coins buried and dug them up and gave them to us. It wasn't worth five dollars in all, but his kindness touched us. We were refugees now.

Henry was afraid to be seen with us in daylight, so we said goodbye and he returned to the hospital. We made our way to the border and tried to cross. It was quite difficult. They wanted money. Eventually we got across into Guinea, probably the only two Irish among 40,000 refugees who crossed that day.

The Guinea soldiers also wanted money. All I had was a medal with Pope John Paul II on one side and Our Lady of Perpetual Succour on the other. Shiny gold in colour, and they thought it was worth the $50 they were demanding. Taking it, they said 'you can go'.

In Guinea we met up with the UNHCR and they took us as far as the Catholic Mission. We spent the next two weeks there, trying to get help for the patients we had left behind. We were able to make arrangements with the Ministry of Health in Guinea who undertook to ensure shelter for any leprosy patients ready to move. But many said they would rather stay and die where they were. Some of our staff came over and we were all together in a Hostel belonging to Catholic Mission in Guinea, who were very good to us. All the time we were trying to get visas to get back into Liberia through the capital, Monrovia. We succeeded, and the staff were reunited with their families there. When we had done what we could to ensure the Leprosy Programme could keep going from Monrovia, we left for Germany to report to the German Leprosy Relief Association, and from there we made our way back to Ireland.

Sister Irene Balzan from Zebbug, Malta.

save a little more for you and then you could buy yourself something nice you want. I wish I could only earn enough to make things easier for you. Always let me know how things are going at home. I pray every day that you may have no more worries or troubles."

Evidently this widowed mother of twelve children confided her worries, both economic and otherwise, to Marie, her eldest daughter.

Unlike other nurses and VADs, Marie did not take part in off-duty social life in the company of the Medical Officers. But many of her letters home enquired with concern for a special friend called Gerald Gartland who was also serving in the war. She anxiously looked out for letters from him or news of his safety and whereabouts.

Naturally, she was concerned for her brother Tommy, who had been wounded and sent back to Ireland where he was convalescing on Bere Island. She wrote to Tommy on November 26, hoping he would not be sent on active service for a while. She asked him if there was "any sign of this terrible war ending?"

Tommy was ordered abroad again the following February, to the Egyptian port of Alexandria. But meanwhile, as 1915 drew to a close, more worrying news came of Charlie. By early December there was talk of a withdrawal from Gallipoli. The terrible death toll from this campaign already exceeded a quarter of a million young lives on each side. Marie wrote home saying the latest batch of patients from the Dardanelles told her there was not much fighting at Gallipoli, but no troops had been withdrawn yet, so she presumed Charlie was still there. However, in the week ending December 9th, the number of casualties landed at Malta was 6,341.

While doing the dressings a lot of news was exchanged. Patients told her conditions were terrible where they had been. Most had frost-bite. On December 18 she wrote that one young boy among a new convoy of patients told her he had seen Charlie very well about two weeks earlier. She promised her mother that next day she would contact the Wounded Bureau on the island to find out if any of the new arrivals were from the Royal Dublin Fusiliers. They might have more news of Charlie.

As Christmas approached, with all the other staff Marie was busy trying to get the wards decorated and presents ready for the patients. She was off duty just in time to attend Christmas Midnight Mass at St. Patrick's church in Sliema, a glorious night, and after it they had to walk most of the three miles or so back to St. George's.

On December 27, Marie received a cable from her mother saying the War Office had notified her that Charlie had been wounded and was missing. Very distraught, Marie redoubled her efforts in search of news of her dearly loved young brother. She hoped against hope that he might yet arrive on one of the hospital ships. The Medical Information Bureau in Malta frequently appealed to the patients for news

Memories of War: ETHIOPIA

Mengistu Haile Mariam,who fled Addis Ababa in 1991 and is receiving asylum in Zimbabwe, faces charges of crimes against humanity in Ethiopia. Tens of thousands of opponents of Mengistu's military Marxist regime were murdered during the 'Red Terror' campaign in 1977 and 1978.

During that time, senior pupils from the country's secondary schools were trained as 'agitators' to rout the 'evils of imperialism'. Some 20 boys and girls arrived at the hospital run by MMM at Gambo, and forced the closure of an entire block so they could be installed there. For well over a year, they engaged in agitation among the staff and local farmers' organizations. Nobody could prevent this happening, not even the local Health Authorities. These young agitators had authority to hire and fire staff, comandeer hospital vehicles, and interfere with hospital management according to whim. The doctor could not see a patient without one of these young people present. If she discharged someone, they could – and often did – issue a counter command.

Every Friday they would call a meeting of the staff, at which the MMM doctor in charge would have to sit through an interrogation session lasting up to five hours. It didn't matter how you answered, you would be accused of exploitation and imperialism.

After a year, hostility grew and tension was building up. The Sisters knew the time was coming when they would have to flee. Over a period, seriously ill patients were referred to a larger hospital. All the others were gradually discharged, but had not left due to the counter-orders of the student agitators. This is how the final moves were recorded:

'Another Friday meeting. This time I insisted a second Sister would accompany me. I told her to bring the keys of the hospital with her. They were very hostile all through the meeting that went on from 5 pm until 9 pm. On leaving, we slipped the keys to a trusted member of staff and had a quick word with a driver whose family did not live locally. 'Come at 3 am', we whispered.

Back in the convent we made tea, and I went through the files, packing essential records, while the other three Sisters packed my bag as well as their own. At 3 am our driver crept in. We were ready. Silently we pushed the two landrovers out onto the road, our driver in one, with one of the Sisters at the wheel of the other. 'Let it roll down the hill before you start the engine, and don't put on the lights'. It was 15 km to the main road. Once there we would be relatively safe. But first there was the narrow makeshift bridge just beyond the hospital compound. Reaching it, we saw it was blocked on the far side by a huge tree trunk. With a steady nerve, the Sister in the first landrover drove up the embankment. We all clung on as she negotiated the almost perpendicular ditch. We got by. The second landrover was on our tail. They too made it. Relief.

We stopped at the Military Barracks and handed an envelope to the Guard. In it was a letter saying we had to leave because of disturbance. By 8 am we were at the Bishop's residence, explaining our situation. A Frenchman, he thought a good rest at the nearby convent would be all we'd need before returning to Gambo. But we knew it was more serious than that. We ignored his well-meaning advice and headed for Addis Ababa, reaching the offices of the Ministry of Health before they closed.

There, the Secretary of the Ministry understood the misguided zeal of the youth corps. He took immediate action and instructed the Provincial Medical Officer to have them removed and to negotiate our safety with the local leaders. Six weeks later, they accompanied us back and provided a guard to ensure that we could re-open the hospital and do our work without further interference.'

Author John A. Mizzi with Sister Maria Borda from Sliema, Malta.

of comrades, asking for any information at all on lists of men reported missing. But on December 29 with a heavy heart, Marie had to write home saying there was no news in Malta of Charlie's whereabouts.

The New Year of 1916 dawned. On January 4 she wrote home again saying she had been trying hard to get news. The people she met at the War Office were very kind. She had phoned Salonika, but the only news there was that Charlie had been wounded between 5th and 11th December. She had one and a half days off duty and wrote from Dowdall's Hotel where she had gone with a nurse friend "to think and rest and make enquiries".

The weeks passed with little news. An Officer who was a patient at the Blue Sisters' Hospital told her Charlie had been slightly wounded in the arm on December 6th. On January 24th, she wrote home saying it seemed likely he had been taken prisoner.

By then, all the Allied troops had been evacuated from Gallipoli – the authorities having decided to abandon any further attempt to capture Constantinople by that approach. Work slackened in Malta.

On February 6 she could report that she had met several men from Charlie's regiment. They knew he had been wounded on December 7th and again on December 8th, after which he and about a hundred others went missing. They were sure he had been taken prisoner. They all thought very highly of Charlie. He always used to say "What's good enough for the men is good enough for me to get on with".

A few days later, Marie met two Officers who explained that there was only one road off the hill Charlie had been on, so it was most likely he had been taken prisoner.

March came, still no definite news – until, at last, Marie came across a patient who had actually seen Charlie being wounded in the leg on December 8th. He told her the Bulgarians had captured the whole trench and marched them away. He was sure Charlie had not been killed.

All of this was taking its toll on Marie, and by March 22 she was "longing for home". Four days later she wrote saying she had met another patient who had been with Charlie when he was wounded. This man gave his young Officer great praise for having held up the advance, making the retreat possible. He was sure Charlie was a prisoner.

Marie continued her search for information. In April she went out to St. David's Camp, where she met another man who was in Charlie's Company. He told her Charlie had been giving orders on the parapet and was wounded badly through the shoulder. He was with them for fifteen miles when they had to retreat. Then the Bulgarians captured him and about thirty others. This man himself felt lucky to have escaped.

Memories of War: ANGOLA

For most of the time since 1975, civil war has wracked Angola. MMMs have been there through it all. Sister Margarida Mundombe looks back to her childhood days:

It was in 1976 when my mother hurried us to pack a few things and carry them with us. Next step was seeing many relations and neighbours with their loads on top of a lorry. My mother had just delivered my fifth brother. All we knew was that we were going to my grandparents in the bush for safety. On the way, we met hundreds of soldiers with guns and hand grenades... After some time we returned to the city and met my father who was teaching 60 kms away from our house. It was a good reunion! Then came a time when we were warned not to pick up or step on anything found on the way or in the yard, because of landmines. It was risky staying in any gathering places like churches, markets, schools, shops. Experience showed that the terrorists were putting bombs in such places.

In 1993 the government lost our city, Huambo. The main fighting took place in the city. As a result, everyone had to run for security. People had to walk miles on foot. Many families became separated in the process, walking in a big caravan, crossing rivers, hills and mountains. Some people were never seen again. One of my sisters is one of them. I regret the fact that I could not help. By the time all this happened I was already in Chiulo. The consolation is her child, who looks like her, and has been left under the care of my family.

The diary of our Lubango community, where Sister Margarida now works, entered the following records for May and June 2001:

May 8: 60 children taken from an orphanage were marched for a terribly long distance, released because of international pressure, many had to be transported on the backs of others because of the condition of their feet when they returned.

First week of June: Moxico – A plane of food belonging to the World Food Programme was bombed and completely destroyed. Flights, and hence food supply to the area, are suspended.

First week of June: Melange – A vehicle went over a mine killing 19 passengers with many more very seriously injured.

June 4: Huambo – A car passed over a mine but in a forbidden area. One person killed and a priest very badly injured.

June 6: Namakunde, Kunene Area where there is a big market – many houses burned down and a blind 70-year-old woman stabbed to death. 20 people kidnapped.

Ordinary people are searching for peace and harmony, wondering how long they must be the pawns of militarization.

Sister Opportuna Cypriani looks at War damage in Huambo, Angola.

Work in Malta was very slack by now. Marie's six-month contract was ending. In her last letter from Malta, she said she knew there was more to be done in France.

Marie left Malta on Holy Thursday, which fell on April 20th, in 1916. The journey home, took two weeks including several days in London. She was still on her way home when, on the following Monday, April 24th, the Easter Rising began in Dublin. Life in Ireland would never return to the pre-war world she had known.

A month later, Marie was called up again for service, this time at Hardelot in France. Just a few miles south of them, the First Battle of the Somme began on July 1st, and would claim 800,000 lives before it ended in December. They could hear the firing at the Front and ambulances were ferrying in convoy after convoy. At one point, for four days she had to care for 56 stretcher cases suffering from gas poisoning, with only one orderly to help her.

It was in Hardelot on July 2nd, that Marie received news from her mother saying she had been informed that Charlie had died of his wounds two days after his capture on December 8th. His death had come just one week after his 21st birthday.

Marie's six-month contract in France ended just before Christmas of 1916. Later, for a brief period in 1918 she would again serve as a VAD, this time in an English convalescent hospital at Leeds.

Marie spent the whole of 1917 at home. As she reached her 25th birthday she began to make a serious discernment about her future. She prayed much. Gradually, it became quite clear, at least in broad outline. She wrote: "Next day I went to meet my friend. I wore my new navy suit and white spats. I told him that for me marriage was out of the question. But as yet I did not know what to do."

That was the beginning of a long twenty years of following a persistent yet uncertain dream. Before long it would bring her to Nigeria where she witnessed at first hand the need for a medical congregation of religious sisters. Then came years of ill health and other obstacles before eventually, on April 4th 1937, she made her vows while very ill in a government hospital in Port Harcourt, Nigeria. At that moment MMM was born. She became known as Mother Mary Martin. When she died in 1975, the Congregation she had founded had grown to 450 sisters. Today MMMs come from 18 different nationalities and work in 16 countries.

** "Gallipoli, The Malta Connection" by John A. Mizzi, 1991. Technographica Publications Malta.*

*** "Military Hospitals in Malta During the War", by G.R. Bruce, MA, MD, Capt. RAMC.*

'Leave your country, your family and your father's house for the land I will show you'

Gen 12:1

'My uncle was not impressed.' With these words, and a mischievous glint in her eye, Sister Stella Phelan would look back across the years and describe her first meeting with Mother Mary Martin back in 1946. The venue was Dublin's Royal Hibernian Hotel.

Her father had died some years earlier and her uncle accompanied the fourth-year medical student and her mother on this momentous visit. He was close to his widowed sister and her young family.

Thomas MacGreevy knew the world and its ways. He had served during World War I as a Second Lieutenant in the Royal Field Artillery, and was twice wounded on line in the Somme. The war had a profound effect on him. Coming to terms with the experience filled his poetry and critical writing for the next decade and a half. After the war, cultural interests took him to London, then to Paris, where he defended James Joyce from his literary detractors. It was Thomas MacGreevy who introduced Joyce to Samuel Beckett. His family had great reverence and affection for this uncle, who would later become Director of Ireland's National Gallery.

Theirs was a religious family as well as a deeply cultured one. Another uncle, Fr. Stuart Phelan OMI, had also gone to the war. As a chaplain with the Royal Navy, he died when the *Black Prince* was sunk on May 31, 1916. On that terrible night during the Battle of Jutland, 14 British vessels were sunk and 11 German warships, with a loss of over 6,000 British lives and 1,500 Germans.

By 1946 another war had just ended. Despite her uncle's misgivings, the call to be a medical missionary was too persistent to ignore. Patricia Phelan, the future Sister Stella, left University College Cork, and moved to Dublin, where she completed her studies taking first place in her final medical exams in 1948. Two years later she accompanied Mother Mary Martin to America in preparation for our first foundation there.

After experience in Nigeria and Tanzania, she returned to Europe and began postgraduate studies in Surgery. She was awarded first place in her exams at the Royal College of Surgeons in England, and likewise when she became a Fellow of the Royal College of Surgeons in Ireland and in her M.Ch. exams in 1963.

Sister Stella was working at Kitovu Hospital, Uganda, when news came that she was elected Superior General of MMM in 1969, a post she filled until 1973. Those were turbulent years in religious life, as the Church sought to renew itself in fidelity to the norms of Vatican II, and adapt to the modern world.

Following these difficult years, she went to Yemen and worked for the Ministry of Health in a country where a strict Moslem way of life meant she could only share God's love for her patients in a silent witness of loving care.

Her latter years saw a decline of her health, but she never gave up her chosen work as a doctor. When she returned to London she lived in the community of Sacred Heart Sisters where she had stayed and to whom she had grown close during her earlier years of study there. In that community she had a dear friend in Sister Agnes Bartels, who had formerly served as a surgeon with the RAF.

Despite several attempts to retire, Sister Stella was pressed to continue part-time work. She was still holding clinics when her health finally broke down. Admitted to Charing Cross Hospital in London just before Christmas 2000, her condition was irreversible, and she was called to her final reward on New Year's Day 2001.

Her talented nieces and nephews helped us celebrate her life in a lovely farewell Mass at our Motherhouse before laying her to rest close to Mother Mary Martin. It was January 6th, the day the church celebrates the feast of Ephiphany, when the Star led the Maji to the stable of Bethlehem – the feastday she had always kept as her very own.

The MMM Archives

THE EARLIEST RECORD in the MMM archives is a letter dated 10th May 1910. It was written by eighteen-year-old Marie Martin to her mother from school in Bonn. After that there is a gap until the war-time correspondence from Malta in October 1915. Thus begins the story of MMM as recorded in these precious documents.

The mammoth task of coding each record and writing descriptive lists is ongoing. It has not yet been possible to count the total number of records from the 64-year-old history of MMM. But we know our Archives house 25,000 documents from the first 25 years alone. New acquisitions continue to arrive.

For the past 18 years, care of this valuable collection has been the responsibility of Sister Anastasia Taggart, assisted by Sister M. Mel Brady, and the late Sister Marie Stack.

In February 2002, Sister Anastasia will pass on this responsibility to a new Archivist, Sister Julie McLoughlin. We know that under her direction the work will continue with the same meticulous care.

The MMM Archives house a wide variety of items. The main collection is correspondence relating to the establishment and running of our various missions. There are also Annual Reports of hospitals and projects run by MMMs. Scrapbooks with newspaper cuttings about MMM over the years, and books with references to MMM are also items of great interest.

Also among the Archives is the Golden Book of donors whose contributions helped with the building of the International Missionary Training Hospital in Drogheda in the 1950s and '60s.

Among the most valuable records are House Diaries. Although this collection is incomplete, these provide clues to the challenges of MMM life over the decades – especially during times of war, epidemics or other crises. They also record some of the interesting visitors we have had to our different missions.


Sister Mary Mel Brady

There is a map collection too. Also plans for various buildings, account books and auditors' reports – source material for some interesting comparisons around the rising cost of living!

Another valuable set of records are dissertations and theses written by MMMs for higher academic qualifications, both in socio-religious and medical subjects. There is also a small collection of reference books dealing with historical events in countries where MMMs have worked.


Sister Anastasia Taggart

As well as the textual Archives housed in Drogheda, we have a very large collection of black-and-white and colour photographs and slides in our Image Archive housed in Dublin. Work continues on compiling a searchable index to this collection. Both our textual and image Archives are included among the sources listed on the website the Women's History Project of University College, Dublin.

Access to our Archives by academic scholars is provided by arrangement. This year, a young German woman studying applied theology, Silke Meeth, presented her dissertation on MMM at the University of Trier and got first class honours.

John Manton is preparing a doctoral thesis at the University of Oxford at the Wellcome Unit for the History of Medicine. He is working on the history of the Roman Catholic Mission's contribution to leprosy control in Ogoja Province, Nigeria between 1936 and 1967.

He says: "My research has benefitted immensely from the wealth of archival material in Drogheda on the MMM contribution to this work, and the extensive record of correspondence between the mission, the convent, the hospital and Nigerian and international administrative, medical and funding bodies which survives in Ogoja."

Sister Anastasia also played a big part in setting up the Archives for Ogoja diocese.

We are proud of our heritage and know it is worth preserving. It is in reflecting on the road we have travelled thus far that we gain the strength to go forward with greater confidence.


Sister Julie McLoughlin

Sister Veronica Akpan, first African-born MMM

A Great Tree has Fallen

IT WAS FOUR O'CLOCK on a Thursday afternoon. November 28th, 1968. The moment was etched forever on the memory of Sister Veronica Akpan. She was crossing the hospital compound at Anua, Nigeria, on her way to answer an urgent call in the Maternity ward.

"I saw the silvery planes overhead. They looked so beautiful. Then I looked across the valley towards Uyo. It was like an eruption. Within seconds the whole place was upside down. That was the first bombing that came to Anua. The bomb fell on the prison yard. Prisoners were killed in the cells. Some were brought in to the hospital, dismembered. The place was churned up like a fire. From that day forward we were on our toes all the time till January 1970."

Sister Veronica was a native of Uyo. Born in 1929, she had gone to Primary School at Anua, and later to the Teacher Training College at Ifuho, a few miles away.

For years she watched the MMMs at work at St. Luke's Hospital, without ever having the chance to speak to them. She later recalled:

"We used to pass there to go to Church in Anua, but the hospital was a forbidden area for us schoolgirls. The first MMM I ever met was Sister Oliver, when she came to visit our Primary School run by the Holy Child Sisters. I saw all the sick people taken to the Hospital. I saw the way the MMM Sisters used to look after them. I said to myself "if these people could come all that way to do this for my people... having that in mind, nothing seemed impossible – nothing."

Eventually, when she was twenty years of age, she joined the School of Nursing in Anua. Among the local people at the time, that was not a career choice that earned praise. She recalled:

"I know how embarrassing it was when we went to do nursing, many of our people made real fun of you – it was something to joke about."

It was worse when she decided she wanted to become a Sister with MMM. It was 1953, and she was the first African woman to take this big step. Once again, it was not popular among the people in her home place.

"There was much trouble before I entered, when word got round that I was going, many people tried to persuade my people that I would be harmed, and that something drastic should be done to me, to prevent me."

Undeterred, she travelled to Ireland. She went to Clonmel to face a winter of which she remembered only days of ice and snow.

"One day I came back from Mass, my hands and feet were frozen and I couldn't feel any part of me."

But hardship never deterred her. She did further nursing studies for registration in Ireland, and studied Middle Education Management and Hospital Administration at the Royal College of Nursing in Scotland.

Back in Nigeria, the Biafran War was a time of great upheaval. The early years of the war she spent as Matron at St. Luke's Hospital in Anua. At other times she had to be evacuated to other MMM houses in the hope that it would be a little safer there. At one stage she and others had to shelter in a disused undergound water tank.

'People thought they would be safe with us – so many refugees all over the place. Always though, there was something like the manna that rained in desert – they were mushrooms that I don't see any more. Children would just go to a field, and within seconds the place would be filled with mushrooms.'

She cared for people who had witnessed awful atrocities. She remembered especially a day she had to sneak out of hiding to assist a woman in labour.

Another occasion she recalled:

'Sister Augustine came in from Akpa Utong with a woman she suspected would have a difficult delivery. Soon after she delivered, we got into the car to take the woman back. People were running in every direction. When we got to the roundabout in Uyo, the strafing began, bullets falling like hailstones. There was nobody on road. We went to a few houses seeking shelter, but all were locked. When the soldiers went back to the barracks, we went on. We were not touched. Ours was the only car on the road. People were afraid to move out.

No sooner had the war ended, than a terrible epidemic of cholera hit Anua. New hardships were encountered. By now the hospital staff were all government employees, and it was a period she found very difficult.

Later, Sister Veronica spent seven years as Directress of Novices at Ibadan, and six years at Ondo, in Western Nigeria. The last years of her life were back at Urua Akpan, surrounded once again by a flourishing hospital, and close to the house where many young Nigerian postulants of MMM lived. Her example, her faith, her vision, her culture, her dignity, left their mark on each one of us.

In her lifetime of nursing, Sister Veronica had watched by the bedside of several MMMs as their time of death drew near.

Of one such experience she remarked: 'It is a sad but lovely thing when a Sister dies among the sisters.'

Her own time came last August, without much warning. On the last night of her life, two young MMMs watched by her bedside, Sister Irene from Malta, and Sister Clara from Malawi. Their presence representing the inter-cultural membership of MMM for which Sister Veronica had pioneered the way, was a powerful symbol.

News of her death on August 16th came to many people as a shock. Tears fell – tears of long-term staff membes and tears of young MMMs for whom she was a direct connection back to our Foundress, Marie Martin, of whom she spoke so often. As we mourned, preparations were made to give sister Veronica a truly Nigerian send-off.

Bishop Ekuwem, of Uyo, arranged for a farewell Mass at Anua. Next day, Bishop Camillus Etokudoh celebrated her funeral Mass at Urua Akpan. Student nurses formed a guard of honour all through the mourning ceremonies. Midwives organized a pipe band. Sisters, priests and people came from far and near and many accompanied her funeral cortège to the city of Benin for burial.

The community gathered around Sister Veronica's coffin in the convent chapel in Urua Akpan before the funeral. It was a moving moment when the novices who had travelled from Ibadan chanted their farewell to the strains of a kora – a type of African harp. They expressed the sadness that everyone was feeling at the loss of our first African MMM with the words 'A great tree has fallen'.

Handmade from felt at the Women's Development Centre, Addis Ababa

The Maji are remembered in the Republic of Benin

Year after year, the Christian Feast of Epiphany, when the wondrous Star led the travellers from a far-off land to the stable at Bethlehem bearing gifts, captures our imagination. For the MMMs in Zaffe, it will always be a special occasion, as this Feast marks the anniversary of their arrival in the Republic of Benin.

In that area, local devotion involves offering very practical gifts like firewood and kerosine for cooking, soap for washing the newborn infant and the soiled clothes, and food for the mother to sustain her until she is able to return to her former way of life.

To the surprise and delight of the MMMs on their first anniversary in Zaffe, they found themselves receiving these gifts from the people on behalf of the Newborn Infant and his devoted parents. At the first Epiphany, they were in make-shift lodgings far from their own home, like so many displaced families today.

The Sisters are well settled in now, and feel very much at home with the people of Zaffe who, as they say, "accepted us as one of themselves, giving us the privilege of sharing life with them and the opportunity of working hand in hand with them to make the health programme a reality."

In the past year, 4,850 patients were seen at the new Health Centre. Almost 60% of these were children. Respiratory infections, malaria, anaemia and diarrhoeal diseases are the most common problems, but sexually transmitted diseases are on the increase.

They also registered 116 women in the ante-natal clinics, where topics such as hygiene, diet and exercise are included as well as the physical monitoring of the mother-to-be. It is the dream of the local people to have full maternity services available at the Health Centre. So far funding has not been possible to take on the staff this would require or to install the proper equipment needed for a delivery suite.

Apart from that, the Sisters report that the seven-roomed Health Centre has been equipped. "A 17-kva generator was purchased and a small building put up to house it. Wiring and electrical fittings were completed. The bore-hole and overhead water tank were also completed, and all the plumbing accessories installed. There was great joy the day the electric pump was switched on, providing running water in the clinic.

"The next cause for celebration was the arrival of the Ambulance, a four-wheeled-drive vehicle capable of handling the local road conditions. Emergency cases needing referral to hospital can now be facilitated. It also transports staff, drugs and equipment to the seven villages covered as outstations.

"Twelve Volunteers were chosen from the different villages in our catchment area. They took a 3-month formation programme we organized. These 5 men and 7 women help to raise health awareness through education. They also give first aid care before referring patients to us. And they are there to assist us during our monthly visits to the outstations.

Tabernacle in
Novitiate Oratory, Nairobi

Who dares to be an MMM?

This is the question we put to Sisters Bernadette Unamah and Dervilla O'Donnell who are responsible for our two Multicultural Novitiates, where young women joining MMM today are guided in their choice of MMM as a way of life.

Sister Bernadette Unamah makes no compromises about what it takes to be an MMM:

"You have to have the guts to be truly human and disciplined, amidst a society that is materialistic. To a Nigerian woman, you are nobody without money, children and a home of your own. Therefore self-sacrifice, discipline and commitment to vowed life are for those who dare to be thus.

"She who dares to be an MMM is a person who is willing to touch the truth of her identity as a woman, vulnerable, poor and yet rich in different ways. One who is willing to take risks, trusting God's grace and her own capabilities.

"She is someone who strives to be open to love and to be loved, who has a heart for people and is in solidarity with the poor and the marginalized.

"To be an MMM takes someone who is willing to learn and to unlearn, to update herself and be in tune with the signs of our times in order to be the prophet of tomorrow. She must be someone who can stand alone, who can be independent without being individualistic."

Sister Dervilla adds:

"I would be looking for women who live the values of generosity and availability, women with a certain selflessness, who are God centered – women who feel called to a missionary way of life and are attracted to Christ's Healing mission. They need to be willing to take risks and have a profound respect for all peoples."

HOW DO YOU EXPLAIN VOWED LIFE AS AN MMM?

For Bernadette, vowed life as an MMM challenges young people to develop the spirit of sharing, receiving and taking responsibility for self and others. It challenges them to learn to be silent and to be present to others in a world that is becoming noisy, busy and selfish. In a society torn with war, anger and poverty, MMM as a way of life offers love, reconciliation and brings hope to those without hope. In the world that is materialistic and hard for people to let go, young people tend to prefer temporary commitments. The vowed life challenges young people today to see value in commitment. Vowed life challenges the world to look at issues of faithfulness, commitment, stability, sacrifice, and sexuality. It calls us forth to cooperate with God by empowering people to use their gifts to create a better environment for living.

Dervilla says: "I agree with Bernadette. We live in a world of rapid change, where there is an instant demand for things 'now'. These, we are led to believe, will provide happiness, where relationships are often trivialised and commitments are short term. Alongside this is a real search for meaning and fulfilment. The vow of consecrated celibacy, the vow to love, is the vow that confounds most people. How can we live it and choose not have our own homes, family and children? In societies where political power and authority have been corrupted, the understanding of the vow of obedience as a vow for collaboration is challenging. The poor in societies where we are missioned teach us from their poverty the real value of sharing, simplicity of life, responsible stewardship and how relationships are what nourish us. For each of us and the Novices to fully live these vows we need to make choices. They are choices that are rooted in a personal relationship with Jesus and a belief that we are involved in trying to build the Reign of God in a world deeply and violently divided."

Sister Bernadette who spent a number of years in Brazil, is Director of the MMM Multicultural Novitiate for West Africa, located in Ibadan, Nigeria.

Remember the source from which your healing service flows: Christ's love in which you are rooted and founded.
– MMM Constitutions

HOW DO YOU TEACH NOVICES TO PRAY?

Prayer and connectedness to God is innate in African people, like the Irish, says Dervilla. Our deep sense of the spiritual is there if we can tap into that level of awareness. Sometimes it will depend on the reflectiveness of the person.

In community, time for prayer together, and time for personal prayer are carefully allocated, and Novices are involved in liturgical preparation as the year unfolds. In coursework both inside the Novitiate and in Inter-congregational programmes they get plenty of opportunity to explore and share their discoveries on what the great spiritual writers have taught.

CAN A DIRECTOR OF NOVICES SPEAK OF 'JOB SATISFACTION'?

"You cannot have achievable goals like you might in another job", Dervilla tells us. "It is God's Spirit that is in charge and I am invited to cooperate with the Spirit and not to be an obstacle. I have the sense of being invited into the 'sacred ground' of the Novice's life, where I touch the Mystery of God as it unfolds in each person's unique story. I feel privileged and grateful as I accompany the Novices in their journey of faith, self-discovery and growing identity with MMM."

Satisfying? Yes. "It is tremendously satisfying to see these generous young women growing, maturing in their faith, in their own sense of identity of who they are and in their identity in MMM. When I see them opting for a life of caring with compassion for the sick, or for those less well off, then it makes my job feel worthwhile."

Bernadette also speaks of the sense of walking on 'sacred ground' and of the young person's search for identity.

"It is indeed a 'treading on sacred ground'. The job of accompanying young women on their faith journey may be difficult at times. It is tasking and energy-taking but there is also something in these young women that energises me.

"It gives me satisfaction to be able to bring hope to a young woman during her personal struggles for identity. It is rewarding to see a Novice growing step by step from where she first began – sometimes afraid of the unknown, anxious about her desire for commitment, then moving into a time of freedom and becoming responsible with a positive approach to life."

WHAT IS THE MOST IMPORTANT GIFT NEEDED FOR YOUR JOB?

Patience, they both agree. You are not in charge, it is the Spirit who guides all this and you have to wait for the Spirit's time.

To be able to cooperate and not to be an obstacle to that movement and to be sensitive to the movements in each person is a big challenge.

You want to be Christ's disciples? Then do not count the cost.
– MMM Constitutions

Sister Dervilla who is Director of our Multicultural Novitiate in Nairobi, Kenya worked for many years as a nurse-midwife in Lagos, the capital of Nigeria before taking up her present assignment.

Live in total openness to the future.
– MMM Constitutions

You need to be a good listener, to have compassion, openness to differences, be they cultural or related to personality.

Bernadette points out: "In a way, the Novices are our mirrors! They call me forth to action; to a hard and constant renewal of my faith and a reminder of the implications of my vowed life. Seeing these beautiful young women with zeal and interest for religious life in a world that has become materialistic and competitive reminds me that there is a lot of wonder and value in religious life."

Dervilla says: "One of the most challenging things about this ministry is the constant change in community membership. Novitiate is two years, so our membership changes a lot as Novices become professed Sisters or leave. There is also a richness and blessing in this as new members come from different nationalities and cultures. I rarely have the opportunity to meet my former Novices because they are missioned to far away places. I really appreciate when I hear from them in their new missions in Brazil, Nigeria, Malawi, Uganda and how their lived experiences are challenging and deepening their understanding of our MMM way of life."

RWANDA

Housing among the Batwa

Bisimana Xavier

To provide housing among the Batwa people is to work against the odds.

Social Worker at Kirambi, Bisimana Xavier tells us how they got involved.

Originally the provision of houses was not part of the programme run by Kirambi Health Centre. What made us decide to take on this extra work was the many requests that came from the people. We could see that they were living in very bad conditions. You could not call their dwellings 'houses' by any stretch of the imagination. We went out there to try to help them cope with illnesses and to prevent illness. They said 'you are helping us in this way but can't you see that our most urgent need is somewhere to live?'

Most of these people belong to the Twa tribe who form 1% of the population of Rwanda. It was very moving to see their reaction as soon as the houses began to go up. One woman was living in a neighbour's house as her own was not yet ready. But she was very eager to move in once the roof was in place, even though it was not finished inside. 'It is dry', she exclaimed. 'The rain cannot come in. Let me move in now, and I can wait for the doors and windows later on.' She did move in, and was so delighted.

We came upon many obstacles in trying to reach our goal. We are health workers and not experienced in a housing project but there was nobody else around to take it on. So we sat down and drew up a budget and a list of items we would need: tiles, bricks, planks of wood, nails, hinges, locks, and transport. Most of the labour, we hoped would be provided with the assistance of the beneficiaries themselves and other communities in the surrounding area.

Because the people needed houses so badly, at the preparatory stages they said they had no problem doing whatever we asked them to do. But once we got started we sometimes felt they wanted us to do it all. Indeed, there were very real difficulties which hampered their participation. To earn any income they had to work for others, so when we would plan to go out there for building work and expected them to be there, we would find they couldn't come because they would have no food to eat if they did not go to meet the needs of whoever was offering them work that day. They were not free agents.

Sister Helen Spragg and Bisimana Xavier talk to Batwa representative.

We also met obstacles at the level of the local authorities. We had meetings with them and they promised that there would be participation by the surrounding communities as well as the work put in by the beneficiaries and the staff from the Health Project. They also made it a requirement that the walls of the houses would be made with cement, which greatly increased the cost for us, and meant we had to reduce the number of houses originally planned from sixty to twenty-one, as that was the limit of our budget. But then, when elections came round, those authorities stopped encouraging the people to work because they thought the housing would be used as an issue in the voting.

Another problem we had was the tiles for the roof. Before we started, we knew that around here there were people who made tiles. So when we worked out our budget we included the price of tiles. But then we found they were no longer available. So we had to begin to teach the Twa people how to make tiles themselves.

It was very hard work for those involved. Because they had no money to buy food they wanted us to pay them for making the tiles, even though the tiles were for their own homes. However, given that they needed the money to buy food, we made an arrangement.

Our next problem was the firing of the tiles. We were already running behind schedule and the rainy season arrived. The rains were heavier than usual. We borrowed plastic sheeting to protect the new tiles, but the wind was too strong and destroyed the sheeting. We had not budgetted for that! The bad rains delayed us greatly and were still pouring down as the date by which we had hoped to finish

came and went. In fact, everyone suffered from the heavy rains. Even substantial houses in Kirambi, made from cement, were destroyed in the torrential downpours.

To make matters worse, some enemies came, we suspect they were people who made mud bricks and sold them for a living, and felt threatened by the fact that this community were now learning how to make bricks. So someone came by night and poured salt into our quarry and destroyed the area from where the mud was taken.

But we were resolved not to give up and the great needs of the people helped us to carry on and try to complete what we had begun. We hired a lorry which used up some of our precious project money and had to go about 25 km over very bad roads to get replacement tiles.

Now that we have gained experience, we are getting faster. And seeing the satisfaction of the people in the houses that are already occupied gives us energy to keep going despite the many unforseen obstacles.

Training of Trainers in Tanzania

MMM Associates, Moira and Eamonn Brehony have seen another year of growth at the MMM Training Centre for the promotion of indigenous knowledge, at Ngaramtoni, outside Arusha.
The Interim Report for the first half of 2001 showed that during that time, 158 participants availed of the week-long courses, 63 women and 95 men.

Courses ranged over a wide choice of subjects – including a Psychosynthesis Workshop, Organisational Development, Participatory Planning, Facilitation and Mediation. Some courses were tailor-made to meet specific requests. These included Team Building, Proposal Writing, Evaluation, Facilitation Skills and Conflict Resolution.

Seven therapists based in Arusha attended a three-day workshop for people involved in holistic care. This was the beginning of a networking process for practitioners in and around the growing international urban centre which Arusha has now become.
The therapies included classical homeopathy, reiki, reflexology, musculo-skeletal adjustment, mineral depletion and disease, geopathetic stress. Participants requested follow-up workshops of this kind every six months.

A herbal garden was established within the confines of the Centre, with plants identified and tagged. A successful course on medicinal plants has also helped to associate the Centre with various forms of healing. Some initial contacts have been made with traditional healers with a view to building up rapport with them. Eamonn also supervised a major evaluation of our work at Kirambi in Rwanda during this time.

Like Eamonn, Sister Helen McKenna, who is also on the staff, extended the services of the Centre to Rwanda during the past year. It has been of great benefit to her to have received authorization to teach the Ingham Method of Foot Reflexology under the umbrella of the International Institute of Reflexology. This is a highly valued recognition internationally.

Address for Bookings or Information:
PO Box 3124, Arusha, Tanzania.
Tel: 255-27-2544423 • e-mail: mmmntc@habari.co.tz

FOR THE PAST NINE years Sister Ann McLaughlin (right) has been keeping in touch with the many individual donors and fund-raising groups who support our work all over the world.

Sister Ann McLaughlin

Now Sister Ann is getting a well-deserved break and is passing on this work to Sister Aileen Doggett who will take over at Christmas.

Sister Aileen Doggett

Sister Aileen knows she will have a hard job living up to the high standards of communications with all our friends set by Sister Ann. However, she looks forward to getting to know everyone and hopes the funds won't stop coming just because Sister Ann is moving on to other things!

We wish Sister Ann well and welcome Sister Aileen on board!

Pioneers in the Control of Hansen's Disease

Sister Mairead Chambers graduated from Medical School in 1947 and immediately set sail to join Dr. Barnes at Ogoja. She spent most of the next twenty seven years there. Later she went to Liberia, and assumed the co-ordination of Hansen's Disease there, dedicating herself tirelessly to the work.

HANSEN'S DISEASE, or Leprosy as it used to be called, is still a major public health problem in 32 countries. At the turn of the millennium, 880,000 patients were registered worldwide, but this is believed by the World Health Organization to be only half of those affected.

Today, Nigeria does not feature among the top eleven countries most seriously affected. Bringing this terrible disease under control was a major effort in the early decades of the work of MMM. When Dr. Joe Barnes first made a survey of the problem, he estimated that some 47,500 people were affected in the area then covered by Ogoja diocese. But Sisters who were part of a new approach to the problem, along with Dr. Barnes, and the late Bishop Joseph McGettrick can see the fruits of their labours now.

Sister M. Brendan O'Hanlon was in Ogoja in 1946, when Mother Mary Martin set about filming a documentary on our work in Nigeria entitled *Visitation*. Later, she spent many years on promotion work showing this film. From her first-hand experience she was able to bring the problem of leprosy to the attention of a wide audience and gain support for the work.

It took people of enormous energy, fitness and compassion to tackle so great a problem. Sister Brendan was just such a person. The day she first went to our Motherhouse to meet our Foundress, she cycled 30 miles from Dublin. On arrival, she was invited to join the novices on a picnic that involved a 6-mile walk each way. Then she cycled the 30 miles home!

Dr. Barnes was known to cycle over 70 miles between villages while doing his survey of leprosy in Ogoja diocese.

Sister Therese Bernadette McAweeney first went to Nigeria in 1953, and devoted almost her entire life for the next 42 years to the care of people with Hansen's Disease. She was a gentle nurse with skilled and deft hands. No matter how advanced the disease, she would bring relief, often performing skin grafts or treating persistent ulcers.

During the Biafran war, she was given an army pass and made many a hazardous journey in search of supplies. Later she recalled: "With the pass I was able to travel once a month as far as Jos and buy drugs and other things. The people were depending on us to bring in everything, as there was nothing in Ogoja. The soldiers sometimes threatened us, saying they would shoot us. They didn't trust us. The bombing, when it came, was awful. We could hear the shelling. However, Ogoja stayed open all the time."

It may be no coincidence that these three pioneers of the control of Hansen's Disease were all called to their eternal reward in the same year, 2001. Sister Mairead was the first to leave us, on Feburary 28. Older people in Ogoja came to mourn her passing, as if it had been only yesterday that she walked among them. Many of her former colleagues and students came to add their own special tributes. Sister M. Brendan died peacefully on June 19th. Less than a month later, Sister Therese Bernadette followed her to heaven, on July 12. During their long lives these early members of MMM inspired us by their dedication and commitment. May they now continue to bless us as we journey on without them.

Although the disease is less widespread today, MMMs are still involved in this work. In Nigeria, we still have Sisters in Ogoja and Abakaliki. Latest statistics of registered cases show a prevalence of 1.7 per 10,000 people. So the problem has not disappeared. The WHO has set a target of complete eradication of Hansen's Disease by the year 2005, but as it is endemic along the world's poverty belt, it is unlikely that it will be completely controlled before poverty itself is eliminated.

One Year in Wolisso

Our first year was a very busy time for all of us – for the team of twelve Sisters from seven congregations world-wide, for the Italian doctors who came to us through the CUAMM organisation in Italy, and for the many Ethiopians now on our staff at every level and grade of work.

Sisters Mary Molloy and Una Ni Riain

The General and Maternity wards were opened on 1st January 2001. As happens so often in a new venture, our Ethiopian staff are full of enthusiasm and interest for this new Hospital and College of Nursing, as they make it their own. The local community is very happy to avail of these services. It was a good year as we got to know each other, to integrate, and to start our own traditions. There were many administrative headaches to be dealt with as happens with any new enterprise, and some structural faults and omissions which became apparent needed to be rectified.

Our initial group of thirty-two student nurses completed their first year of training and are now about to enter their second year, and a new group of twenty-three students have just arrived. Most Ethiopian nurses are men, as girls did not have the required level of basic education until recent years, so in order to redress the imbalance, and also because more working opportunities are available for men than for women, our College of Nursing gives priority of places to women. But men are also accepted, and at present we have 14 men and 41 women in training.

Sister Mary (left) is a Surgeon at Wolisso and Sister Una is Tutor at the College of Nursing.

Teaching Ethiopian student nurses is a lovely experience as the Ethiopian tradition of dignity, courtesy and respect is carried naturally into the classroom. The learning experience also enriches the students themselves as they prepare during these years for their life-long profession which will benefit all who will receive their service. And that service is greatly needed.

Ethiopia is a country of many religions, the majority of people belonging to the Ethiopian Orthodox Church. Of the rest, about 30% are Muslim, 20% Protestant, and 1% Catholic. Our student population reflects that diversity, and there is a lot of respect for other religions among all groups, just as it is a characteristic of Ethiopia to show great respect for all persons.

At this time in the world when there is a lot of tension between Christians and Muslims resulting from the tragedy in America, we are particularly happy to have our Muslim students with us as we admire their integrity, reverence for God, pleasant dispositions, sense of responsibility, and hard work. We are enriched by their presence, as by the presence of all our Muslim staff and workers.

Our biggest challenge at the moment is a financial one. We would like to be self-sufficient, but that is extremely difficult in Ethiopia, the third poorest country in the world, when many people cannot even afford to buy enough food, never mind paying hospital bills. Yet we cannot refuse treatment to anyone who is sick. We feel sure that God wants this work in Wolisso and as Mother Mary used to say: 'If God wants the work God will show the way.'

Sister Elizabeth Bundala

Mukuru Health Centre

Sister Elizabeth Bundala

Mukuru is one of the largest slums in Nairobi. It is seven years now since the first MMM pioneers ventured to provide medical care for the people who are living here. Since then, more houses have been constructed, especially within the last two years. The population is growing dramatically, reaching an estimated half a million people now. Not surprisingly, the number of sick people attending our clinics has doubled, not forgetting the children with malnutrition.

Many people in the area are living with HIV/AIDS. This is a very big challenge for us as we try to look for a better way to bring our services to them. We have trained Community Health Workers, and with their help we can reach those who are very ill and house-bound. These voluntary health workers live in the community. They know the sick people who have not been able to avail of our services at the Health Centre.

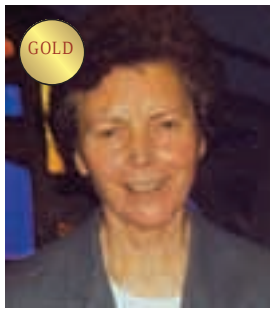
Our desire is to see that we reach more sick people, especially those who are poor and do not know where to go for help. We would also like to be able to put more effort into the prevention of disease.

Jubilees

Sister Patricia Lanigan

Golden and Silver Jubilarians celebrate the anniversary of their religious profession

Sister Brigid Egbuna



Sister Rose Gunn

Sister Elizabeth Ikechukwu

Sister Barbara Faulkner

Sister Justina Odunukwe

Sister Bernadette McConville

Siser Nancy Hilliard

Sister Mary Swaby

Sisters Mary and Margaret Reynolds

Sister Margaret Mary Okooboh

Sister Felicia Muoneke

Sister Roberta Smith

Sister Salvatoris Martin – An appreciation

Better known to me as May, when we were novices in Drogheda in the late 1940s, she was a beautiful blonde girl in her teens with a high level of intelligence. May had done pre-med in UCD before coming to begin her Novitiate. She returned to Dublin as a second-year novice to continue her training in medicine. She was cheerful and hard working, and passed all her exams with flying colours.

During her final student year, her health began to show signs that caused concern. After her final exams she had to go into hospital for some time. We didn't know then that this was just the beginning of thirty-eight years of suffering.

On the whole, May bore her long hospitalization gallanty. Often we had many a good laugh when I visited her. But my last visit with her was a sad one. She put her head on my shoulder and cried until her tears wet my shoulder. All I could make out of her confused words was 'why...?'

Like Christ on the Cross, she was trying to repeat the words, 'Father, why have you deserted me'. In my heart, I begged the Lord to take her. At 5 a.m. on May 10th, God came to call her while she slept peacefully. With her sister, Teresa, we know that May can rest in peace now, enjoying the reward of the courage with which she bore her life-long Cross.

– Sister Anne Elizabeth Comaskey


Rajinder Singh Panesar


Nighat Mirza

'INTER-RELIGIOUS DIAGLOUE IS NOT ABOUT RELIGION. IT IS ABOUT LIFE ITSELF.'


Riffat Akram


Mollie Somerville

Inter-religious dialogue


Mohamed Mushtaq

Among the most memorable moments of the Mission Alive Festival in October, was a Seminar on Inter-religious Dialogue. Fr. Clyde Harvey, Professor of Comparitive Religions in Trinidad, and an Inter-faith Group from Bradford, UK, challenged us to face with courage the signs of the times in which we are living. It was seen that events like those of September 11th, make inter-religious dialogue much more important.

FR. DAVID JACKSON, representative of Diocese of Bradford for Interfaith affairs was in Dublin for the Mission Alive Festival with a group of men and women who have come together to do something practical about problems encountered in a city like Bradford, where the population includes people of different faith.

Fr. Jackson reminded his audience that there will be no peace among nations unless there is peace among religions.

If we have awareness of the sufferings of others, so we have concern about the religion of others. When religion is weak, hearts are weak and skins are thick. But when religion is strong, hearts are strong but skin is thin and permeable and open to absorb richness from others.

Fr. Clyde Harvey of Trinidad challenged us to go beyond the tokenism in which we might invite a person of a different faith to participate in a Christian service. If we seek radical conversion of heart, he said, we need to plumb the depth of the other faith, and be listeners. We must avoid arrogance. We need humility. Tolerance is not enough. If we want to worship God together, we must seek to understand the beliefs and the values of the other.

We must also work to establish the Global Ethic proposed and adopted at the 1993 Conference of World Religions, which has been developed by Catholic theologian Hans Küng among others. To be engaged in a constructive way in today's world, said Fr. Harvey, involves Presence, Service and Dialogue first, then Proclamation and finally Sacramentalisation.

Nighat Mirza, a Muslim woman teaching in a state-run school in Bradford which has 99% Muslim children, spoke of the difficulties immigrant populations suffer. Children are not born with hatred. But adults too often instil fear and hatred into them from an early age.

Mohamed Mushtaq said our challenge as people who believe is that we must not only tolerate but really appreciate each other. Otherwise, what can we expect of people who have no faith? Let us sit together in a common cause for the whole world, he pleaded. Let us engage in dialogue with all people – with faith or no faith – as people of God who loves us all.

Rajinder Singh Panesar told us the word Sikh means learner. A Guru is someone who puts light in the dark place. For Sikhs there are five deadly sins: lust, greed, anger, attachment and ego. When heart mind and soul are out of control it leads to what happened on September 11th 2001.

For Mollie Somerville, a Catholic member of the Bradford Group, the challenge for Christians is not only to respond to the issue but to take initiative. Christians should take the first step and be willing to listen and to speak to people everywhere.

Riffat Akram was one of the women who took initiative during the ethnic violence that hit Bradford in 1995. They made peace placards and walked courageously up the street between the factions and managed to diffuse a very tense situation, after which the Interfaith Women of Peace was founded and an Educational Center established which draws visitors from many places. The path ahead is difficult, she believes, because communities are segregated, and young people are disillusioned. But she believes that while racial tension affects us globally, it is important for us to act locally.

To our subscribers

We are happy to tell you that MMM is an approved charity for purposes of reclaiming income tax on larger donations.

We can send you details and the appropriate form if you write to us at the address on page 2 of this publication.

Teach a Woman and you teach a Nation

Sister Mary Doonan writes from Malawi

Harsh reality gave birth to the Women's Development Project in Mtsiriza, on the outskirts of Malawi's capital city, Lilongwe. In a short time, it has grown from the original group of 38 Catholic women meeting on Church property, to a group of 160 women drawn from all religious denominations.

Malawian women carry a huge burden. Poverty is widespread. The HIV/AIDS pandemic continues to impact greatly. The risk of death is high. About 60% of all new HIV infections occur amongst women in the 15-24 year age group.

Women struggle, often alone, to care for orphaned children left by deceased relatives. Many women are involved in the care of relatives and neighbours – by day and by night – with little or no resources. A lot of time is spent attending funerals and helping neighbours to cook food for those who come to sympathise.

All of this and much more, when they themselves are frequently ill and under-nourished. Widows have little or no inheritance rights. Today it is not uncommon to find women forced into prostitution because of poverty.

Alongside this, one sees the exploitation of young teenage girls, many of whom are orphaned. Desperation has driven some women to talk about their plight, but many still fail to talk about their experiences. Life as they experience it is deemed to be the norm.

Against this depressing backdrop, our Project endeavours to:

- Provide a safe forum where women can identify their problems;
- Support women in finding realistic solutions to their situation;
- Raise awareness on gender inequality;
- Support them in their efforts to bring about change;
- Find ways of providing affordable recreation.

STORY TELLING

Telling their stories proved to be a healing experience for many. For most, it was the first time ever that they met people who took the time to listen respectfully and with compassion to them. This contributed greatly to the development of self worth, and trust in the group.

After listening, we then move on to facilitate their description of what we call the 'new picture'. This is their dream of how they would like life to be. This is a huge challenge for women who struggle to exist from one day to the next. Rarely, if ever, have they been invited to dream about the future.

Three-quarters of the group were illiterate so we graphically depicted these dreams. Their priorities were:

- Education for themselves and their children. 'We need to learn to read and write. We want our children to have the chance of education we ourselves lack'.
- A Bible Study Group – because they believe it is God that leads and helps them.
- To learn some crafts and business skills so that they could make a little money to help their families.

We help them to devise an action plan, starting with who they are, and the gifts and talents they have, and feel they could share with the group.

A Smile we will always remember!

Sister Elizabeth Gaynor had a smile we will always remember. It was matched with a lovely sense of humour and a positive outlook on life, no matter what life brought. She was not beyond the occasional practical joke, and endeared herself to everyone.

Born near Tullow, and educated with the Brigidine Sisters, Elizabeth was a very gifted person. In MMM she trained as a nurse, midwife and dietician. She worked in Rome and Naples before going to Malawi, where she taught midwifery at Mzuzu.

When ill health forced her to give up nursing, she just saw that as an occasion to develop her skills in business administration and went on working at our Motherhouse until she could no longer walk, or even stand unaided. During several periods of hospitalization, she made new friends. Her concern was always for the other person, showing great appreciation for the smallest service given to her.

She was called home to God on March 12th, 2001. Her going leaves a great gap for her brother, Fr. Pat, her sister, Frances who is a Dominican in Australia and for all of us who were privileged to share her life in MMM.

BIBLE STUDY

Stories of various women in the Scriptures are followed closely by all the women irrespective of religious denomination, or literacy ability. They can identify with these Biblical women from their own experiences. These Bible stories are the basis for our human development programme. This study also provides a safe atmosphere for the women to share the more difficult and often very painful aspects of their lives, as well, of course, as the joyful ones. Telling stories of women in the Bible also provides a platform to talk about the more sensitive issues which culturally it is taboo to talk about outside of the family or indeed at all. Issues such as violence to women, both within and outside of the family, trafficking of young women and prostitution. These issues are faced by women all over the world today.

PLAYSCHOOL

We started a Playschool on 'a wing and a prayer' but it continues to develop and grow. Three women from the group teach the little ones and help run the school. With a very small fee from each child, we can just about manage to pay these women.

Thirty women joined our first literacy class – what a day that was! Some of our friends supplied pencils, others recycled folders and paper. Literacy training materials in the local language, Chichewa, were obtained from the National Centre for Literacy. One member of the group who was literate offered to help. As soon as this was functioning, another came forward and offered to help initiate a second group.

Using bottle tops and stones the women quickly learnt to count to ten and do simple addition and subtraction. Far more important for them is the dignity of being able to sign their own names. As they master these basic skills, and grow in confidence with the support of one another, we are very hopeful that they will acquire enough basic business skills to get involved soon in some income generating projects, and come to know their legal rights, and seek out justice for themselves and their families.

A revolving fund was started to allow the women to purchase craft materials. Women who already have skills teach others. They take great pride in what they produce but also in the fact they are able to teach one another. These afternoons provide a time of recreation and relaxation, but also a time of solidarity.

Awakening the Giant

Photos courtesy of: Fatima Giorlana, Brasilandia.

The advance of globalization has brought the close-down of many small industries. This has resulted in massive unemployment in cities like São Paulo, Brazil. Anyone who becomes unemployed after the age of 40, has little hope of new work.

'The small person is small when alone', wrote Brazilian Economist, Paul Singer, in his book *Globalisation and Unemployment*, 'but when many small people unite they form a giant.'

Sister Brigid McDonagh was among the chief architects of a plan in her neighbourhood to search for a means of survival, creating a small parallel economy through co-operative action. Nobody is getting rich on this, but through a Project of Economic Solidarity, (PES) there is some hope of survival.

PES (which is the Portuguese word for 'foot') has its foundation in the principles of cooperation, mutual help, and collective initiative to create conditions in which people can live with dignity. Thirteen different projects are now up and running under the auspices of PES, which provides its own Seal to those products which pass its standards of quality control. The products include educational toys, such as maps and charts. Also produced are crafts, decorative candles, textiles, curtains, carpets, handbags and serviette holders. In the city centre, PES has opened its own sales outlet for these products.

The project did not overlook those families who have a member in need of sheltered employment and those who use Mental Health Centres. For them work has been found binding diaries, telephone and address books, and photograph albums. They also make rubbish sacks, and decorative sisal mats.

A women's group set up a Credit Union, which is now running for about four years. Women looked at their strengths and their talents in domestic economy and realised that if they worked together they could set up a thriving business. Looking around, they could see that businesses and schools in the area provided lunch breaks, so why not get together and offer to supply the food?

They pooled their resources and began passing on their skills to younger women who joined. Gradually they found they were all acquiring new confidence and self-esteem, as they created work and earned a small income.

Photos courtesy of: Fatima Giorlana, Brasilandia.

Alaide, Ernisteno, and Lau tramp the hillside in very hot sun to sell goods from door to door.

The road between two rivers

Igarape means "a road between two rivers". At Igarape in the parish of the Holy Martyrs on the southern periphery of São Paulo city, Brazil's second *L'Arche* foundation was made on May 19, 2001. It was the fulfilment of a dream long-held by Sister Phyllis Heaney, who has spent most of the past thirty years working among people with handicap in São Paulo. For many years Sister Phyllis devoted herself to young people with physical handicap. Now her attention is turning more and more to those who need a home like L'Arche – or *Arca*, as it is called in Brazil.

As we write, Sister Phyllis and the parish team working with *L'Arche* are active in providing workshops for professional people who have offered their services. These include physiotherapists, psychologists, musicians and occupational therapists and craft workers who can teach pottery and other activities that will provide stimulation and personal attention for each of the residents of newly-founded *Arca* home.

'The overwhelming number of volunteers from all sorts of professions is impressive,' says Sister Phyllis. 'They want to be involved and to help. In an economically deprived neigbourhood like ours here on the periphery of the city, there is a lot of violence. It is amazing how the presence of a house like *Arca* is a sign of respect and peace. It is our belief that this can transform the neighbourhood and put a human touch that reduces the violence. It can even touch the heart of gangsters. It changes the area to see these special children and young people walk around the neighbourhood. It says something to all of us, when a community turns its attention to caring for those who have a special need or handicap.

Sisters Phyllis and Regina with Natali whose Dad is parenting alone. Arca is a great support to him.

Sister Phyllis with Daniel, one of the first who provided the inspiration to start Arca in the parish.

The priests who run the parish of Santos Martires, Fr. Jim Crowe, and Fr. Eddie McGettrick, both Kiltegan missionaries, believe the whole L'Arche movement challenges our values of production, quantity, numbers and statistics. Fr. Eddie says: '*L'Arche* is a powerful sign of community. It emphasises the mystery and the beauty of each person. Even when someone might not seem to be communicating, there is a lot going on in their life.'

They find it is amazing, too, how having a home like *Arca* in their parish has raised awareness among the community about the number of people living in their midst who have a mental handicap. One woman said: 'Before this, there was nobody here with this kind of handicap, but now they are pouring in from everywhere.' However, the reality is that they were there all the time, but nobody noticed.

Ione, far right, works closely with Sister Phyllis in the new Arca. Photo includes Marcelo, Alex and little Tiago with his helper Dario.

Baby Jonas

"When Rosimeiri, the mother of baby Jonas, realised her little boy was not normal, she began to neglect him, to the point where he was almost abandoned. The poor little darling was cold and hungry. By the time we discovered this, he was dying with pneumonia. We got a blanket, got him to hospital, and stayed there all night. He recovered from that crisis, but now we are struggling to journey with his mother along her difficult path in life. There is no quick fix or easy solution to her situation. We can only offer her what support we can as she tries to accept the condition of her little son and come to terms with it. We hope that having the *Arca* community in our parish will be a resource that will give Jonas the fullness of life of which he is capable."

Music & Mission in Brazil

Sister Regina Reinart

When I was 7 years old, in the school near my home in Germany we learnt to play the Recorder. Soon my parents sent me and my twin sister to the local band where I learnt to play the trumpet. After that, I had no difficulties in playing a tune on the clarinet, or saxophone. In our home, all four sisters often played together in the long winter nights, or on Christmas Eve in the white snow outside the Church. We would play some Bach tunes, or popular Christmas carols including, of course, the famous *Stille Nacht, Heilige Nacht.*

After I joined MMM and was living in Ireland, I picked up a second-hand flute in Walton's in Dublin. I had about five lessons on it before it was time for me to head off to begin my Novitiate in East Africa.

To be a missionary is to apply whatever gifts we've got wherever we are. When I arrived in São Paulo, where violence and hardship paints the scene, I gradually became involved in a lot of activities – catechetics, a theology course for lay people in our parish, and music with the young people.

After my first few sessions with the kids I got the idea of helping them to make their own instruments. Unless they themselves have the experience of using drums, percussions etc., they won't learn as fast. I had checked in shops what kind of instruments were available, but the price was astronomical for the poor families who live out on the periphery of the city. I took a good look at some of them in the shops and then we went looking for local materials to copy them.

My dream is to be able to give those that really show talent a recorder. Meanwhile, we collected bottle tops and old wooden handles. Some we strung on wire. That made a great jingle and the kids loved it. Every child has music inside and certainly rhythm.

Another way was to take 20 tops and put a long nail into groups of 4. Then we hammered these 5 nails into small pieces of wood. Our orchestra was growing!

Sister Regina with Sylvia

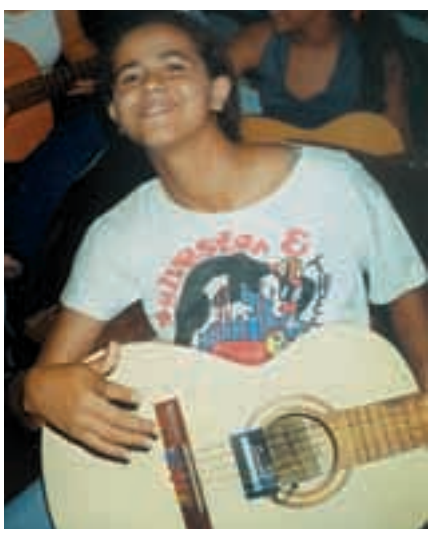
We put beans into tins and closed them securely, then coloured them. Others collected bamboo sticks, thick hollow ones, put in some beans and closed both ends. That produced a really nice sound when the children moved and turned the sticks.

Making these instruments and experimenting with them helped the children to let out all their feelings. We dance, sing, make snake walks and clap hands. I taught them to whistle, to snap their fingers, to imitate animal sounds. Their homework is to listen to sounds and describe them. They come up with an endless variety of sounds. There is a lot of fun involved. But what is more, underneath it all, a communication takes place that is beyond words. Barriers fall and friendships are built.

It is great to hear some of their comments. One of the boys gives me the thumbs-up sign and says *Valeu* – 'that was worth it'. I also hear the mothers commenting that their children sing the songs to their younger or older siblings at home, though with a German accent! All break out in laughter.

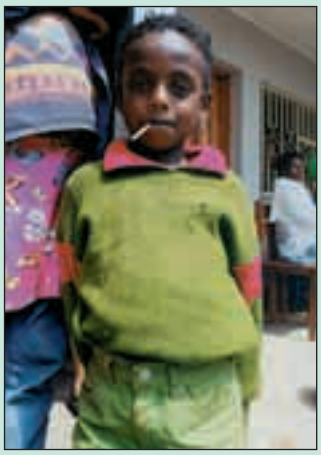
Twice a week I meet with two youth groups. I teach them the chords on the guitar or the notes on the flute, and help them to learn to read music as well. It is a slow process, but after only a few weeks, the transformation is tangible. We chant the psalms to simple tones as we do in our MMM communities. They love this. Joy is written all over their faces. Some of them have said that they turned their back on drugs after a session I held with them on the issue. We sang, listened to gentle music, I used clay and after a whole evening of talking about life, and about drugs, they seemed to be convinced. I just hope that their inner will remains strong.

Rodolfo, who is 15, shows real talent. Quiet and shy, he earns a few pence by selling vegetables from a wheel-barrow every Saturday. He was delighted the day he had enough saved to make a down-payment on a clarinet. Now he has paid off the balance. He is idealistic too, and hopes to train other kids in the neighbourhood one day.



Vania 'one of my best students'

Children's Stories from Addis Ababa



My name is Abayenhe. I am six years old. My mother died of AIDS. My younger brother died when he was 4 years old. My father died around the same time. Until my brother died, I was doing very well in school. Since then I have been very sad and I don't care much about living. A priest from my church helped me very much. He visited our house when my mother was sick and encouraged my family. He stood with my brother and me at my mother's funeral. He let me stay in school and paid for my uniform and school fees.

My name is Emebet. I am 5 years old. Both of my parents died of AIDS. I have a brother who is 15 years old and is in the 9th grade. I live with my grandmother, who keeps asking 'why is Emebet always sick?'

In Addis Ababa last year, Sister Carol Breslin had the walls of the MMM Counselling Center re-painted a rather dull grey. Then she invited the children attending the Center to design murals for them. Creative work helps the children to express how they feel – to talk about how they lived before their families were affected by HIV, and what it is like now when they live on the street. Young adult artists helped transfer the children's work to the walls of the Center.

At the Center the children are also encouraged to write their own story. Sister Carol says: "This helps them to deal with their feelings of loss and bereavement. Also, when others recognize their talents, it raises the child's self-esteem."

She also hopes the murals will help educate the general public about the problems these children and their families face.

"We believe that it will contribute to our efforts to deal with the stigma and discrimination still associated with HIV, and encourage people to help provide for the needs of those affected", she says.

My name is Frehiwot. I am 11 years old. Both of my parents died of AIDS. My 3 brothers are living on the street and don't want help. Once when I was threatened with sexual abuse, a neighbor stepped in to save me. Now I am at school and I love to sing.

The murals depict life in the countryside before HIV affected the family, the difficulties of life on the streets, and an appeal 'please don't close your door to us'.

My name is Masresha. I am 7 years old. My mother died of AIDS. My father left me when my mother died. I live with my grandmother and step grandfather. But my grandfather does not want me in his house.

Masresha and Caleb.

My name is Caleb. I am 5 years old. My father died of AIDS and my mother has HIV. I have a 13 year old sister who ran away to live on the street when she heard there was AIDS in the family. Before I came to the Counselling Center, I was taking care of my mother alone and I lived by begging. Once, when we had food, I cooked for her because she had a bad eye and couldn't see. One day my face got burned because I was playing near the fire. Sometimes I would try to get enough money to buy two sugar cubes, one for my mother and one for me. If I was able to get water, I would add the sugar. If not we would just eat the sugar cubes as our food for the day. Now I go to the children's group at the Center. I like it because my friends there gave me some soft puppets to keep.

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‘It is only now that I understand’

Simon Lijalem, MMM Counselling Center, Addis Ababa

SHE STARTED her business, selling bread and tea, sitting at one corner of a very wide courtyard. The place is the biggest grain store in Ethiopia, located at the southern end of the city of Addis Ababa. Mebrat, a girl of fourteen, engaged in this activity when her mother was no longer able to support the family due to critical illness with persistent coughing and other complications.

Her mother used to make a living through brewing and selling the local beer, and through part-time prostitution. Now after eight years of relentless effort, she was not able to brew and retail the beer any longer. The preparation requires a long process and physical strength before it is ready for drinking. Her husband had been an ordinary carpenter. He had been the pillar of the household and had a big role in providing economic support for the family. He died a natural death, six years earlier, when Mebrat was only eight years old.

Mebrat became very popular with her customers within a short period of time – daily laborers engaged in loading and unloading grain. The reason for this was her young age, strong dedication towards her work, her courtesy and lively nature. As a result of this, she was able to attract many customers to her Tearoom, under a small shade with worn-out sacks for walls.

In a short time, Mebrat’s Tearoom became the most frequented Tearoom of all those run by girls around the grain store. As a result of this, she was able to feed the family three times a day and even to take her mother to different clinics and hospitals where she was able to get drugs and treatment that extended her life. She was also able to rehabilitate their one-roomed house and send her youngest sister to school.

Meanwhile, a young, wealthy trader who had a big grain store near Mebrat’s shade and who was highly attracted by her beauty, and even more by the efforts of this hard working young girl, started approaching and supporting her. After sometime, he asked her to be his fiancee.

Mebrat, although she was not yet prepared either physically or psychologically to be a wife, after only slight hesitation accepted his request, and became his fiancee. Immediately after their engagement, her fiancé gave her a large gift of money, equivalent to about three and a half thousand US dollars. With this money she rented a three-room house in the neighborhood, and started a small hotel business.

SINCE SHE was a hard working girl, with the best hospitality, she became popular and the number of her customers grew over time. However, although she had many customers and the business was running very well, she was not able to save because she was paying large amounts of money for her mother’s treatment and for drugs.

At the start of her illness some five years earlier, Mebrat’s mother had been one of the clients of the MMM Counselling and Social Services Center. Mebrat used to accompany her to our Counselling Center and knew the cause of her mother’s illness. One day, her mother, whose health had not improved, even after attending different treatments at different hospitals, became critically ill.

Mebrat was bankrupt by now. Aware of the cause of her mother’s illness, she began to lose hope. After frequenting many hospitals in the city, after spending large amount of money on drugs and treatment, she decided to come back to our Center in search of free drugs, treatment, consultation, and counselling.

The nurse / counsellors in our Center suggested that it would be better for her mother to be treated as an in-patient in Mother Teresa’s Hospice in Addis Ababa. There she could benefit from both free medicine and spiritual support provided in the Hospice.

Mebrat accepted the advice and next day her mother was admitted as an in-patient at the Hospice. However, as Mebrat was afraid of the stigma that still exists against persons living with AIDS and their families, this was something she kept secret even from her fiancé and the rest of her friends and neighbors who had no idea about the cause of her mother’s illness.

SHE WAS seated next to her fiancé in her hotel two weeks later when the telephone rang. She was given the news that her mother was dying and that she should come to the Hospice as soon as possible. She started to shiver, shout and cry and threw the receiver away in the middle of the conversation. Her fiancé, who also was shocked by what was going on around him, took the receiver and listened to the rest of the message. Then he, together with his friends, accompanied Mebrat to the Hospice.

Her fiancé was a layman who had no chance to attend awareness raising sessions on the facts of HIV / AIDS. He was very frustrated with what he saw on the billboard at the gate of the Hospice. After dropping the corpse of his future mother-in-law at the gate of her house he disappeared immediately. Moreover, he broke his promise to Mebrat and was not willing to continue his relationship, even after the advice and deputation of elders with Mebrat. He accused her of hiding from him a life-threatening danger, with the probability of a risk to his life, as he wrongly thought.

Meanwhile, news about the cause of her mother’s death and the reason behind her fiancé breaking of his promise spread among the neighborhood like wildfire. As a result, most of her customers immediately decided not to go to a hotel run by what they labelled ‘A Hotel of HIV / AIDS Children’.

Today, two years after the death of her mother, Mebrat is one of the out-patients at a hospital in Addis Ababa for persons with mental problems. Her hotel is closed and the whereabouts of her sisters are not known.

‘It is only now that I understand why my mother was abandoning us at night time, after the death of our father.’ This is what Mebrat says whenever she visits our Center, once in a blue moon.

Sister Helen Spragg, a Pharmacist from Sheffield, UK, is currently co-ordinating a health and nutrition programme in Rwanda.

CONTACTS FOR MMM ASSOCIATES

BRAZIL
Sr. Ursula Cott
Rua Wandick Badaró 18
41910-280 Salvador, Bahia
Sr. Uche Iwuoha
CP 63034,
Agência Cachoeirinha
02494-970 São Paulo

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

IRELAND
MMM Associate Team,
Beechgrove,
Drogheda, Co. Louth

KENYA
Sr. Patricia Lanigan
PO Box 14754, Nairobi

MALAWI
Sr. Catherine Dwyer,
PO Box 31077, Lilongwe 3

NIGERIA
Sr. Rose Mogun
PO Box 15782
Ikeja-Lagos, Lagos State

TANZANIA
Sr. Helen McKenna
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 Martine Makanga, Paediatric Surgeon from Pointe Noire in the Republic of Congo is currently on mission in Uganda.

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.

Honduras
Sister Renee Duignan
Apartado Postal 1922
Marcala, La Paz.

Ireland
Sister Aileen Doggett
26 Malahide Road
Artane, Dublin 5

Kenya
Sister Fidelia Ogujawa
PO Box 14754, Nairobi

Malawi
Sister Catherine Dwyer
PO Box 31077
Lilongwe 3

Nigeria
Sister Rose Mogun
PO Box 15782
Ikeja-Lagos, Lagos State

Rep. of Benin
Soeur Maria Obotomoh
BP 125, Glazoué

Rwanda
Soeur Geneviève
BP 23, Butare

Tanzania
Sister Sheila Devane
PO Box 1338, Arusha

Uganda
Sister Evarista Ezeani
PO Box 413, Masaka

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

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