

Healing & Development

2003
EDITION

Inside . . .



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Human
Face
of AIDS



The
MMM
French
Connection



The
Secret of
the Tall
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makes a
Nurse
so Special?



Health
Care
Among the
Barabaig



Learning
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in Honduras

Yearbook of the Medical Missionaries of Mary



Volume 64 – 2003

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Marie Martin, to-day MMMs number over 400 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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An extraordinary adventure...



Dear Readers,

Having fun is not something that we immediately associate with health care. But, once again, we realise that the peoples of Africa have much to teach us. Our Sisters on mission in the Republic of Benin are an all-African community of MMMs. They begin their latest Annual Report with the words '*this was a year of fun and challenge*'. They tell us it was a year of taking and of giving, of learning and of surprises.

In Angola, this year we said goodbye to the people of Chiulo where we have worked for the past fifty years, leaving the health care we established there under local management. Looking back on her work before she moved further north, Sister Cecilia Asuzu writes '*I look back on the path we have taken with happy memories of all the fun we had*'.

This mutuality in helping communities to take responsibility for their health care is what makes our work so satisfying, so enriching and so worthwhile. The courage and resourcefulness of the people among whom we work is an ongoing blessing and an ongoing lesson for us.

Dr. Glenna Crooks, in her new book *Covenants: Inspiring the Soul of Healing* also challenges us to think about how health care and healing could be. As she points out, too much of the world's economic vitality is being sapped by disease. She shows how healing can promote peace. The whole healing process is about relationships, she says - relationships between the healer, the patient and the community. This was known by our forebears. She urges us to reclaim the wisdom they had and return to true healing.

Many of the stories you will read in this Yearbook also have a poignant note. Famine and AIDS continue to touch our hearts. Our donors have been generous and your expressions of concern for people who are affected by these tragedies give us the energy to keep going. You have also given us the financial means to do what we can in the situation. For this we are deeply grateful.

In the case of famine, we can do a lot, because a malnourished child or family can be restored to health if the problem is caught in time. With AIDS, unfortunately, that is not so. But children who are orphaned by AIDS need our support. Nothing replaces the love of a parent who has gone, but a loving, caring, supportive environment can go some way towards enabling these little ones to face life, giving them the educational tools to become independent. Many of our Sisters are engaged in this work and in the work of education to prevent the further spread of HIV.

When we reflect on the life of our foundress, Marie Martin, and of the Sisters who died during the past year, we glean something of the courage and vision with which these women faced the enormous challenges of their young days. For us now, the world is different, but the needs are just as great. We are happy to face the challenges of our time and with your help we will go on doing whatever it takes to witness to the mission God has given us in our world. You are an essential part of that mission and we lean on your support as we continue to respond to our calling - a journey in faith that our MMM Constitutions refer to as *an extraordinary adventure*!

Sister Phil Sheerin HNM

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.*



COVER STORY

Passport to Good Health

Our little cover girl was pictured by Sister Cecily Bourdillon, the MMM doctor coordinating Primary Health Care services at Chipini in Malawi. The Health Passport she is clutching shows her weight to be normal and her immunizations up to date – the objective of our Child Health programmes in every country where we work. She has the Child Health Profile we would love to see for every little one of her age.

A year ago, Sister Cecily, along with Sister Christine Lawler who is in charge of the Health Centre at Chipini, attended a week-long Seminar in the University city of Zomba in the south of Malawi, where the National Statistical Office is located. Representatives were there from all the hospitals and health centres in their District to learn about the new way of gathering health statistics in Malawi.

“Instead of looking at numbers, the aim is to be able to study disease patterns”, Sister Christine explains. “All children under five were issued with orange coloured Health Passports. For women they are yellow and for men they are blue. The women’s Health Passport provides space for entering ante-natal details and information about deliveries, etc. For all, it provides a record of diagnoses and treatments, as well as immunizations. It is part of the new Health Management Information System put in place by the Government of Malawi.”

Health indicators

According to UNICEF, Malawi has invested a lot in health although it is among the 10-20 least economically developed countries in the world. There is a reasonably good network of health facilities – with some type of facility within 5 km of most homes.

About 90% of the country’s children are reported to have been vaccinated against the most common illnesses. However, despite this investment, improvements in health have been much smaller than expected.

In fact, Malawi’s health indicators are now among the worst in the world. According to the UN Office for the Coordination of Humanitarian Affairs, during the last five years,

life expectancy at birth has dropped from 43 years to 39. Infant mortality, in the year 2,000, was estimated at 104 per 1,000 live births, and the maternal mortality rate was one of the highest in the world at 1,120 deaths per 100,000 live births.

It is estimated that 53% of Malawi’s ten million population do not have access to safe water, while 56% of all pregnant women attending antenatal clinics are anaemic. (Only 3% of the population are over 65 years. More than 50% are under 14).

Lethal Cycle

Health and Population Minister, Yusuf Mwawa, has pointed to the fact that 65% of the country’s people are poor, and 30% are living in extreme poverty. Illness

and poverty, he points out, feed on each other in a lethal cycle. Poverty leads to illness through poor nutrition, while inadequate over-crowded housing can create vulnerability in relationships. In turn, illness exacerbates poverty due to the cost of seeking care, the loss of income and reduced productivity.

After forty years serving the people of Malawi, we now find ourselves faced with challenges greater than ever before. The AIDS pandemic and the recent famine – the worst Malawi has experienced in half a century – have reversed the progress of decades. Emergency relief work can be very disruptive of our ordinary health care work. At the same time we hope that the emergency can release positive energies and create new networks of lasting value.



Sister Cecily



Sister Christine

Citizen Held Medical Records

Sister Cecily says she had already seen the Health Passport in use in Namibia. A similar system has been part of the Zambian Health Reform initiative for more than ten years. Other countries are also looking at the benefits of client held records as part of the national health information system, including Australia, the Philippines, and Pakistan as well as several US States.

In developed countries, citizen held records, sometimes presented as Health Passports, are being tested using ‘smart cards’ which can provide access to a person’s entire health record. Software developers are competing for this lucrative business. A pilot project was tested in four countries of the EU, with a view to enabling Euro citizen-patients to receive medical treatment irrespective of the language or healthcare system used in the country they are visiting. The insurance industry is not the only influence in this trend. Employers in certain industries are also taking initiatives in patient held medical records.

There are of course, deep concerns about storing personal information electronically – especially around issues of confidentiality, control and security. The debate will be long and tough before these projects are fully implemented. But the tide of applying informatics to healthcare will hardly turn back.

WHILE Sister Cecily and her Primary Health Care Team are setting out from Chipini for the outlying Clinics, in the villages to be visited, preparations for their arrival are taking place from early morning. During the current food crisis, the venues for Mobile Clinics are also Feeding Centres.

“At Midima”, Sister Cecily tells us, “the people will erect a strut, using three poles from which the weighing scales can be hung. Somebody will bring out a table and some chairs for us to use. At Gwaza there is a beautiful big tree with huge roots that the people love to sit upon. At Mwangata there is a little mud-block building with a thatched roof, and likewise at Ponde there is a

similar shelter. It is very basic, but it meets the needs for the Clinics.

“By nine o’clock or so when we arrive, the people are already waiting, and we will work there till early afternoon, seeing between 60 and 120 people. Everyone loves to see positive results when the children are weighed. For me it is so gratifying to see them gaining weight and doing well. When we find a child who is not, we give the mother a highly nutritious mixture of soya, maize flour and beans, called *likuni phala*. ‘Phala’ is the local word for porridge, and ‘likuni’ comes from the Likuni mission, where the Sisters first developed this nutritious mixture that helps the malnourished child.”

The ordinary routine of Mother and Child Welfare has been greatly increased by the current food crisis. Sister Christine Lawler says:

“We were inundated earlier in the year, but things have stabilised a bit for us now. We expect the situation to deteriorate during the coming months as food gets scarcer until the next harvest in April or May. At present, more than 1,300 families are being supported from Chipini with a 50kg sack of maize per month. A malnourished baby usually indicates that the whole family is short of food. We buy unground maize and the women gladly take it to the grinders in their nearest village – that helps to boost the local economy a little.”



In 2002 Sister Clara Chikwana became the first woman from Malawi to take vows for life as an MMM.



AIDS has cut Workforce

Almost 15% of adults in Malawi are believed to be HIV positive. By 1999, some 800,000 people were living with the virus, while 70,000 had died. The country has 400,000 orphans.

Sister Catherine Dwyer, our Area Leader in Malawi says “Now we are seeing the real economic and social

impact of the AIDS pandemic. It has devastated the workforce here. What we had achieved over the decades in terms of health care, health education and development has been lost through AIDS. This terrible plague has cut the country’s workforce, and has to be seen as an important contributory factor in the current food crisis.”

In the forty years that MMMs have worked in Malawi, more than one thousand nurses graduated from the Nurse Training School we established at St. John’s Hospital, Mzuzu, but today it is next to impossible to recruit a nurse for hospital or clinic work, when so many of them have died from AIDS.



When we look back on our forty years in Malawi, there is a great sense of achievement about St. John's Hospital at Mzuzu, which was handed over to Diocesan management in 1999. There are also fond memories of our time at Nkhata Bay, where many Sisters worked over a twenty-two year period.



Born in Switzerland, Sister Agnes Hinder first went to Malawi as a lay missionary nurse and then joined MMM.

Mission at Nkhata Bay

On October 3rd 1974, at the request of Bishop Jobidon of Mzuzu, MMMs were to take over a 14-bed Maternity Unit that had been previously

run by the MIC missionaries near the lake shore at Nkhata Bay. Sister Agnes Hinder had already been there for six months working with the MIC sisters.

When the departure day came, Sister Gemma Breslin asked the driver at Mzuzu to go into the town and refuel the landrover for the journey to Nkhata Bay. With bags packed and ready, she and Sister Berchmans Roche waited and waited, but there was no sign of driver or landrover. Those waiting to wave them goodbye had to get back on duty. Hours later, it was realised that the driver had understood that he was to go directly to Nkhata Bay to bring someone back. It was not until he arrived there with no passengers, to Sister Agnes' great disappointment, that the muddle was sorted out!

The objective of our mission at the Bay was to maintain the Maternity Unit, develop the Ante-natal Clinics, Mother

and Child Welfare and Primary Health Care in the surrounding villages. And to be ready to hand the facility over to local management as soon as that was possible.

It would be all of twenty-two years before that dream could come true. During that time, many MMMs worked at Nkhata Bay, adding some cots for premature babies, and building a Mother and Child Health Unit.

In collaboration with the nearest Government Hospital, a plan was put in place to develop outreach clinics in villages along the lakeshore. This involved an overnight stay as, in most cases, the double journey up and down the lake was too long to be completed in one day. Once a month, each of these Outreach Units was visited.

In every village, a few local people were selected by the Chief and people, and brought to the static Unit for a few weeks of training. Then back in their village, they were examined on what they had learned in the presence of the whole village, and presented with Certificates.



Sisters Berchmans Roche and Gemma Breslin.

These Village Health Workers received no salary, but the people were encouraged to help them by providing food. They all received regular revision courses back at the main Unit.

The arrival of 4,000 refugees from Mozambique to Nkhata Bay accelerated the development of health services by the Government of Malawi. The road to the Bay which had been seasonal, was improved and made passable all year around. When a new clinic was successfully built under the initiative of a local Chief, the MMMs saw that the time had come to think of moving on.

Letting go is something we never find easy, but by 1996 negotiations were completed. As the local agencies were now able to handle their health care, the old Maternity Unit was converted into a Pastoral Training Centre for the Diocese, meeting new needs as Malawi emerged from 30 years of dictatorship and one-party rule.



The role of Indigenous Knowledge in the Health Sector



Moira Brehony

The *Mapambazuko* Training Centre run by MMM at Ngaramtoni, near Arusha in Tanzania, was set up to foster the promotion of Indigenous Knowledge – which holds an important role in development in general and in the health sector in particular.

Our Centre also provides training in other cost-effective complementary approaches to health care, like reflexology and bio energy, about which there is little knowledge in this part of the world.

The overall objective of the project is to build up the skills and capacity of grassroots development workers. There is special emphasis on encouraging health workers to utilise their own indigenous knowledge and natural resources, which they are helped to do

'Mapambazuko' is the Swahili word for Dawn.

For all involved in the Centre for the

TRAINING OF TRAINERS

near Arusha in Tanzania, it represents the hope of bringing health care to people in a sustainable and cost effective manner.

through good planning and through skills in evaluating and implementing their plan.

A variety of tailor-made training programmes make this possible. Advice and support is available to people involved with local non-governmental organizations, and especially with people involved in grassroots development.

The Training Centre also serves as a platform for the promotion and use of other forms of low-cost Complementary Therapies. It fosters networking between practitioners of various therapies who are

located in the Arusha region. This provides a Forum for exchange of information and facilitates referrals between therapists.

In addition to its focus on health care, *Mapambazuko* training courses also include capacity building for development workers in the area of project planning and management, facilitation and mediation skills, and proposal writing.

The Centre has now begun to utilise the best of those participants who have completed training programmes over the past few years. Eight graduates have been identified and invited to participate as trainers, with the ongoing support of the resident trainer, Eamonn Brehony, who has a doctorate in Rural Development and sixteen years of experience of working in East Africa. It is hoped in this way to have a cohort of trained evaluators, researchers and trainers to ensure the future sustainability of the Centre.



The juice of Frangipani is used to relieve the pain of herpes zoster.

A further aspect of the Centre is the demonstration herb garden, used to affirm the value of indigenous knowledge of plant remedies.

In the first six months of 2002, 490 people used the Centre at Ngaramtoni, while evaluation of projects for a number of NGOs was also provided at their own locations in Kenya and Uganda as well as in Tanzania.

Moira and Eamonn Brehony are Associate Members of the Medical Missionaries of Mary.



COMPLEMENTARY THERAPIES

ABOVE: A Mora Therapy Unit measures a patient's bio resonance to determine unhealthy wave frequencies. RIGHT: Reflexology work on the reflexes which correspond to each of the body's organs and can be found in the feet, helping nature to normalize the body's balance.



Handbook for Training Health Workers

Sister Aileen Doggett
& Janet McVicar
€10 inc. P&P

Order from Address on page 2

Hawa had No Living Child

Two Scottish MMMs, Sister Mary Friel from Croy and Sister Catherine Fallon from Shotts, tell us of the work of the MMM Community at Nangwa, near Mount Hanang – which at 3,418 meters, is Tanzania’s fourth-highest peak.



Hawa was in her early twenties. She lived with her husband, Mohammed, in a village of her Barabaig tribe near the foothills of a majestic volcanic mountain in Tanzania, called Mount Hanang.

Already, Hawa had been through three pregnancies, but when the time came for her to bring forth her child, on each occasion she delivered a still-born infant after a very difficult labour. As well as



her own grief, this made everyone in her village very sad, because the Barabaig people love children and they value the gift of new life very highly.

When Hawa became pregnant for the fourth time, someone told Mohammed that if he brought his wife to our Health Centre at Nangwa, we would help. Together, the young couple set out and trekked the 43 kilometres on foot. Hawa was already eight and a half months pregnant.

“Just tell us what we have to do”, Mohammed said to us. “Whatever it is, whatever it takes, we will do what you say because all we want is a living child.”

Sister Mary examined Hawa and found she had a condition known as *cephalo pelvic disproportion*. She explained to

The Barabaig tribe, numbering about 79,000, are nomadic pastoralists, the majority of whom pasture their herds in the Hanang district of north-eastern Tanzania. They are a subgroup of the Datooga (or Taturu) people.

Barabaig women make their skirts from goatskin and their jewellery from beads and coiled metal made by skilled craftsmen.

By tradition, the Barabaig worship One God, whom they call Aseta, who lives far away and whose eye is the sun.

them that Hawa could not deliver a baby in the normal way. She would need a Caesarian operation. That would mean going to hospital, and it would mean paying for the operation.

Sister Mary says:

“We knew it was too late in Hawa’s pregnancy for her to return to her village. It was a difficult thing for them – according to their culture – to leave a woman alone with strangers, and to allow her to go to hospital and have an operation in order to deliver a baby.

“But Mohammed had said he would do whatever we advised, and he trusted us. Ours is not a bedded Health Centre, but they agreed that we should find accommodation for Hawa with a woman in Nangwa village, while Mohammed would return home on foot and sell some cattle to get money to pay for the operation.”

Sister Mary wrote a letter to the doctor in charge at Dareda Hospital, which is one hour and a half away from Nangwa by bus. It is a hospital where MMMs are well known – we founded this hospital back in 1948, but it is now run by the Diocese of Mbulu. As soon as the Sisters could arrange transport for Hawa, she was brought to Dareda and admitted. When Mohammed returned he was shown where to get the bus that would take him to Dareda. Anxiously, he set off to wait there with his wife.

Very soon after that, Sister Mary had some business to do in Arusha, and stopped off at Dareda Hospital en route, to deliver a message. She decided to go and enquire about Hawa. To her great surprise, she found the happy young mother already sitting up in bed, feeding her beautiful infant son.

Where was Mohammed? As soon as he knew that Hawa and the baby were alright, he had taken the bus back to Nangwa, then walked the 43 kilometers to his village to collect his father. They walked back again all the way to the road to get the bus to Dareda so that the old man could see for himself the place where his healthy little grandson was born!

Before Hawa was discharged from Dareda, Sister Mary was doing a Mother and Child clinic near Hawa’s village. As soon as the landrover appeared, all the women ran up to her, clapping and dancing, with joy all over their faces, announcing to her the good news – “Hawa has a child and it is alive”.



Parents bring their very ill child to Sister Mary Friel at Nangwa.

Running Water Once Again!

You ask the Sisters in the Nangwa community what was the best thing about getting piped water running into the compound once again, and they'll tell you:

"When it's been years since you witnessed a toilet being flushed, when you've been carrying buckets, and sending the truck way up the mountain to fill drums, not only for our house but for the Dispensary and the Health Centre, then you can't describe what an absolutely marvellous thing it is to be able to turn on a tap and get water."

Now – thanks to generous donor groups in the UK and Ireland, and to the skill of the Water Engineers of the Mbulu Diocesan Development Office – a huge tank way up the mountain is trapping the water from many streams, the digging of the trenches is finished, the pvc pipes are hidden well underground, and the worry is over of having to close the Health Centre until water could be brought down the mountain for the cleaning. "We only closed twice, in fact", Sister Catherine recalls. But on one of those occasions we had to use five litres of undiluted *Savlon* to clean ourselves and the Unit after a baby was born, as we hadn't a single drop of water left."

At the Health Centre in Nangwa, by 8 a.m. every Monday, mothers and babies are queueing for the post-natal clinic, which mothers attend at intervals of one week, one month and six weeks after delivery. The ante-natal clinic on Wednesdays is very busy. Thursdays at Nangwa are devoted to Child Welfare.

Every weekday, Family Life Clinics are held – dealing with sexually transmitted diseases, HIV/AIDS counselling, and

advice on family spacing using natural family planning. On Tuesdays and Fridays, the jeeps set out for the villages in the Outreach Programme, where vaccinations are done, Mother and Child Health clinics are held, health education is provided and minor ailments are treated. While only five villages are venues for the Outreach Programme, people walk to those five from a total of fourteen villages further afield.

The last Tuesday of every month is a also very busy day at Nangwa itself. "That's when we have the *2-5's Clinic*, explains Sister Catherine. "We noticed that mothers were only bringing babies to the regular *Under 5's Clinic*. We couldn't persuade them to bring the other little ones along. It isn't easy when you have to walk so far with toddlers. You can carry the baby. So we decided to announce a special Clinic for 2-5 year olds. We thought we'd not get ten at it. But the first day, guess what? Four hundred and fifty children turned up!"

Also in Nangwa:

Sister M. Vincent Pallotti Sarwat (below left) was the first Tanzanian woman to become an MMM.

Sister Protagia Slaa, (centre) is now back in her own native land, re-adapting to a very different culture and rhythm of life after several years on mission in Brazil, where this picture was taken.



Sister Catherine Fallon



A Nomadic Pastoral Village

Among nomadic pastoralists like the Barabaig, homes are scattered and the term *village* doesn't denote the close row of houses we often imagine.

A survey of Dirma Village, part of the Nangwa Outreach Programme, found:

Population:	2,162
Under 15 years of age:	1,262
Houses:	300
Area:	32,000 sq.km.
Cows:	13,000
Sheep:	4,000
Goats:	6,000
Donkeys:	2,100

Green Paradise



The area around Mount Hanang has been called the *Green Paradise*! Sister Opportuna Cypriani who comes from Mbulu, not far from Nangwa, is MMM Area Leader in Angola, where she has been on mission for many years. On home leave from Angola, she visits Nangwa and meets her brother, Fr. Victor, a priest who works in the Diocese of Mbulu.

The Human Face of AIDS



Sister Brigid Corrigan

FREDY IS TEN YEARS OLD. His little brother, Pete, is four now, though he looks smaller because of his illness. Before he was born, Pete contracted the HIV virus from his mother. Both parents have since died from AIDS.

I often look at Fredy, as he waits in the queue at the Paediatric Clinic where he brings Pete for medical care. I see Pete there, stretched across Fredy's lap, peacefully sleeping with the security of a child who knows all his needs will be cared for.

The picture shown here was taken on a day when some donors called to visit our patient support group and brought a gift of milk powder. Our social workers and volunteers decided to make up the milk immediately and give it to the older children present who were caring for their smaller brothers and sisters. The smaller children who were patients at our Clinic, were already receiving good nourishment as part of their treatment. When Fredy was handed his cup of milk, instead of drinking it himself, he insisted on giving it to Pete and would only drink himself when Pete had taken all he wanted.

Few children on this earth have a parent or guardian more devoted than Fredy is to Pete. I often wonder about the grief that lies ahead for Fredy, because we cannot cure Pete's illness, and - given their poverty - it will be difficult to prevent him getting full-blown AIDS, sooner or later. The anti retro viral treatment that is available in wealthy countries is so costly that



there would be no hope of providing it for any of the patients who, like little Pete, come to us for treatment. The most we can do is help them stay well for as long as possible and enjoy their lives, which are likely to be short.

These are just two of the 970 children orphaned by AIDS who are supported through our programme called PASADA. That stands for Pastoral Activities and Services for people with AIDS in Dar es Salaam Archdiocese. Increasingly, a larger percentage of individuals seeking treatment with us are children under the age of ten. We are currently accompanying over 500 children who, like Pete, are HIV-positive.

Founded back in 1992, PASADA has grown rapidly to meet the exploding demands of the HIV pandemic in the Dar es Salaam urban area where possibly 600,000 people are infected. Our service is only a drop in this ocean of need. We strive to reach the poorest of the poor living with HIV. Although sponsored by the Roman Catholic Church, the services offered are available to all individuals without discrimination of any sort.

Child Support

Our Child Support programme is staffed by four qualified social workers, three child assistants and a driver. Rather than placing the children within institutions, they are cared for by extended family members through assistance offered by PASADA.

As well as medical support, children whose parents or guardians have died from AIDS are helped to address the tremendous loss, pain and stigma attached to HIV infection. This is done through individual counselling services. We also arrange informal group meetings, and planned life skills including development training. It is essential to see that these orphans do not remain dependent for future years, so education and vocational training is available to help ensure that they will become self-sufficient as they grow older.



Development assessment is done through Play Therapy on Clinic days.



Alan, under the spell of my music box playing
'You are the wind beneath my wings'.

Community Education

Each week in 40 primary schools, for standard 5, 6 and 7, life skills including HIV/AIDS awareness education is provided for one class period. This teaching is done by volunteer teachers who are young people each of whom has completed a sixteen-week seminar utilizing the Stepping Stones curriculum. This is a programme in participative learning for the community including issues such as relationships, love and friendship, human development and human sexuality, communication and responsibility for actions, gender issues, HIV/AIDS and reproductive health.

Through a local radio Station, *Radio Tumaini*, we also reach an extremely large audience with twice-weekly programmes covering a variety of topics related to HIV and AIDS.



PASADA Team conducts a course on HIV/AIDS Counselling for Tanzania Government staff.

Home Based Care

When a patient becomes too ill to attend the day clinic, our Home Care team provides medical and counselling services where basic nursing skills are taught to the family members. Emotional and psychological support is provided to deal with the many stresses brought on with this devastating disease syndrome. Our goal is to provide for the immediate needs for professional care, while simultaneously building up support within the local neighbourhood.

As well as our home care nurses and palliative care team, PASADA has trained volunteer Community Health Educators who visit home-bound patients in their parish area. About 60 such volunteers regularly visit their patients, and are supervised

by the PASADA Home Care team. Our aim is that patients will be kept free from pain, and be cared for with dignity by their family, receiving spiritual comfort and helping them to be at peace as they face death.

Medical Care

Those attending our clinic receive a careful diagnostic examination and subsequent treatment of the many opportunistic infections and psychological needs associated with AIDS. A new and well equipped laboratory provides services for Elisa HIV testing, rapid HIV tests and routine blood, urine and stool examinations. No charge is made to the patient for any consultations, laboratory examinations or treatment received.

A paediatric clinic for children with HIV or AIDS is held twice monthly, but sick children may attend at any time. More than 500 children are attending regularly. Development assessment is done through Play Therapy on Clinic days.

Voluntary Testing

In the first six months of 2002, the number of tests done at our laboratory was 5,821. Voluntary Counselling and Testing centers have been started in six of the dispensaries run by the Archdiocese, and this will be extended to others very shortly. In order to prevent mother to child transmission of HIV, in cooperation with the Safe Motherhood Programme of the Archdiocese, these services are now provided at all the ante-natal clinics. Mothers who are found to be HIV positive are offered the anti retro viral drug Niverapine, to prevent transmission to their unborn child, and the newborn infants also receive this.

The statistics for HIV and AIDS are horrifying. More than 40 million people worldwide are now infected. I am touched by the words of Selwyn Taylor, in his book *Surviving the Fall*, "Statistics are human beings with the tears washed away."

Budget

With 45 employed health professionals and 104 volunteers, no charge is made to those who avail of PASADA services, and all is accomplished with an Annual Budget of under US\$300,000.

The following are typical figures for a year and are growing:

• Education	worth US\$40,450
• Food Distribution	worth US\$15,750
• Emergency economic support to families	worth US\$7,750
• Medicines	worth US\$9,000

Support Figures for 2001, are growing dramatically since

• Outpatient consultations:	12,203
• Laboratory tests, including HIV test:	10,000
• Home Visits:	4,934
• Counselling sessions:	8,393

Strengths Ongoing Evaluation of PASADA has identified the following strengths:

- Staff motivated by faith commitment
- Quality confidential counselling assured
- Quality and appropriate medical services offered
- HIV Laboratory services available
- Social assistance is integrated into the medical and counselling services with respect for the dignity of the clients
- Commitment to the care of the dying through spiritual and home care support.
- Through regular staff meetings, weaknesses and struggles are faced.

Sister Brigid Corrigan, MRCP, is Medical Director of PASADA.

Sister Blandina Ryan
found a whole new challenge
in her ministry when she was asked:

Will you help Elizabeth?

About ten years ago, a Sister from a local Congregation came to me with a pleading look in her eye. I remember it well. Little did I know what was in front of me when she asked: *Will you help Elizabeth?*

This Sister had been helping a family of five children, but now she had been elected Mother General of her Congregation and would be moving to live elsewhere. It seemed a simple enough request as I was already involved in a number of social projects in our parish.

Soon I met Elizabeth who was about thirteen years of age and her two brothers and sisters, all younger. Their father was a gambler. He had been imprisoned and their mother, deeply depressed after the death of a new-born infant, simply could not cope. She ran away, abandoning the five youngsters.

To help this defenceless family meant housing them, schooling them, feeding them, being there for them, everything that parents would do for a child.

When their father was released from prison he tried to take care of them for a while. But his gambling addiction was serious. He would bring his debtors to the house and the debtors would take away their cooking utensils, mattresses - anything they could find in payment for what the father was owing them.

Our great fear was that the next source of income would be the Sugar Daddies. Elizabeth and Christine were in secondary school by now, and we prayed every day that we would be able to protect them. If only we could manage to keep up payment of their school fees and get them through secondary school we would say 'that's it'. We would have given them a start in life. We would help them to get employment and take care of themselves.

Elizabeth was determined to go to University after finishing secondary



school. We said *no*, that was beyond our resources. She must find work to help the family to become self-reliant. We would help her to set up a store in the market and to become a trader. We helped her to find a placement in the market, where she could understudy one of the women who was already successfully trading there.

Half-heartedly Elizabeth agreed to do this, but her mind was still set on going to University. She was a very frail looking girl and we were not sure that she was capable of studying for a degree. Besides, we had no funds for her fees, and we felt that if she was determined enough, she could earn the fees to study later on.

She decided that instead of opening her own stall in the market, she would hawk cosmetics which could earn a good commission. She went to the capital city to do that but before long she got sick and those keeping her got tired of her when she had no income. So she returned to our market and got some work there.

One day, a girl called Magdalena came up to her. She seemed very scattered, her hair untidy, her clothes torn. She told Elizabeth a very sad story about what had befallen her and begged Elizabeth to help her and to teach her how to trade in the market. Because of her own suffering Elizabeth decided to help Magdalena and took her to the room where she was living. For one week Magdalena stayed with her,

understudying her at her trade, she prayed with her, ate with her, moved everywhere with her, and - most of all - learned how she could take a phone call through the help of some neighbours.

At the end of the week, Magdalena told Elizabeth that she had two brothers in the capital city who would be very grateful that Elizabeth had saved Magdalena's life and that she should go with her to meet them as they would want to thank her. The two of them set off, and on arrival they were welcomed by the brothers. Elizabeth was thanked for her kindness. She was taken to a boutique where they bought new dresses for her and after a day or two she was given money and returned home, very happy that she now had friends in the capital city, who might help her if she wanted to return there.

Supermarket

Six weeks later, Elizabeth got a message saying she should stand by the phone of her neighbour to receive a call from the capital city. This she did. It was Magdalena's two brothers informing her that Magdalena was now in Germany running a supermarket for her auntie. Because of the help Elizabeth had given to Magdalena and had saved her life, the brothers wanted to help Elizabeth to go to Germany to join her. Elizabeth could not believe her good fortune.

The process began, getting her passport and papers in order. Eventually she went. Her brothers and sisters heard no more from her. As far as they were concerned she had disappeared.

About a year later, my friend, the Mother General of the local Congregation of Sisters was in Rome visiting her young sisters studying there. To her surprise she received a phone call from Elizabeth. My friend was surprised to find she was in Rome. They arranged to meet and Elizabeth told her story.

When she had left home she was flown, not to Germany, but to Rome. At the airport she was met and taken to the home of a woman from her home country who ran a brothel. She was welcomed and told she would have two weeks to learn what to do and to learn Italian. Elizabeth thought she was in Germany and asked why she had to learn Italian. Then it dawned on her how she had been duped and what kind of 'supermarket' it was.

She told the *Madame* that if the work involved prostitution, she was not going to enter into it. She remained in the

house for two weeks at the end of which she was dressed as prostitutes are dressed and taken to the street with another girl. She screamed and made so much noise that the *Madame* had to take her home again. She was flogged until she bled and a well-known custom of invoking evil spirits was used to frighten her. She was warned that if she did not comply with the rules and regulations of that house she would die. Elizabeth told the *Madame* she was ready to die but was not ready to enter into prostitution.

The next night, broken and bruised, she was put on the street again, and she repeated her performance of screaming and shouting but the *Madame* left her there and drove away.

Good Samaritan

An Italian happened to be passing that way. He stopped his car and asked her what the problem was. Elizabeth was too upset to speak and didn't know enough Italian to explain. Another girl in prostitution close by explained the problem but said she felt that in time Elizabeth would enter the business.

The man asked Elizabeth to wait there saying that he was coming back. He went home and collected his wife and together they came back to Elizabeth and took her off the street. They were the parents of two children around Elizabeth's age. Every night for two weeks they took Elizabeth to their home, each morning giving her 100,000 lire to pay the *Madame*.

This couple knew they couldn't continue this, and all the while they were trying to find a solution. They called on their relatives to help and managed to collect 30,000,000 lire between them. The wife accompanied Elizabeth to the *Madame* to pay the money for her release but the *Madame* said she required 70,000,000 lire and locked up both the wife and Elizabeth. Realising what had happened, the husband came with an axe and cut down the door and rushed them into his car. In releasing his wife and Elizabeth the money was dropped and no receipt was issued.

They made room for Elizabeth in their home and cared for her like parents. Then began the long process to get her a work permit to remain in Italy. Meanwhile they got her a small job looking after an elderly couple where she was very comfortable.

When my friend returned from visiting her student Sisters in Rome, she went to



Sister Blandina is a well-known figure at the local market.

visit Elizabeth's sisters and brothers to give them the news that she had met Elizabeth and to tell them the whole story. The day after that the young family had other visitors – this time from the capital city, armed with guns. They threatened the eldest brother, saying that if he did not produce US\$30,000 to pay for Elizabeth's release they would be killed. They falsely claimed that her brother had entered an agreement regarding the cost of sending her to Europe.

He immediately reported this to the police near his home. Before long, we were embarking on a lengthy legal procedure, journeying many times from our city to the capital for police investigations or court hearings. We called on the best legal help our parish could offer. Thanks to our lawyers, in the end the false claims against the young family were dropped.

Elizabeth is typical of thousands of women in many poor countries. Their situation is of grave concern to the Congregations of women religious, many of whom have their headquarters in Rome. Recently, I was invited there to discuss the problem at the Office for the Prevention of Trafficking of Women run by the religious Congregations, which is headed by Sister Eugenia Bonetti, a Missionary Sister of Consolata. My heart ached when I was taken out by night to meet some of these young women from our city on the streets of Rome and near Naples.

I also visited some of the communal homes where those who, like Elizabeth, wish to escape from the slavery of prostitution can receive support and care. There are about eighty such communities in Italy, consisting of two 'house mothers' and eight to ten young women who have given up street work

and want to better their lives. Some of the girls came when they were pregnant and had their babies delivered and are rearing their infants in these homes. They are also helped to get work permits, and to get a new passport from their home country, as their original would have been seized while they were in bondage.

Elizabeth is still in Italy. She was advised not to return home as her life could be in danger. She is now happily married to a young man from her home country and expecting their first baby. We are still supporting her younger brothers and sisters. We have managed to help the eldest of these, Christine, to reach her fourth year of University, studying law. She will make a fine Human Rights Lawyer. One of her brothers is ready to start his University studies in engineering.

We are hoping that the International Organization for Migration will help us to set up a shelter in our country to meet and welcome other young women who are sold into the slavery of prostitution, so that they can go to the police in the country to which they have been unwittingly sold. In that case they are likely to be deported. Our dream is to have a place where they can be met on arrival home and be cared for and supported until they are able to get back on their feet again.

Editor's Note: We are not publishing the country where Elizabeth lived in order not to highlight any particular African nation. We hear of experiences like Elizabeth's from many parts of the world as the business of bonded prostitutes is so widely practised. According to the International Organisation for Migration, every year an estimated 500,000 women are brought to Europe illegally to meet the demands of the sex market.

ABUJA:

now that we have a bore-hole...



**Sisters Felicitas Egeolu and Joan Cosgrove
write from Nigeria's capital**

WHEN WE MOVED IN TO this new housing estate in New Lugbe on the outskirts of Abuja, we had no water supply. That was April 2000. A tanker came to the estate once every month during the rainy season and twice a month during the dry season. People bought whatever they could afford. Of course, during the rainy season we saved every drop of water that ran off the roof into the gutters and we had all of that safely stored in a separate tank.

The population on our estate was growing very quickly. Nigeria's capital used to be in the port city of Lagos, but in 1991 it moved to a newly-built city at Abuja, right in the middle of this vast country, which has Africa's largest population.

Downtown Abuja looks and is quite modern in many ways. But, like all cities, you can pass through it without noticing the hardship and poverty experienced by those on the margins.

From the start, the Archdiocese of Abuja has tried to provide a health service for the growing population on the outskirts of the city. In 1999, we were asked to

take on responsibility for five parishes, which includes thirty-six villages altogether. That was quite a challenge and it was hard to know where to begin.

We saw that we needed a place where we could gather people near our own house, while we drew up plans for a Health Centre. We put up a small round structure where people could meet, and where we could provide some health education and treat the sick babies mothers brought to us, often with malaria and other fairly common problems.

For us it was a great day when we got two 1,000 litre tanks with money that came from Ireland from the *Garda Third World Relief Fund*. These could be filled from the tanker when it came, and the water was piped into our house. There was no pump, we just relied on gravity, but it was great to see the water coming from the taps at last!

THAT WAS FINE FOR LIVING, but it would be hard to run a Health Centre without a permanent water supply. Ireland Aid, the programme of the Irish Government, agreed to fund the building of a Health Centre for the growing population. This would be a base for our outreach programme to the villages, but it would also have its own Clinics, holding Mother and Child Welfare programme, regular immunizations, and curative care for small ailments. Ireland Aid also provided another essential item for our work – a double-cabin vehicle to take our team out to the thirty-six villages under our care.



Ireland Aid provided a double-cabin vehicle to take our team to thirty-six villages under our care.

With the prospects of a new and much needed Health Centre right beside where we live, a borehole was the next objective. The Archdiocesan Health Co-ordinator submitted applications to the Japanese Government for three boreholes for Health Teams. All were approved and we were delighted when we heard that our compound was among them.

You can imagine the excitement on our estate the day the drilling equipment was brought in! Abuja is a very rocky place, and the water table was quite deep down, so it took a while till we saw the lovely clear liquid we so badly wanted spraying from the pipe right there before our eyes!

Meanwhile work began on the Health Centre, providing jobs for fifteen young men. One big truck after another arrived, bringing loads of stones, cement etc. Now the casting of the ground floor is done and the walls are ready for the roof.

NONE OF THIS, HOWEVER, distracted us from the daily routine of getting out to the villages, where we were able to put a smile on many sad faces. Most memorable of these visits was the day we opened a new health



Sister Felicitas on Home Based Care visit

post in Turkuba village, where a health worker will be resident under the supervision of the MMM Primary Health Care team.

Back at our house in New Lugbe, we were able to hold a series of Workshops on prevention of HIV/AIDS, which were well attended. In these, we trained Village Health Workers from the different villages who will return home and provide health education for others. It will be much easier for us to expand this kind of Workshop when our new Health Centre is completed.

Another milestone for us was the idea of holding an annual Open Day for MMM.

This was an opportunity for MMMs from different parts of Nigeria and a large circle of friends to come to Abuja and discuss how we can put fund-raising in Nigeria on a more firm footing. For the first of these, we were delighted to have Bishop Martin from Minna Diocese, where we have been working for the past twenty-two years.

We also held a Retreat for young women who are interested in becoming Sisters with MMM. Now that we have a borehole, and plenty of water, we can welcome people to Abuja in the sure knowledge that we can offer a cool shower or a freshly-made pot of tea!



Sister Joan at Turkuba



Sister Sylvia and Bishop Martin of Minna Diocese.

Medical Missionary of Mary sisters in Minna Diocese gather together with seven new Associate Members of MMM who made their Covenant of Commitment at Gussoro in Northern Nigeria.



KENYA:

40 years in the Desert

In 1962 St. Patrick's Day fell on a Saturday. As dawn broke over Kenya, a well-laden Volkswagen Beetle trundled out of Kitale town turning northwards on a 300 km journey into the Turkana Desert. Sister Andrea Kelly, and the late Sister Elaine Campbell were part of this pioneer adventure, along with Fr. Paddy Cullen of the Kiltegan Missionaries and Sister Assumpta of the Ursuline Sisters.

Sister Andrea remembers:

The unchanging way of life of the Turkana people was brought to a halt by two years of drought from 1959 to 1961. This was followed by torrential rain at the end of 1961, causing severe flooding and loss of human life and livestock. The survivors found refuge on four mounds of relatively dry land.

At the time, Kenya was part of British East Africa. Only Government officials were permitted into Turkana. But because of the severe famine and the plight of the people, the Government appealed for help from churches of several denominations.

It was a long suffocating journey, as the heat gradually increased from 80° to 98°. Still this did not dampen our feeling of anticipation as we absorbed the changes in the environment. After leaving Kitale's luscious green fields with healthy cattle grazing contentedly, we stopped at Kacheliba where a narrow river sparked in the sun. The only road to Turkana took us through Uganda. Soon it was only a dirt track, as Turkana was a complete 'no go' area to tourists and outsiders.

When we reached the Amudat River, it seemed more like a ravine and there was no bridge. What was to become a regular drill commenced:

- (1) All out.
- (2) Everything out.
- (3) Take note of the current and the depth of the water.

As we stood on the edge of the ravine, we were amazed to see our VW Beetle



Sister Bernadette Gilsenan: "We shared our water hole with the people and the animals".

*You shall cross the barren desert
But you shall not die of thirst;
You shall wander far in safety
Though you do not know the way;
You shall speak my words
in foreign lands
And they will understand;
You shall see the face of God and live.*

float across the water, following the current, guided by Fr. Cullen and several local young men who appeared from nowhere. It was then our turn, and the same young men returned to help us across, and were duly rewarded for their assistance.

With the car repacked, we continued our safari. We reached a very narrow tortuous escarpment on which we saw our first leopard in the wild, gracefully wending his way to wherever he was going. Then the landscape became more and more desert-like, with no sign of human life. At last the great moment arrived – the Turkana Border! We were greeted with *Ejoka, Ejoka* (are you well?) with loud voices, dancing eyes and sparkling teeth. Our emotions ran from trepidation, to hesitancy and eventually to relaxation.

Leaving the Police Post behind, we followed a sandy track, with a clear view of the horizon twenty miles away. We crossed many dry river beds, but came across odd pools of reddish muddy water.

At about 4 p.m. we spotted a tent upon a mound, and saw Fr. Michael Brennan, carrying an empty apple box. He came to welcome us, along with Fr. Michael Dillon.

A short distance away, Fr. Joe Murray (who has since gone to his reward), was distributing dried food rations to 7,000 pairs of outstretched hands. We had arrived at Nadapal!

We were introduced to our "convent" – a corrugated iron structure with a verandah enclosed by wire, making it look like an animal cage and feel like an oven! We soon discovered what an apple box was for! In the absence of all "mod cons", placed over a bucket it could make a fine portable loo!

Our kitchen had a table, two chairs and a kerosene frig, the first I had ever seen. We would soon become friends, as I found that every day she had to be encouraged not to smoke, not to clog her flue, and not to spoil her wick.

All our food was tinned – butter, milk, jam, vegetables. Butter liquidised the moment it was put on the table and quickly became rancid. To this day I cannot touch it!

Lodwar, 9 km. away, was considered the capital of Turkana, and from there we received our daily water ration. Truly, we had to be very economical!

The first women with **white skin** and **straight hair!**



Sisters Elaine Campbell, Bernadette Gilsenan and Andrea Kelly at the first Health Centre opened in Turkana in 1962.

Sister Bernadette Gilsenan

"We were the first white-skinned women the Turkana people ever saw, and their first time to experience straight hair which they thought was very funny. They used to touch us to see if we were real, and even tried to rub off the white skin feeling sure we would be black underneath!

The children, especially, were badly undernourished. Our one utensil was a wheelbarrow. It was used to collect water in the morning, we used it for washing dishes, it was also used to collect the three stones on which we did our cooking – a fire was lit by rubbing sticks together.

The first night my bed sank into the sand because there was no floor, so I rolled out onto the ground. Scorpions dogged our footsteps. It was quite customary to find a snake. On my second night there I sensed something strange under my bed. It was a puff adder, the size of your arm! Fr. Brennan, who was sleeping in a tent under a tree 200 yards away, was called. He came up to our house armed with a hurling stick, and threw it at the adder, which made him angry. The local guardsmen were called in. They advised it was best to get

Sister to stand on a chair, which I did, and covered by the mosquito net, they pulled out the chair and killed the snake. We cured the skin and it hung on the wall for years!

For water we had to dig in the dry river bed, and we shared our water hole with the people and the animals.

The great day came when our first Sister-doctor was due to arrive, Sister Bernadette O'Brien. It was a Sunday. Because they got stuck so often on the journey, the Brother who drove her was short of petrol for the return. Sister Elaine and I went with him in our VW Beetle to Lodwar to borrow some petrol from the police there. On our way back, as we were about to cross a dry river bed, suddenly water began to flow, coming down from the Uganda mountains. I didn't want to cross, but the Brother said 'what's wrong, we cross rivers every day down country'. When we were half way across, the car suddenly turned and we began floating down the river. Elaine started singing *Cruising down the river on a Sunday afternoon*, but 500 yards downstream we struck a huge tree growing in the riverbed. The car was held there long

enough for us to scramble onto the branches, but it was very thorny.

The tree was so big I couldn't see whether Elaine was there, or had been swept away with the car. By now the river was gushing past very noisily. We clung to the tree for two hours until it subsided enough for us to climb down, and we found we were all alive. The Brother with us carried us to the bank, only to discover that we were on an island, with another river flowing on the other side! We started to pray the Rosary, Hail Mary, Holy Mary... Before it was finished, to our surprise we saw the lights of a car coming towards us on the other side of the river. In those days you would never see a car more than once in three weeks, but the District Commissioner, an Englishman, was returning to Lodwar from a *safari*. His driver pointed to us from the distance and said 'Sir, look – on the other side of the river are two vultures'.

The Commissioner recognised that we were not vultures, and told his guards to make a big mug of coffee and to wade across the river, making a human chain for safety. When they reached us, we gladly drank the coffee between us, and they carried us across to the bank. We were soaking wet, had lost our shoes, and our feet were torn from the thorns, but the Commissioner brought us safely home in his landrover. We were the first patients of the newly-arrived doctor!

At that time, we had about 800 children in our feeding programme, mostly orphans. As they had nothing to do while waiting for the next food distribution, I started to teach them writing in the sand, and how to count and add and subtract, using small stones. One day, when I was out on a health *safari* with the others, some Government officials arrived, asking to see the Headmistress of the school! It was only then I realised that I was running a school!

In 1999, when I returned to Turkana on a visit, I saw the fine Government school that later developed, and saw a plaque to the School's Founder - *Mr. Bernadette!* Many pupils are the grand-children of our orphans, and the present staff were very surprised to learn that "Mr. Bernadette" was a woman! One of those orphans was ordained a priest and is serving his own people now. This year I received a surprise phone call from another, inviting me to his doctoral graduation in Texas – he has come a long way from doing sums in the sand!

Healing and Development in Turkana

Sister Kathleen Crowley from Lissarda, Co. Cork, first went to Turkana in 1973. She has seen huge changes in her thirty years there. One difference, she says, is that educated people are becoming available now, like teachers and nurses. But there are still many problems, like AIDS which has had a devastating effect on the population.

Sister Kathleen's present role is Diocesan Co-ordinator of Women's Development in Lodwar. Before that, she was involved in the transition period, when the famine camps were closed and the Church began irrigation schemes in the desert.

"The Turkana people are pastoralists, and agriculture was never their *forte*, but irrigation was essential if they were to survive. With irrigation you could grow sorghum, maize, cassava, and greengrams. The women became very interested, but these schemes needed a lot of support."

Many years ago, Sister Bernadette Gilsean and Sister André Brow had taught various crafts to the women of Turkana. Today, Sister Kathleen continues this tradition. Near Lake Turkana, she helped one women's group to get six fishing boats, and start an industry marketing dried fish and oils.



Sister Margaret McCormack from Coolavin, Co. Sligo has been involved in Health Care in the Diocese of Lodwar since 1982.



Sister Kathleen Crowley

Honey is another industry that does well, especially near Nakwamoro. It can be difficult, but many women have their own hives and produce wonderful honey.

Basket weaving has become quite a big source of income generation for Turkana women and with Sister Kathleen's help they have been able to secure international orders for this craft work which is produced to a very high standard. The women collect the doum palms where they grow along the Lake, boil and dye them. They develop new patterns as well as traditional ones. They do the weaving in their own homes, in between all the other chores women have to do, like going for water or collecting firewood.

Although these women do not work as a Co-op, they belong to groups, where training workshops are held and support is available when needed.



Sister Karen Shearer from Ayrshire, Scotland, passes on her skills at Nakwamoro in the south of Turkana.



From 1963 light aircraft were donated by generous people in the US. Sister Bernadette O'Brien (seated) was the first MMM doctor to join the community in Turkana.



Sister Nina Underwood from Portsmouth, NH, trained in Dublin as a Pilot for the Air Ambulance.



Sister Andre Brow from Weymouth, Mass. introduced craft work among the Turkana women in the 1960s.



An oil drum made a perfect oven to provide freshly baked bread.

'The Lord awakens you to hear, to listen with a disciple's ear'

Constitutions of MMM – cf. Is.50:5

In 1934, Marie Martin was anxious to find a home for the tiny group of women who had shown interest in her desire to establish a medical missionary congregation of Sisters. She was thrilled at the idea that they might be able to help the monks at Glenstal who were experiencing many domestic difficulties at their newly-opened boarding school, and get a spiritual formation in return. Her spiritual director, Fr. Hugh Kelly SJ, wondered whether Benedictine training would give a monastic and liturgical turn of mind, a spirituality which would not seem the best thing for an institution that was to be primarily apostolic.

Marie saw it from a different angle entirely. She would distinguish between the spirit and the practice of Benedictine spirituality. She had studied the writings of the famous Irish monk, Dom Columba Marmion, and wanted to graft her new missionary society onto a spiritual tradition that had been tried and tested over the centuries. The spirit of the Rule of St. Benedict would provide precisely the freedom and, at the same time, the commitment she saw so necessary to achieve her vision of a medical missionary congregation. The Rule would be carefully crafted into the Constitutions of MMM.



When Nora Leydon met Marie Martin, she was twenty-seven years of age. From Kilmactranny, Co. Sligo, she had been working as Secretary to Fr. Patrick Whitney, of the newly-founded St. Patrick's Missionary Society. On March 19, 1934, when Nora arrived in Glenstal to join Marie, the nucleus of the future Congregation of MMM was formed. It would be three years yet, before MMM could be formally established.

Nora Leydon became Sister M. Patrick. Following her training in midwifery at Holles Street in Dublin, she went to Nigeria in 1938. Because of World War II, she was unable to return to complete her novitiate for several years. In 1947, by special arrangement, she took vows for life, without ever having had a formal time of temporary religious profession.

She continued in Nigeria for very many years, and subsequently helped in various ways in Ireland. Her quiet reassuring presence was valued by all who knew her.

Carrie Nichols was born in Dublin and baptized in St. Paul's Church, Arran Quay, the same parish where Dom Marmion had been baptized - as she often reminded us. She was only eighteen years of age when she became aware of the hoped-for medical missionary Congregation. She joined the little group of pioneers in Glenstal in 1936. The spirit of St. Benedict enthralled her young heart and she always loved to return there, or visit her close friends, the Benedictine nuns at Kylemore Abbey.

She took the name Sister M. Immaculata. When the others sailed for Africa in 1937, she went to London to train as a nurse at St. Andrew's Hospital, Dollis Hill. After her midwifery training she followed the others to Nigeria, and served there until 1966. Her outgoing personality and indomitable sense of humour won her many friends then and later in life.

The depth of her spirituality and her understanding of suffering brought comfort and hope to a huge circle of friends with whom she corresponded regularly.

Sister M. Patrick was active up to a week before her death. She had carefully planned how her funeral should be arranged, as she looked on death when it would come as the passage to a new life. For her that began on November 10, 2001. We mourned her passing but



In 1987, Sister M. Immaculata (left) and Sister M. Patrick, had the joy of celebrating the Golden Jubilee of the foundation of MMM at Glenstal Abbey. Also in the picture are Fr. Dominic Johnston and Abbot Celestine OSB, who has since become Abbot President of the Congregation of Benedictines to which Glenstal belongs.

her wonderful life was celebrated in an historic liturgy at our Motherhouse, before we laid her to rest next to our Foundress.

By then, Sister M. Immaculata had become quite ill, and for several months we watched her grow weaker, gradually losing that sparkle everyone associated with 'Mac' as she was called. She suffered much during the final stage of her life, but, for her, suffering was always something to be embraced as a part of life's mission. She was called from this earth on June 20, 2002.

They are an important part of our foundation that we will never forget. As they enjoy their reward, we feel they are close to us still.

Sister Therese McDonough challenges us to improve our skills at



Crossing Cultural Boundaries

The interplay between human life and the environmental context in which that life is lived, has always been a concern of the French

bacteriologist, Rene Dubos. Among the components that contribute to a person's good health, he argues, the ability to adapt effectively to shifts in the social equilibrium is critical. This is especially true in modern societies where living conditions are in a constant state of flux.

In most countries today, one of the most important shifts we are experiencing in the social equilibrium, is the growth of cultural pluralism. Sister Therese McDonough, having spent almost twenty years as a missionary in Brazil, now works as a team member in Cross Cultural Services, a program organized by the famous American Mission Society, known as Maryknoll.

WHEN IT WAS founded in 1979, Cross Cultural ministry here focussed on preparing people – mainly from the United States – to serve in other countries among people of other cultures. It included a very intense discernment process, examining motivation, where a person's call was really coming from, etc.

Now, twenty years on, we experience a very different situation. There is an influx of priests and ministers coming into the United States. Some are coming to study, but are called upon to help with pastoral work at weekends, and sometimes that spills over into mid-week work as well.

Some U.S. Bishops make contracts with overseas dioceses, to supply priests on contract for a three-year period. This is bringing a number of priests from Asia and elsewhere to our shores.

In other cases, for example Brazil, we find priests migrating here with a migrant community and ministering to their own people here.



With this evolution, Maryknoll paused and asked themselves *what we have to offer from our experience* in terms of preparation for their ministry? We are also aware that the receiving parishes may need help in adapting to these changes. That is what our Cross Cultural Service is all about."

For Sister Therese, this job means a lot of travel to work with groups in various States. But she says it is all part of her mission of healing.

Do you mean combating racism?, we asked.

"I would say it is more to do with ethnocentrism. Even within the same race there is an ethnic factor. Just as all babies are born egocentric and gradually

have to learn that the world doesn't actually revolve around their little ego, the same is true of the ethnic group into which we are born.

Our goal is to help people to move from ethnocentrism to ethnorelativism – realising that we are, actually, dependant on one another. We do this easily when it comes to recipes that other cultures use and that we grow to like. Where would we be without the Italians who gave us the pizza, or the Asians who gave us our curry dishes! Likewise, some people easily embrace the music or dance of another culture.

But ethnorelativism is deeper than food or music or dance. It means being able to see the world from other perspectives, going into other cultural frames. To do that, you have to first identify your own cultural frame, and begin stretching yourself beyond it, being willing to be expanded by the richness of another person's cultural viewpoint.

This does not imply a judgement. There is no pointing of fingers at anyone because of their ethnic roots. But in a culturally diverse world our challenge is to recognize that we must interface with people who are different. To do so means we must shift beyond the frame of reference we inherited and which has become part of our subconscious mindset.

In today's world, we are always facing someone or something that is different. To interface positively with one another means first identifying and owning our own cultural roots, and the stereotypes and prejudices that are part of what we each inherited. If we are defensive, we tend to hold on tight, and this holds us back from understanding the other culture. But if we feel valued for who we are, and can see what is positive in our own culture, then we can be open to the other.

It takes a lifetime to perfect this, but through the Acculturation Workshops we provide at Cross Cultural Services, we help people to welcome cultural pluralism and willingly cross the boundaries to other cultures and be enriched in the process.

Human diversity makes tolerance more than a virtue; it makes it a requirement for survival.

– Rene Dubos



A land with No Evil

Sister Regina Reinart

Brazil's indigenous people now number half a million, who belong to around 200 different nations, such as the Pataxó, the Guarani, the Xukuru, the Yanomami, Omagua. They speak more than 180 different languages.

The word *indigenous* can conjure up an image of people wearing a skimpy traditional dress, the man leisurely smoking a pipe while his wife prepares the fish he caught with his bare hands, as their children sing and play on the banks of the river in the rainforest.

While we may re-enact such a scenario to help indigenous children take pride in their roots, this image is very far from to-day's reality.

One-third of Brazil's indigenous people have had to migrate to urban centres like São Paulo. Can you imagine the richness these people bring with them? And can you visualize what sufferings they go through in a city, which persecutes and excludes them? The history of these people is marked by violence and prejudice against them, by threat of extinction under the colonizers of yore and by loss of their lands today – which drives them to seek refuge in urban areas.

São Paulo, the industrial magnet of Brazil, is made up of people whose roots are not just in Europe, the colonizers, but in the Amazon basin and beyond – roots which are historically much deeper than the 500 years of colonization. In the *bairro* where my two MMM colleagues and I live, the majority of the population has its roots in North/Northeast and Central Brazil, several days' bus journey away.

The mythology of the Tupi tribe includes the story that when they had sinned, their God threatened to punish them so they took flight to the sea which in turn threatened to swallow them. But God intervened and led them to a utopian place without suffering, sickness and pain, the *terra sem males*.

This topic was selected nationwide for the Lenten campaign last year. It aimed



to provide a forum for these people to tell their stories and have access to the media. And not least, to provide the opportunity to celebrate their identity in a liturgical space.

Inter-religious dialogue was a strong element in the 2002 Lenten campaign. We wanted to get to know the indigenous peoples, not just facts about them but hopefully engaging with their religious beliefs and their attitudes towards life, community and land. By getting in touch with all of that, we hoped that our dialogue would bring a greater understanding of their experience, their values and their fears.

Curt Nimuendaju, the well-known ethnographer of the Guarani people, speaks about the importance of dialogue and tolerance. He emphasizes the intimate relationship the Guarani have with God. We have no illusions about the difficulty of such a dialogue as the rules for such are vague.

From the Lenten Campaign office came a substantial textbook and liturgical hymns. Teaching the hymns to the communities was also an opportunity to make the issues of the indigenous people known.

During one of the sessions with a group of people in our local community, we tried to choreograph an entrance hymn composed by the Carmelite sister Natalina Grande. It speaks of our dream of a land without evil, a land we long



for, we fight for, and in the final verse, of Jesus who gives us strength and courage. When asking the group how they would dance it, at the stage of the final verse, they being of indigenous origin, pointed to the cross!

I remember one boy saying that he has not one home place but rather several, as his father is from the northeast and of Dutch descent, while his mother is a member of an indigenous tribe from Amapá. This reminded me of the answers I got when I first arrived from my home in Germany to study in Dublin. When I asked where someone was from, the typical answer was *Well, I'm from Dublin, but my father is from Cork and my mother from Donegal*. The situation here in Brazil is more drastic, as cultural differences, not to mention geographical distances, are far greater.

For the indigenous peoples, a great amount of their myth and history, their traditions and values, are intrinsically bound up with *terra*, the land. This relationship to land reminds me of the Hebrew people and promised land as we read it in Exodus 3,17 – a land flowing with milk and honey. Our Lenten Campaign, *por uma terra sem males*, seeks other models for society, where cultural dominance can be overcome.

It is high time for us to listen to that prophetic minority composed of these indigenous peoples, and strive to finally put into practice what was begun by the historic episcopal conferences of Medellín, Puebla and Santo Domingo, and continues to be the focus of documents such as *Evangelii Nuntiandi* (e.g. EN 19) or *Redemptoris Missio*, all of which formed part of our reflection during our Lenten campaign.

TANZANIA:



For recreation we fed the Hippo!

We mourn the passing of Sister Christina Hanly

"If you make a friend in Tlawi, you have a friend for life", said Sister Christina Hanly. She was reminiscing about her pioneering days when MMMs first went to Tanzania (then Tanganyika, of course) where she arrived on March 12, 1947.

The people of Tlawi loved to give a name to a stranger. The name they gave Sister Christina was *Mama Mwema*, meaning Kind Mother.

The village of Tlawi lies on top of the Great Rift Wall that runs for 3,000 miles from Syria down to Southern Africa. It divides in two as it passes through Tanzania. Tlawi is located 3°55' south



and 35°29' east, at an altitude of 6,240 ft. above sea level.

It was for this isolated spot that Sister Christina and her pioneering companions, Sister Kieran Saunders and Sister Helena Mulcahy, set out in 1947. On the way, they stopped for some weeks at Galapo mission to study the national language Ki-swahili, although the local language spoken in Tlawi was much more difficult – a form of Arabic.

"Tlawi was a lovely place", mused Sister Christina. She made it sound like a kind of Garden of Eden, though we know the work was very hard. "We had all the animals in those days", she would tell us, "giraffes and lions, and rhinos and elephants, and - of course - ostriches who raced you when you were on top of a lorry."

When we asked her what they did for recreation, she replied:

"We used to go for walks every evening. You could walk to Tlawi Lake where we had a hippopotamus. We used to go out there and feed him. He would come out of the water for grass in the evening time when we were there."

Not a very safe type of recreation, we would have thought, but they survived to tell the tale.



A disused school was converted into a 16-bed ward, and the Sisters worked there until 1954, when it was decided the Sisters were more badly needed at Makiungu, 140 miles further south, where a hospital was to be developed.

On November 6, 1954, the day the Sisters left Tlawi, everyone was crying - the Sisters and all the people who followed the truck for miles down the escarpment.

"When we arrived in Makiungu, I remember, we had dried maize leaves for mattresses. There were three of us in the room, and there was a terrible crackling noise from the maize leaves every time somebody got into our out of bed! But we were terribly happy there."

In 1967, Sister Christina went on to pioneer another MMM mission hospital in Tanzania, at Namanyere in the Diocese of Sumbawanga. Her letters home told of journeys by lorry or any vehicle she could find, buying building materials and organising the workers. The buildings she designed and planned were simple and very practical but her gift at interior décor was outstanding. She was also known to take a hand at mixing cement and laying a floor, and then go into the kitchen and turn very ordinary ingredients into a delicious meal! Even in the worst of times, she always had a cake in the house. Her hospitality was known the length and breadth of the country.

After forty years in Tanzania, she retired to our Motherhouse, where her hospitality continued to bring joy to many. A native of Pallaskerry, County Limerick, Sister Christina was born in 1908. As her health gradually declined during the past few years, she prayed much and loved to welcome visitors. God called her on November 24, 2001, surely to a well earned reward!



Dr. Christine Fitzgerald was Medical Officer in charge of Makiungu Hospital in Tanzania from 1967 to 1974. This year she made a memorable return visit and was welcomed by many old friends.

Makiungu Revisited



Sister's House.

Here I was at last, it was magical, entrancing. The rains were not quite over, and the countryside was luscious green.

Makiungu was transformed! In 1974 when I was last there, the familiar small hospital was way outside the town of Singida in a semi-desert landscape. There were deep gulleys in the eroded sandy soil. Cactuses and mother-in-law's tongues, grew in the garden. There was a borehole and pump so we had running water – usually. The generator was on from 7 to 10 pm at night, so we had electricity which supplied the hospital and the Sisters' house if the bulbs were not too strong.



Now on May 8 2002, I walked out of the Sisters' house into a fairyland, a backdrop for *Babes in the Woods*.

Mohammed, who was driver for Makiungu Hospital for many years, was delighted to see Christine

There were trees everywhere and flowering bushes and creepers, and birds, such pretty birds, superb starlings, doves, pigeons and many others. There were bougainvillea, tulip trees and many other flowering shrubs. I just couldn't get over it. My heart soared.

Of course the background to this was not only the happiness I had experienced in Makiungu all those years ago, but also the lovely welcome into the MMM community and the joy of meeting my old friend, now a very senior nurse, Anna Deogratias.

Makiungu Hospital is twice the size it was – or more. It now has 160 beds. It also has extensive outreach programmes including Anna's eye services, a maternity and child health programme run by Sister Jacinta Akonaay, and community based care run by Sister Catherine O'Grady. Where there had been one, occasionally two, medical officers, there are now five. These include three graduate doctors, including Sister Marian Scena from USA and Sister Magdalen Umoren from Nigeria. The third is a Tanzanian, Dr. Fidelis Rugaragara. There are also two clinical medical officers, and medical assistants.



Christine and Anna Deogratias.

There is 24-hour electricity from the national grid, and – wonder of wonders – a telephone line, making Internet services available. It was very strange to see pylons and telephone lines. The shortwave radio is no longer the only link to the outside world.

Just to remind me of the old days there was a power failure the day I arrived. Sister Mary Swaby and her staff in the Pharmacy had to autoclave their freshly made IV fluids on a charcoal burner. There were also problems with the water supply in the hospital. In the X-ray dept. the staff had to carry water in buckets. Neither of these problems lasted too long. At least the power returned next day and it was possible to use the wonderful new facilities of ultrasound and ECG machines.

All the places I visited also have TV as well, which seemed so odd.



One big surprise in the hospital was to see two young fathers at the Child Welfare Clinic. It was wonderful to see a new generation of men taking the task of parenting so seriously.

After Makiungu as I returned to Arusha I made a brief stop at Dareda hospital where I met

several old friends. In Arusha I saw something of the Mental Health Unit run by Sister Sheila Devane and her staff, and also visited Ngaramtoni. It was a wonderful, unforgettable trip.

Golden Jubilee Celebrations



Sister Eithne Fay



Sister Ita Moore and her cousin Fr. Noel Colahan



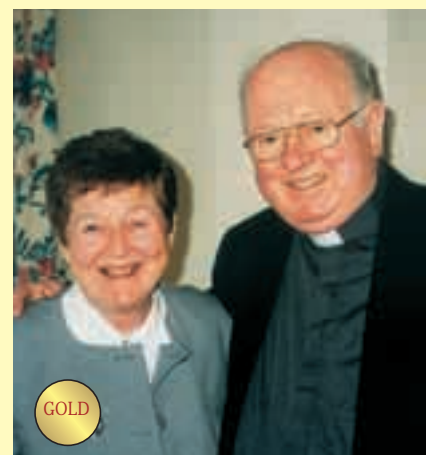
Sister Una Ní Riain with her sister and brother-in-law, Niamhín and Dáithí Scolard



Sister Cora Wall with old friends Dr. Joe and Dr. Betty



Sister Helen Lavin



Sister Josefa McKiernan and her brother, Fr. Evangelist, C.P.



Sister Fidelma O'Shea with her niece Judy.



Sister Dorothy Lenehan.



Sister Winnifred Newell with her niece Eileen.



The Secret of The Tall Ships



Tall Ships today are used mainly as training vessels. They have lessons for all of us, not just for the young people who join the crew for an educational experience. When they grace our ports on a visit, we are amazed at the complexity of the rigging, the height of the masts, the history of the cargoes they once carried and the nautical miles they reeled.

As they depart our shores under sail, we are enthralled by their beauty and majesty and by the mystery of how they link the past with the present. But for all that is spectacular, we never see the deep secret each ship hides beneath the water level. The greater the tonnage, the deeper the draught. In each case, the complex structure above water level is offset by an unseen keel that keeps the Tall Ship in balance when the high winds fill her sails – this keel reaching perhaps as deep as 22 feet or more. In times past, some skippers were instructed to seek out gales in order to make the fastest passages possible. Stability was the key to success on such an adventurous voyage.

Like a Tall Ship, MMM too has a deep dimension that is not visible and that provides stability for our mission and our journey. Accompanying the work that is seen and gets attention, what really spearheads our service is the quiet unseen part - our life of contemplative prayer, drawing energy from God's love and the Christian Story. We have some Sisters and Associate MMMs whose lives bear witness to this hidden part to a special degree. Their work is hidden behind the scenes, not often acknowledged but absolutely essential to our overall service. While their work or their suffering is important to our mission, their life of prayer is the deep stabilising factor that ensures our overall balance, especially when one storm or another buffets us. Since our last Yearbook was published, three such Sisters were called to their eternal reward.



Sister Florence Walshe, born in Killala, Co. Mayo, in 1920, brought a wealth of life's experience with her when she joined MMM in 1965. She had lived in the US, working at different times in business, farming, childcare, geriatric care and as a Librarian. She enjoyed a good lifestyle, but gave it up to join MMM

and throw in her contribution - willing to do whatever might be asked of her. She arrived with her personal toolkit for mending clocks, watches, radios and bedside lamps. Though her health never permitted her to serve with MMM overseas, her work at our Motherhouse was highly valued. Among her many

accomplishments, she was much sought after as a Driving Instructor, and many a Sister feels grateful for those patient hours she spent on the road in the weeks before the driving test! She was also a great help in the Motherhouse Library, and loved to study Scripture. She left us for heaven on November 10, 2001, after a prolonged period of poor health.



Sister Assumpta Boylan, born in Oldcastle, Co. Meath in 1919, joined MMM in 1946 when the Congregation was not yet a decade old. MMM made many demands on its early members. But she was young, versatile and flexible. She gladly devoted herself to diverse roles at our Motherhouse, our House of

Studies, the Maternity Hospital in Waterford and the elder care facility we then ran in Clonmel. No matter how many people were rushing around her, she quietly went on doing whatever was her responsibility with a gentle spirit and promised a prayer to those who came to her in need. For the past fifteen years or more, she suffered poor health, but always loved to hear from the students she once cared for, now missioned overseas. From her wheelchair she prayed for them, arriving early in the Oratory, and showing gratitude to all who helped her in any way. She was called to her eternal reward on July 31, 2002.



Sister Inez McGrath, born in Kildare in 1929, joined MMM in 1962, having worked in information management in the years since she left school. She was always happy to go wherever she was needed most and to do whatever had to be done. This included a spell as Hospital Receptionist, a time in Rome, and in Boston. Eventually, her calling took her to Tanzania where, once again, she was involved in keeping statistics and financial administration. She had an exceptionally lovely voice and was a great asset at a party, entertaining us with a wide repertoire of songs from Drury Lane or Broadway. Declining health in recent years forced her into retirement in Drogheda, where she was cared for until her final call came on October 11, 2002.

We hope that from heaven, these dear Sisters of ours, will continue to watch over our voyage and give us the stability we need in the storms that may yet lie ahead of us. May they enjoy their eternal reward.

MMM and the **FRENCH** Connection



Sister Isabelle Smyth

Marie Martin dropped a post card into the mail box at London's Charing Cross station before boarding the early morning boat train. The card was to her mother in Dublin. As a teenager, Marie had suffered much from homesickness while at boarding school in England and Scotland and later when she was sent to a finishing school in Bonn. But that was back then. Now she had turned twenty-four and she felt she was needed in France.

The Mail Boat to Boulogne was very crowded. Marie and the four young women with her sat on their luggage all the way. They docked at the French port in time to have lunch at the Boulogne Tower Hotel. Marie liked city life and the social amenities it offered.

By 5 p.m. on that Saturday afternoon in June of 1916, the five young women were travelling again. They were not quite sure to where, exactly. In wartime,

destinations were kept secret until the last minute. By 7.30 p.m. Marie had arrived at the coastal resort that would be her home for the next six months – BEF No. 25, a General Hospital of the British Expeditionary Forces.

First there was a brief visit to the surgical ward where she would be on duty next day. Then she was shown the "sweet villa" where she was billeted. She would share a room with Miss Paul. They had



*Marie Martin,
1915*

Two of the greatest disasters of World War I were the 1915 campaign to capture the Turkish peninsula of Gallipoli and in 1916 in France, the battle for the towns and villages north of the River Somme. During both these campaigns, Marie Martin, who later founded the Medical Missionaries of Mary, nursed wounded soldiers in Military Hospitals as a member of the Voluntary Aid Detachment.



Marie was billeted in a 'sweet villa'

become friends in Malta, where Marie had completed her first six-month contract with the Voluntary Aid Detachment (VAD). They had been barely a month at home when they were called up again. Marie was hardly surprised. A few months earlier she had written to her mother from Malta, when things had become slacker there, saying that she knew there was more to be done in France.

Riddle me this!

June 18, her first day on duty, was tiring. But that night, sleepy though she was, Marie sat up in bed and wrote to her mother again. "I'll give you three clues so you can puzzle out where we are: (1) The opposite of soft. (2) The fifth letter of the alphabet. (3) The man in the Bible whose wife was turned into a pillar of salt." The three clues did not prevent the letter getting past the Army censor!

Hardelot had been established as a seaside resort back in the year 1900, by Sir John Whitley, an Englishman who owned the local Château. Seeing the potential of Hardelot's long sandy beach, fringed with sand dunes and pine forests, Whitley had dreamed of creating a magnificent outdoor sporting and leisure facility that would attract both English and French families. Whitley hoped that if the wealthy classes of England and France spent their leisure time together, it would be less likely that their countries would go to war against each other, as they had tended to do.

Edwardian families spent their summer holidays in spacious villas in the forests around Hardelot. The Château became a clubhouse for golfers, while others enjoyed sailing, tennis and cricket. Later, King George V spent two holidays there.

French families also bought property at the new resort. One was Louis Blériot. He pioneered sand-yachting on the wide flat beach - a sport that remains popular in Hardelot to this day. Then in 1902 Blériot turned his attention from the successful industry he had established in manufacturing automobile headlamps, to begin his lifelong dedication to aviation.

In 1907 Louis Blériot made his first flight at Bagatelle, France, in an aircraft of his own design. On July 25, 1909, he braved adverse weather and 22 miles of forbidding sea and flew his monoplane from Les Barraques in France to Dover in England, becoming the first person to cross the Channel in an aeroplane. At the



Many gravestones simply bear the quote from Kipling:
A Soldier of the Great War, known unto God.

time, this was considered an act of great daring. The 40-minute flight won for him world fame and the London Daily Mail prize of one thousand pounds.

Bleriot's exceptional skill and ingenuity contributed significantly to the advance of aero science in his time. During the War of 1914-1918, his company produced the famous S.P.A.D. fighter aircraft flown by all the Allied Nations.

Meanwhile Hardelot was taken over by the Military. The well-known *Aviation Hotel* was converted into a large Hospital. Marie Martin described it as 'rather quaint'. As well as the indoor wards, the wounded were cared for in several large tents.

Missing Brother

On June 21, Marie wrote home again. She asked if there was 'any news of poor

Charlie', her younger brother who had left Ireland with the Royal Dublin Fusiliers in July 1915 to take part in the Gallipoli campaign. At the end of December, the family had been notified by the War Office that Charlie had been wounded and was missing.

When she was in Malta, Marie had spent all her free time seeking news of Charlie, and hoping he would arrive on one of the hospital ships. But by now she felt there was not much hope that he would turn up. Her mother, on the other hand, could not accept that Charlie might be dead, and kept her hope alive by writing a daily diary for him, to bring him up to date when he would return.

As Marie wrote home on June 21, she could hear the gunfire distinctly at the Front, even though it was nearly one hundred kilometres east of Hardelot. The thundering sound of the powerful Howitzers carried on the wind. The firing had continued all day long. Here, she was much nearer the Front than she had been in Malta. At the town of Albert nearer the front line, a *triage* system would determine which convoy was sent to which of several military hospitals along the route to the coast.

Marie was left under no illusion by the Sister in charge of her ward. Sister Makenzie simply did not like VAD nurses. Fully-trained SRNs tended to look down on the VADs, with their short emergency training. Yet, young women like Marie Martin and her friend who had served in Malta had gained much experience and had adapted very well to the regime of a Military Hospital. Anyway, there was no time to be worrying about the Sister in Charge



when there was so much to be done. The Hospital was being evacuated, existing patients being sent back to England.

The cleaning was hard work. But it helped to keep Marie's mind from worrying. She had had a letter from the mother of her boyfriend, Gerald, saying he had been recalled to the trenches. That caused her much anxiety. However, a half-day off duty gave her the opportunity to take the tram to Boulogne, about 10 miles away. There she was able to take a walk and have tea. She found it important to be able to share all this with her widowed mother by letter.

Meanwhile at the Front, on June 24, seven days of shelling of German positions had begun. Along a twenty-mile stretch, 1,537 artillery pieces opened fire on German lines.

In Hardelot, the Hospital was preparing for a big rush of work. Marie asked her mother to send some plug tobacco for the men. On June 30, word spread among the staff that *the* bombardment had started. The Hospital was practically empty. They were ready.

Blood Bath

Little did they know that they were about to be caught up in the biggest blood bath in the history of the British army. Historian, Timothy Bowman, tells us:

"The Somme offensive was initially conceived as a joint Anglo-French advance which would break the German lines and open the road to Berlin. The area was not chosen for any great strategic reasons: the German line was not particularly weak there, nor was the fate of any strategically important city or railway junction at stake. The area was chosen because here the British and French trenches interlocked..."

"This was the first time that such a large bombardment had been carried out and the British High Command confidently expected that the German troops would be decimated, the few shell shocked survivors being only too eager to surrender.

"On almost any other part of the German line these expectations might have been realised but the Somme sector, with its chalk sub-soil, had been put to good use by the Germans. A series of strong points, with bunkers up to forty feet deep had



Marie's niece, Sue Gray, revisits the lovely house that always reminded Marie of home.

been constructed to protect the six German divisions on the Front. Critically, of the 1,537 British artillery pieces, only 467 could be described as 'heavy' and of these, only six fifteen-inch Howitzers could penetrate the deep bunkers. Therefore, when the men of the sixteen British divisions* went over the top on 1 July 1916, they were confronted, not by a handful of shell-shocked survivors, but by six well-prepared German divisions."¹

At 7.30 a.m., on July 1, in clear daylight, over 100,000 British soldiers advanced on a 14-mile front.

The bravery of the 36th Ulster Division has been well documented. On the first day, 1,994 of their men lost their lives. Two Battalions of the Royal Dublin Fusiliers also suffered heavily. They were part of the 16th Division which lost 1,167 men on July 1st – a day in which a total of 20,000 men were killed on the Allied side and almost twice that number wounded.

Casualties were treated in First Aid Dressing Stations in farmhouse basements near the Front, and then transported in rail trucks and ambulances back to the hospitals.

Saddest News

At Hardelot on July 2nd the Hospital had filled up by 5 p.m. Marie stayed extra time on duty to help Sister Makenzie who, she could see, was new to military ways. When that day's post was distributed, it brought the saddest news -

what Marie had so long feared. The War Office had confirmed to her mother that Charlie was dead. He had been wounded before being captured on December 8, and had died of his wounds two days later. Marie's letter home that night tried to comfort her mother. At the same time her own grief was palpable. 'It is really impossible to realise that we shall never see his dear face again. How we shall all miss him!'

She must have been grateful for the presence of Miss Paul with her in Hardelot. Back in Malta six months ago, this friend had given up her off-duty to accompany Marie as she made enquiries about Charlie. Now she was at hand to support her in France when the dreaded news finally arrived.

Marie was still pondering their loss when she next wrote home, on July 8. She felt it was a relief to know that Charlie had died without much suffering. The soldiers she was nursing, who were now arriving in an endless convoy of ambulances from the Front, had 'such nasty wounds'.

She was getting her first experience of nursing men who, in addition to their original wounds from the battlefield, had developed gas gangrene. This is a condition where open wounds have become infected by bacteria that cause extremely painful swelling and can have fatal consequences if not treated quickly and carefully, sometimes requiring amputation.

While all this was going on, Marie received another letter from home with the news that her beloved friend, Gerald,

¹A Division was 12,000 men composed of 4 Brigades, each 3,000 strong. Brigades were composed of 3 Battalions of 1,000 men each at full strength. A Battalion was subdivided into Companies and Platoons.

had been wounded. This came as a great shock to her as she had been scouring the casualty lists and had not seen his name there. While grateful for being informed, she was anxious to know more. A short time later, she received a wire saying Gerald was alright and was going back to the trenches. When his own letter arrived he told her he had been only slightly wounded, but had had a bad time in France. He encouraged her with the words that they were all hoping to have the war ended soon. The day that letter arrived Marie could, once again, distinctly hear the pounding of guns at the Front, and she must have wondered would it ever end.

With the post, the tobacco also arrived. Marie thanked her mother for 'such ripping stuff' saying she would 'keep it for her Paddys'.

Convoy after convoy of wounded men were arriving at Harelot from Albert. Marie was transferred from the surgical ward to the medical section, in the tented wards of the Hospital. She spent a lot of time getting two tents into shape, where she was put in charge. She was pleased when Matron told her she was one of the senior and responsible VADs. She felt Sister Makenzie must have given a good report of her after all. With fresh flowers she added a touch of normality to her tents which had been put up in haste, and which Marie felt were not properly equipped. She told her mother the tents were very nice in the sunshine, but when the rain came they were just awful.

Social Activities

Despite the rush of work, there was time for some relaxation. On July 13 Marie found herself on a Committee of Nursing Staff and VADs who were preparing a tea for the 180 Orderlies at Harelot. She had spent her day off buying the groceries including tippy cake and other goodies. And yet, the convoys were arriving all the time from the Front.

Towards the end of July, things slackened off for a short while in Harelot. An epidemic of diarrhoea hit the tents where Marie was working and that had to be investigated. The tents were closed for the moment. The recent patients had been Australian, but like the others, once they were well enough to be moved on from Harelot, they were sent on their way to make room for more arrivals from the Front.



*The woods at Pré Catelan where Marie loved to walk.
Pré Catelan is believed to be the place from where St. Augustine had embarked in the year 596 to evangelize Britain and a Memorial High Cross stands at the estuary.*

By now Marie had come to know Miss Dorothy Whitley, daughter of Sir John, the Englishman who had established the resort at Harelot. Miss Whitley used to come to the Hospital with flowers from her garden at Pré Catelan. When off duty, Marie sometimes walked through the woods to visit this lovely house that reminded her of home.

By August 13, the tents were filling up with soldiers coming in with gas poisoning. Marie felt happy to be where she was needed. For four days she was nursing fifty-six stretcher cases with only one orderly to help her. Then Miss Paul was sent to join her.

Chlorine gas mixed with water produces hydrochloric acid. The men's lungs just melted with the effects of the gas. It has been written:

"Tending men with terrible wounds and young soldiers with the effects of poison gas was difficult nursing. As their battle

Helping to heal these haunting memories was as much a part of nursing as treating their open wounds."²

Marie got a lot of experience in this field of nursing, as the Medical Officer with whom she was working had specialised in gas poisoning. He had devised a strict monitoring routine until the patients were back on their feet and able to take a good walk without a change in their pulse rate. Marie found this very challenging and rewarding.

By now August was drawing to a close and the rain had come. It was 'beastly in the tents and so nasty for the men.' The nurses got so wet walking between tents, Marie asked her mother to send a sou'wester and boots. She could see that this place would be very cold in winter.

At the Front, the last week of August had seen a massive German offensive. In response, what Martin Staunton has called "Nationalist Ireland's forgotten Battle of the Somme" was about to begin.³

Staunton describes how on Saturday, 2nd September, the night before the battle, Irish troops chosen for the attack bivouacked on the bare side of a hill. Although the rain had ceased, the ground was

deep in mud with flooded trenches and shell holes, a bleak and desolate landscape relieved only by the camp fires around which the men clustered.

These included many men of Irish nationalist background including nationalists from Derry and Belfast as well as from the other cities and towns of Ireland.

*I went into the woods because I wished to live deliberately,
to front only the essential facts of life,
and see if I could not learn what it had to teach and not
when I came to die discover that I had not lived.*

- Thoreau

scars healed their mental scars would run much deeper. These men, who bared their souls for battle, anticipating their fate without any question, were now left with much time to reflect on all the mutilation of battle. They had seen friends' bodies ripped apart in battle, and their fate pulled into question, while the smell of death was all around them.

They included many Catholics. When the chaplains administered General Absolution, the vast majority of men knelt and those of other faith stood by in attitudes of reverent respect. At dawn, Masses were said by the chaplains of all the battalions in the open and most of the officers and men received Holy Communion.

Guillemont and Ginchy

The objective was the capture of Guillemont and Ginchy. Once again this was achieved at great cost. Of the 2,400 men in the four Irish battalions that took Guillemont, 1,147 became casualties. By September 9th, the survivors were ready to attack Ginchy. The first attempt was a total failure, with lines of attackers mown down and the wounded having to wait until nighttime to crawl back to safety. A French military observer described the scene:

“The Irish, after several days passed in the trenches under very heavy artillery fire, awaited the signal and dashed forward singing. In eight minutes the companies on the left had gained the road crossing Ginchy from the north to south. Received by a concentrated fire they suffered appreciable losses...”⁴

In the first ten days of September, the 16th Irish Division lost 240 of its 435 officers, and 4,090 of its 10,410 other ranks. They represented all four Irish provinces and different religious and political backgrounds.

News of the victory at Ginchy was soon known in Hardelot, and Marie was pleased, although she knew the casualties were enormous. “Certainly, the Irish Division was magnificent in the taking of Ginchy”, she wrote, “and I am glad to say the 16th Division is absolutely Irish”.

She kept up with news of home. When she read in the *Irish Times* John Redmond’s speech on conscription she was disturbed. She felt that threatening conscription in Ireland could only hinder recruitment.

Once again Marie was moved from the acute surgical wards where she had been very happy. Back in the tents, she was now caring for men with scabies and impetigo. There were two skin specialists attached to the hospital at Hardelot. Once again, Marie had fifty-six patients in her tents, and a single dressing could take up to an hour. There were days when three nurses on duty each spent twelve hours just getting through the dressings.

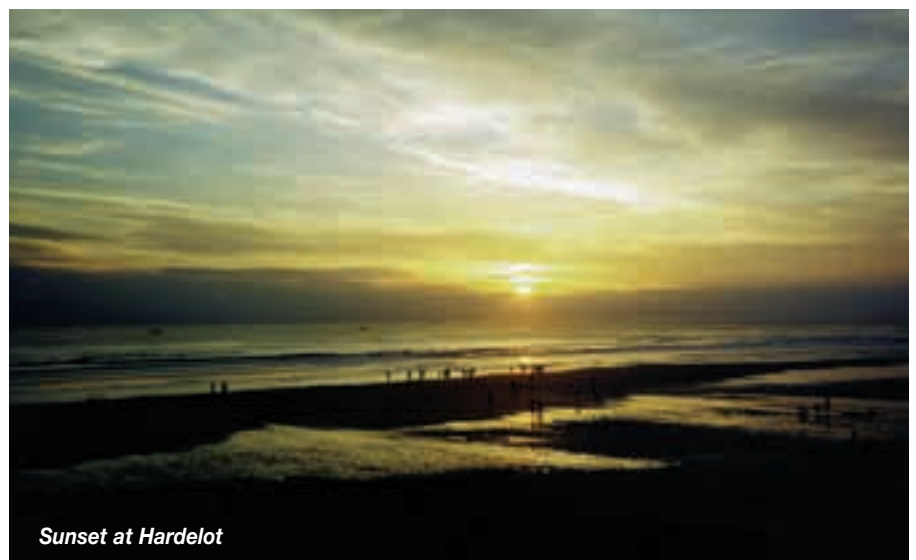
As winter approached, Marie began to suffer very painful chilblains on her hands and shins and feet. She had bought a little oil stove in Boulogne to heat the room where they were living. By boiling two pots of water on this little stove, she could manage to get a warm bath. They experienced ‘terrible gales and raindrops the size of eggs.’ With the worsening weather everyone wondered would the hospital be kept open in such an exposed place. This was unsettling.

On November 8th she told Matron that she would not be renewing her contract when her six month term was up. That meant there were 39 days left. Like the old days at school, she began crossing them off on her calendar, and as each day passed she looked forward more and more to getting home.

Marie was worried because she had not heard from her friend, Gerald, for a long time and had written “to see if he is still alive”. He was, and better still, was expected in Boulogne. On her next day off, she set out by tram to look for him there, but failed to find him. Disappointed, she returned to Hardelot, telling herself that somehow it was God’s will.

What else was God’s will? It would take a long time yet for Marie to explore the whole mystery of the vocation that lay before her. By the time she was twenty-five she made up her mind that marriage was not for her, and she promptly went to tell her friend of her decision.

Many years later, long after she had founded the Medical Missionaries of Mary, she confided that “he was the



Early in December, the tents were finally closed. The Somme offensive had ended on November 24th. In the Battle that lasted 147 days, according to Timothy Bowman, “the Allies captured 120 square miles of land, and advanced six miles. They had suffered 419,654 casualties, that is forty men killed or wounded for every yard advanced” and “during the spring offensive of 1918, German forces reoccupied every inch of ground in the Somme sector which the Allies had captured in 1916.”⁵

On December 8th Marie arranged with the chaplain at Hardelot to have Mass celebrated in memory of Charlie, on the first anniversary of his death, or day of capture. Her older brother, Tommy, who was serving with the troops in the Eastern Mediterranean was now a patient at the Blue Sisters’ Hospital in Malta, but thankfully he was out of danger.

person I most loved in all the world”. But there was other work for her to do, another vision to be followed. Already it was beckoning, not clearly yet, but insistently.

The carefree social life Marie had hitherto known in her family circle contrasted starkly with the terrible suffering she had witnessed as a VAD during the war. These phases of her youth were but the prelude. Two difficult decades of searching still lay ahead.

1. Timothy Bowman ‘The Irish at the Somme’ in *History Ireland*, Winter 1996, pp48-52.

2. Cf. www.micklebring.com/oakwood/ch04.htm

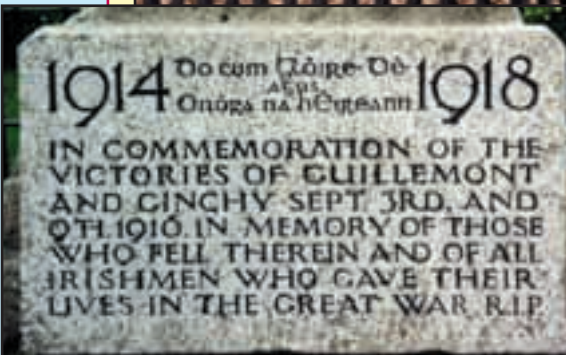
3. Martin G. Staunton: Ginchy: Nationalist Ireland’s forgotten Battle of the Somme. See Somme Heritage Centre Online: www.oz.net/~cruthin/SommeCentre/sixteenthirish.html

4. *ibid.*

5. Bowman, *loc. cit.*

This article is based on forty letters from Marie Martin to her mother in 1916. The Author is grateful to Tom Burke of the Royal Dublin Fusiliers Association for assistance with research on the 1916 Battle of the Somme.

Healing of Memories



The Ginchy Cross in the village of Guillemont.

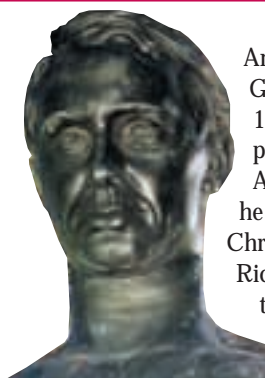
Over 200,000 men and women from every region and class in Ireland enlisted in World War 1. At least 35,000 of them were killed. Ireland is still grappling with some of the complex issues they had to face.

Some suggest that understanding their role is an essential part of the present peace process in Ireland. As we all know, healing of attitudes often precedes the healing of memories. Gradually, the choice they made is being accepted, even in very nationalist circles. In an address to the Royal Dublin Fusiliers' Association in 2001, the Taoiseach, Bertie Ahern said:

"Sadly, official attitudes to commemorating the fallen of World War I tended to be cold and censorious, and that remained the case until the relatively recent past... I am glad to say that in recent years, unfortunately long after most of those directly involved passed on, we have had the national self-confidence to recognise that our past has many strands, and that there is not just one officially sanctioned historical canon."

On November 11th 1998, President Mary McAleese, opened the Island of Ireland Peace Park at Messines, Belgium in memory of those who lost their lives in World War I.

On July 1st 2002, Sinn Féin Mayor of Belfast, Alex Maskey, made an historical gesture when he laid a wreath at the Belfast Cenotaph.



Among those killed at Ginchy on September 9th 1916, was barrister and poet, Tom Kettle. Born at Artane in Dublin in 1880, he was educated at the Christian Brothers' school in Richmond St., and later at the Jesuit College at Clongowes. As a Nationalist MP at

Westminster for East Tyrone, he worked hard to gain Home Rule for Ireland. He had pledged that if he survived the war, he would dedicate his life to working for an understanding between Ulster and the rest of Ireland.

From his University days Tom Kettle was a friend of poet and patriot Thomas MacDonagh, one of the leaders who was executed following the 1916 Easter Rising. He was also a brother-in-law of Francis Sheehy Skeffington, a pacifist who spoke out in 1915 against the threat of conscription in Ireland. For this he received a prison sentence, was released when he went on hunger strike, but was murdered by a British officer following the Easter Rising, in which he had taken no part.

These events deeply depressed Tom Kettle. He differed with the leaders of the Easter Rising, because he believed that Ireland's quest for freedom needed to embrace a wider-than-nationalist agenda. The freedom of Belgium, another small nation, had motivated his participation in the World War I.

"My only counsel to Ireland is that in order to become more deeply Irish she must become European", he wrote.

On a September night in 1916, in a trench before the attack on Guillemont, he penned a sonnet to his baby daughter. The closing lines are inscribed on a memorial to Tom Kettle in St. Stephen's Green, Dublin:

'To my daughter Betty, the gift of God'

*In wiser days, my darling rosebud, blown
To beauty proud as was your mother's prime,
In that desired, delayed, incredible time,
You'll ask why I abandoned you, my own,
And the dear heart that was your baby throne,
To dice with death. And oh! they'll give you rhyme
And reason: some will call the thing sublime,
And some decry it in a knowing tone.*

*So here, while the mad guns curse overhead,
And tired men sigh with mud for couch and floor,
Know that we fools, now with the foolish dead,
Died not for flag, nor King, nor Emperor —
But for a dream, born in a herdsman's shed,
And for the secret Scripture of the poor.*

Les Soeurs MMM de Zaffe

“Juste pour vous souhaiter Bonne Fete’... comes the Christmas greeting from our Sisters at Zaffe, in the Republic of Benin, Three Sisters born in Nigeria, and one born in Tanzania, make up our first all-African community of pioneers. They established our health service in the Diocese of Dassa-Zoume in January 2000, and are now well integrated into the local life and culture of this Francophone country of West Africa.

Formerly known as the Colony of Dahomey, and part of French West Africa, the Republic became independent on August 1, 1960 when the National Flag was hoisted to replace the French flag. As explained in the second verse of the National Anthem, its green denotes hope for renewal, its red evokes the ancestors’ courage, while the yellow calls to mind the country’s richest treasures.



Left to right: Sisters Radegunda, Maria, Ekaete and Nkeiru with Bishop Antoine Ganye.



THIS WAS A YEAR OF FUN and challenge. Our health programme continues to be for us a forum for taking and giving, for learning and surprises. The surprise package *par excellence* was the day when one of our staff ran to Sister Maria and said “There’s a lady delivering a baby behind the Clinic block!”

“Delivering what? How?” was Maria’s reaction, as we have not yet set up delivery services at our health centre and mothers-to-be are referred to the town of Glazoué.

But sure enough, when Maria went to look, there was a woman squatting in the field with the head of the baby already delivered. Midwife that Maria is, she quickly assisted the young mother, and soon baby Jean Marie was born, as the other women in the health centre removed their colourful wrappers and rushed to create a semi-private labour ward in the middle of the field!

In Zaffe, the people know how to celebrate, just as they know how to work hard. Soon after we arrived in Zaffe in the year 2000, the bricklayers arrived. We threw in our lot with all the workers,



Sister Rose Mogun co-ordinates the work of MMM in West Africa.

determined to see this project through to the end. Maria was constantly on the road to Lagos, Bohicon and Cotonou, trying to purchase quality building materials at reasonable prices. We recruited workers, tried to supervise the building and asked advice of every wise person!

We made mistakes that later had us in

stitches, and we had some frustrating moments, as we tried to communicate what we wanted in a language we had far from mastered. We searched for funds and tried to make what was available stretch as far as possible. It was truly an exciting, challenging adventure and we learnt a lot in the process.

Benin Factfile

With a land area of 112,622 sq. km, Benin stretches north for 672 km from the Gulf of Guinea where it has a coastline of 124 km. Its population of 4.5 million people is largely concentrated near the major port city of Cotonou (450,000), or the Capital city, Porto Novo (200,000) or the Royal City of Abomey (80,000).

'The Congregation escorted us home from Mass with plenty of dancing and drumming...'



On May 1 2002 we took advantage of the national public holiday and moved in to our house. It was a dream come true. This was near-paradise compared to the temporary residence we had occupied for more than two years. And our joy was heightened by the fact that we had seen it grow brick by brick. The villagers also had witnessed the wasteland slowly become a habitable compound.

July 13th was set as the day for the blessing of the newly constructed Chapel at our house. We had decided to wait for Radeunda to return from home leave and her Final Vows in Tanzania, so that we could all celebrate together.

The day dawned bright and early and the excitement in the air was thick and contagious. The villagers were ready to burst! It was as much their feast as it was ours. The evidence of their joy and gratitude was a cow they had presented to us the day before to mark the event.

Mass was scheduled for 3 p.m. All morning and early afternoon, our compound was a beehive of activity: women were cooking at different spots, young men were tidying up the compound and building temporary sheds for the women, young ladies were helping the Sisters to decorate the house and chapel and even the little children were not left out – they were tidying up the pathways and putting finishing touches to everything they could lay their hands on!

As 3 p.m. drew closer, the compound started filling up. Our parish priest, Père

Sylvestre, and his assistant, Père Claude, priests from nearby parishes and Sisters from around, old friends like Père Nzamujo who had driven in from his famous farm-based development project at Songhai, four hours away. There were members of the village committee, Alfa – our Muslim friend – the French choir of Zaffe station who had been groomed by Sister Nkeiru for the occasion, and of course, the villagers themselves.

MMMs from other parts of West Africa had made the long journey to witness this historical event and to lend us their support and encouragement. These included Sisters who were on home



In Benin's National Flag the green denotes hope for renewal, the red evokes the ancestors' courage and the yellow calls to mind the country's richest treasures.

leave in Nigeria from our missions in other parts of the world.

At 3 p.m., the Bishop of Dassa-Zoume, Monsignor Antoine Ganye arrived, and the ceremony began. First he blessed the chapel, after which he led everybody into the building in a solemn procession. He blessed the sacred vessels and Mass was begun. During his homily, he especially welcomed Sister Radeunda

back from her home leave in Tanzania and congratulated her on having made her Final Vows. He spoke of the beginnings and of how he, as a new Bishop, had invited the Medical Missionaries of Mary to his diocese, and how far from the beginnings we had now come.

He expressed his gratitude to the Congregation for its positive response and appreciated the presence of the Medical Missionaries of Mary in his diocese. He congratulated us on all that had been done in the area and especially for the difference that had been made in the lives of the people of Zaffe.

Towards the end of the Mass, he blessed the new Tabernacle and installed the Blessed Sacrament. It was a significant moment: for the first time since we came to Zaffe, we had the Blessed Sacrament in our home. After Mass, the whole congregation processed to the house, for the blessing there. This was followed by a sumptuous meal and then the closing prayer, after which the compound slowly emptied.

But that was not the end! Next day, after our usual Sunday morning Mass in the Station Church at Zaffe, the congregation escorted us home with plenty of dancing and drumming. We all processed first to the chapel where prayers were offered for the sick, and then to our house. The dancing and drumming continued for a few hours. That evening, as we all sat around reminiscing, there was a sense of relief, wonder and gratitude. We had pulled it off with God's strength and might!

Les Soeurs MMM de Kirambi

Áine Clancy
writes from Rwanda

Ragged street children in Kigali, their persistence edged with desperation; the mating call of a frog across the valley floor; muddy roads sufficiently awful to crack even the steely nerve of a seasoned missionary; countless hills shrouded in mist.

These disparate impressions were amongst my first of Rwanda and Kirambi, a village in the south west of the country, from where MMM run both a Health Centre and a health and nutrition Outreach Programme. I am a 24 year old Irish woman and between finishing my studies and pursuing a career in Ireland, I decided to fulfil a childhood promise to myself and become a volunteer. So it was, following the intervention of fate, luck and e-mail, that April 2002 saw me embark upon my first trip to Africa.

After a very warm welcome from Sisters Agatha and Helen and Veronica, and all of the staff, I set to work in the Outreach Programme, visiting the malnourished with the nursing team, those in need of social assistance and also the various agricultural groups supported by the project, to ensure that the modern farming methods taught were being implemented. To my uninitiated western eyes, the poverty was shocking, for example large families, together with their goats and pigs, subsisting in grass roofed huts, perched on tiny parcels of over-cultivated land. Most upsetting however was the plight of children: if they attain adulthood at all, it will be after having survived a virtual assault course of AIDS, tuberculosis and repeated attacks of malaria. Many are orphaned or have imprisoned parents, a great deal of the children are malnourished and all of them are poor. It never fails to disturb me to observe the severity of the effect that long term malnutrition has on the physical and mental development of a child. Nevertheless I can say that I have



Sister Helen waits while her team-mates dig their way through the eroded hillside.

been absolutely inspired and humbled by the efficient and compassionate way that the staff, led by Sisters Agatha, Helen and Veronica, responds to the numerous and diverse needs surrounding them.

Despite being from the west of Ireland, not even my rain-sodden upbringing could have prepared me for the biblical downpours and storms that marked my arrival. Unfortunately however for the majority of the population here depending on the land, the onset of the dry season came earlier than expected, which prevented a full harvest; at the time of writing, planting for the next season has been postponed, awaiting the arrival of the rains once more.

Day to day life is certainly very different here, but surprisingly easy to become accustomed to. We have light for three to four hours in the evening but because the electricity is powered by a generator, luxury items such as an electric iron, a washing machine and hot running water remain a distant but pleasant memory. I was an instant hit with the local population – of insects that is: the resultant scars (physical and mental) mean that I will not forget my visit for a long time to come. However whereas previously the mere sight of a spider was enough to reduce me to a gibbering wreck, now the monster Rwandan



Sister Veronica at the Outreach Programme.

variety elicits a smile not a shriek and the comforting thought that s/he is likely to be feasting on all of the mosquitoes.

My stay here, whilst far too brief, has been a very happy one. The Rwandese have endured intensely traumatic events and continue to live with the repercussions. Despite this on my daily morning walk in the hills, I have always been greeted with an ever-ready smile and good-natured indulgence of my clumsy *kinyarwanda*. I know that with the dedication of the whole team here the future for the population of the c.22,000 people in Kirambi has taken a decided turn for the better.



Sister Agatha at the weekly market in Kirambi.

Les Soeurs MMM de Butare



Sister Geneviève Van Waesberghe tells us:

At the end of the Second world war, in 1945 my family who had taken

refuge in Belgium returned to France. I still remember the day my mother – who was pregnant – my eldest brother and I travelled back from Brussels to Paris in a train filled with liberated soldiers. On arrival in Paris accommodation was found for us in a Printing Press. A few days later we returned to the Ardennes covered with scabies. Papa was waiting for us, but our house was uninhabitable and the farm totally destroyed. For a while a war widow gave us hospitality until our house was somewhat rehabilitated.

A few weeks later my mother gave birth to Xavier who died shortly after birth. Restarting life in the Ardennes was rough and remained a struggle for years. Even our well had been affected by the bombings and was no longer springing up with water. As kids we had to go down the village each day to collect water for the house. Then in 1947, Elizabeth was born and died some months later. Her death affected me deeply. In the area, medical care was almost non-existent. However in the midst of great difficulties my parents' faith in God seemed unshakable. God became central in my life and I began also to dream about a better future for women and children. I wanted to care for the sick.

During my years of schooling in Rheims, we had dynamic educators aware of the changes needed in society and the Church. We went to listen to the then young Abbé Pierre about the Homeless, to Michèle Aumont pleading for 'Women in Factories' and were familiar with some Worker Priests. One day the newly ordained first Bishop of the Benin Republic, Mgr. Gantin, visited our school. God's call became clearer: study medicine and go to Africa. I looked around but could not find a congregation which would give scope to my dreams. Then Fr. Joe, a priest of the White Fathers told me about MMM who had come to Tanzania in 1947. He told me about their 'medical mission'. It felt right. Although I had little English, I wrote to Mother Mary

Martin and a regular contact was established with MMM for a few years.

In 1960, I went on a train and boat journey to Ireland. I was a bit scared as, at that time, very little was known in France about Ireland. I spent a week in Drogheda and was quickly swept by the wind of freedom and healing mission which I perceived in the Sisters I met. When I met Mother Mary, I was convinced that MMM is where I should be. I said yes. This led me to study medicine in University College Dublin. In 1971 I went to Tanzania for 20 years, and later to other African countries.

In 1994, I volunteered to go to Rwanda for six months. I now recognise that subconsciously it was my own war experience that drew me to Rwanda. Today I am back in Butare – helping people who are trying to come to terms with the aftermath of war and genocide. I work with persons infected or affected by HIV, especially women in survival prostitution, victims of rape, orphans who are heads of households following the genocide and war. It is a dream coming true and I rejoice when I see women who are living in exceptionally difficult circumstances take a stand for justice, their rights and that of children. Through our Programme *The tree of Life* each day something of Christ's wish *that all may have life more abundantly* comes true.

Sister Martine Makanga tells us:

I was a young schoolgirl in 1967, when a French nun called Sister Anunciata died in a motorcycle accident in my home city of Pointe-Noire. I knew this Sister who had come to my country, which is now called the Republic of Congo, and had been touched by her missionary zeal. Her death left me with a question: *Martine, could you also be a missionary?*

After secondary school and science studies in Spain, I was called back to Brazzaville to do Medicine in the newly opened Medical Faculty.

Soon after I qualified, I volunteered to work in the Equatorial Forest among the Bantu and the pygmies. It was an exciting life alternating between hospital work and weeks spent along the Likouala River. I became aware of my need for more surgical skills especially to help children. So I asked to spend some time at the Surgical Paediatric unit of the University Hospital in Brazzaville.



In 1990, I was awarded a six-years scholarship to France (Bordeaux and Paris) to specialize in General and Paediatric Surgery. It was a good time. I was blessed to work with wonderful people. In my last year in Paris, I joined the Surgical Paediatric Team of Professor Vallayer. His team also is specialized in Liver Transplants in children. This was a challenge as we could be called at any time to go by helicopter anywhere in France to an accident site to obtain organs.

But during all these six years, I was aware of God's call. Despite my busy schedule I kept searching, I tried to follow a theology correspondence course with Strasbourg University. I continued to discern my vocation with a French friend who eventually heard about MMM and told me about it.

In June 1996, after completing my Postgraduate studies, I wrote to MMM and to my great surprise, Geneviève, the only Francophone MMM replied. This was the beginning of the MMM adventure for me. I had a burning desire to respond to God's call and serve the less privileged of our world. This was my choice. I had been offered good jobs in Europe and Congo. People did not understand why I turned them down.

Today I am happy to be an MMM and to discover each day the challenges of Christ's healing and reconciling mission, as I work in Rwanda at Butare University Hospital and lecture at the Medical Faculty. Recently I have opened the first Surgical Paediatric Unit in the country.

Each day I find myself evangelized by my young patients and their relatives. I also hope that some of our medical students will also discover something of the compassion of Christ for those most marginalized. For me, it has been a long way to MMM and Rwanda.

Love Story

'Ours was indeed a real love story. My only regret in life is that we didn't get married sooner. Even one or two months sooner.'

As she speaks, her brown eyes glance around the room where she had dressed for her wedding in September of 1970. When she came on a brief visit to our Motherhouse a few months ago, we spoke about the unfolding of her extraordinary vocation as nurse, missionary, wife, mother, founder of a ground-breaking hospice service and, finally, Associate member of MMM.

From childhood, the one thing Nancy Bochinn wanted was to become a nurse. The second thing for which she prayed every day, was that she would always do what God wanted her to do in the place where she was meant to be.

Raised in Cleveland, Ohio, Nancy had little difficulty in realizing her dream of becoming a nurse. But on graduating, instead of settling down to a career near home, she volunteered as a missionary and worked in Barbados for a year. That only whetted her appetite for more.

In the late 1960s, it was not so easy for a young lay woman to get an assignment

in a poor developing country. Nancy went to New York to sign up with the Catholic Medical Mission Board for a four-year contract in Vietnam, where the war was raging. But the Board requested her to go first to Nigeria for one year, where volunteers were urgently needed because of the Biafran war. She was part of a group of eight nurses who arrived at Enugu, and was assigned to work with the MMMs in a centre for malnourished children at Abakaliki. After a short time there, she was transferred to the larger MMM hospital at Afikpo, as some of the nurses who had been sent there didn't stay.



Belfast-born doctor, Godfrey Hinds had been working with MMM at Afikpo since 1948 and had played an important role in developing it into a first-class facility and nurse training school. After twenty-one years, there was little he didn't know about the job of physician or surgeon. He was deeply integrated into the life of the mission - much loved and highly valued by his patients and by all the missionary sisters and priests alike.

Godfrey was always there to lean on when the Sisters and staff were terrified by the bombs, the bullets and the shells and when the hospital was inundated with casualties - one hundred civilians could

be admitted after an air raid over the market place. In 1968, when Afikpo was under siege, Godfrey sat with the Sisters under the dining room table for three days. Eventually, when a soldier came to the window and shouted to them to come out, it was Godfrey who went first, holding a white handkerchief in one hand and his stethoscope in the other. Taken prisoner, he accompanied them down the road, hands in the air, for three miles to the river's edge - sixty of them in all, sisters, priests, patients, students and staff.

On the far side of the river, it was Godfrey who negotiated with their captors to have them billeted at a Catholic mission a short distance up river, from where they were able to provide an emergency health service until the situation permitted them to return to Afikpo.

Life Choice

Godfrey was due to go on leave in 1969, and was considering what choices he would make for the rest of his life. No one was expecting that the newly arrived young American nurse would sweep Godfrey off his feet. But that's exactly what she did!

When Godfrey was leaving Afikpo, he persuaded Nancy to meet him in Ireland when her year's contract was up. When they met again, it was at our Motherhouse in Drogheda, from where he took her to Belfast to meet his family. By the time she reached Ohio, her parents' joy at seeing their only daughter safely home was compounded by the news that she was planning to marry a Belfast man who was twenty years older and that the wedding would take place not in her home parish in Cleveland, but in a convent in Ireland. The reception would not be in a hotel, but in the Sisters' dining room!

She tried to introduce Godfrey to her mother over the phone. But it was not terribly satisfactory.

"Mostly I would phone him, and when we were finished talking I would get him to talk to my Mom. But he would suddenly say the line was bad and he would have to hang up. Only then did I realise that during his twenty-one years in Africa, Godfrey had never made or received an international phonecall, and he was most uncomfortable

with the telephone as a means of communication. My poor Mom thought I was marrying a very strange man.”

To Nancy, those months of 1969-70 seemed like a very long time.

“We were told August wouldn’t be suitable for our wedding as everyone in Belfast would be on holidays. So we planned it for September of 1970.”

Finding a suitable placement in Ireland was not easy. Godfrey was a very experienced surgeon, but had never taken out specialist qualifications. When their first son, Sean, was six weeks old, they set out for Uganda, to take up a position with MMM at Kitovu Hospital near Masaka. Nancy recalls:

“It was so relaxed after our experience in Nigeria. Although we were right on the equator, the climate seemed so cool, and it was so tranquil after all the trauma of war we had been through.”

That didn’t last long! Just one year later, the regime of Idi Amin became intolerable and an army, formed with the support of Tanzania, marched across the border heading for Kampala. Kitovu Hospital lay in its path. All foreigners were advised by their governments to leave.

“There was a lot of shooting and even bombing around the hospital compound. It was only when the house shook and the plaster on the ceiling fell on Sean’s cot, that we decided to do something about moving. Sean was just eighteen months old and by then, I was eight months pregnant with Conor.

“A minibus came into the compound and said this would be the last opportunity for us to evacuate. It was heading for Entebbe airport. Godfrey looked at me. We agreed I’d better take Sean and go. He wouldn’t go, because there was no other man resident on the compound and there had been stories of Sisters being raped by soldiers elsewhere. There was just an hour to get ready. As they said goodbye, Nancy felt she would never see Godfrey alive again.

“I had saved travellers’ cheques in case anything ever happened to my parents and I would need to buy a ticket to Ohio. So I wrapped them in a piece of cloth and stiched them into the nappy I put on Sean before getting into the minibus. There were many roadblocks on the road to Entebbe. The soldiers had been under machine-gun fire. They had been traumatised and were now drunk. Every time one of them took Sean from me for the searches at the roadblocks, I was terrified they would feel the money in his nappy. But they didn’t.

“We were squashed like sardines on the plane to Manchester. Sean was on my lap for all of that long flight and for 23 hours I could not change his diaper. I remember feeling so cold in Manchester as I had not been allowed to carry anything apart from the baby bag. From Manchester, I phoned Drogheda and

lucky to get on a flight. They didn’t know how far advanced I was into my pregnancy.”

Meanwhile, the whole of Kitovu Hospital was evacuated ahead of the advancing army, and when the Sisters moved out to a Seminary, Godfrey managed to get on a flight and joined Nancy in Ohio just before Conor was born.

“After that, for a while, we tried to be normal like everyone else, and Godfrey took a locum post as a GP in Bray, Co. Wicklow. But any doctor could have done that work, and few could do what Godfrey was really good at.”

Snows of Canada

They heard of a post with a Red Cross hospital in north-western Canada, staffed by another Irish doctor and an English colleague who was leaving the post. They arranged to fly out to look at it, while Godfrey’s family would take care of the two little boys. It was Christmas of 1972. The English doctor phoned them in Bray to describe what they would be taking on. He spoke very enthusiastically about the post. What they didn’t know was that as he did so, he was talking himself into reversing his decision to resign. By the time they reached Canada, they were told that vacancy no longer existed.



the Sisters met me at Dublin airport. You can imagine the smell as we washed the travellers’ cheques and put them on the radiator to dry. Next day when we went to the Bank we told the man it was a long story and could he please just give us money in exchange for the cheques!”

Nancy went to Belfast to stay with her in-laws, where she expected to deliver her second child. But that was 1972.

“Belfast was terribly tense. The armoured vehicles and machine guns were just the same as I had left behind in Uganda. My parents sent money and begged me to come to Ohio. I was

Being Christmas, the authorities were not available. Eventually, the people responsible for assignments to these remote outposts tried to interest them in other vacancies.

“They flew us up to look at another settlement, 1,500 miles north-west of Toronto. The pilot of the bi-plane had to follow the electric wires as there was a total white-out. We landed on the ice, the temperature 40° below zero.

“We were met with snowploughs, as no car could travel in those conditions. But the townspeople came to meet us and describe their needs. Godfrey and I looked at one another. It was not what

we had planned, but we could see the need. It felt right, so we took the post.

"We lived in a trailer. There was ice, even on the inside. The pipes were always frozen so you couldn't get water in the taps. That's when I learnt how much snow it takes to make a cup of coffee! By then I was pregnant again, and the main hospital was 150 miles away. When the time came for me to give birth to Patrick, a snowstorm blew up so there was no way I could make the 150 mile journey. As Godfrey drove me to a smaller hospital 80 miles away, there were many overturned vehicles and walls of snow eight feet high on either side of the Trans Canada highway. When we reached the hospital, the doctor was not there. Godfrey got gowned and was ready to deliver our baby by the time my doctor arrived. In those days it was not common for fathers to be present for a delivery as it is today. But that's how our youngest son was born.

"It was a very difficult life. The children had to wear heavily insulated suits, all one piece from the feet to their head, like space suits. You would just have them all zipped up, ready to go somewhere, when one of them would need to go to the bathroom! You'd unzip him and fix him up, and – you guessed it – then the next one would want to go!

About this time I began to notice that Godfrey was always tired. He didn't have the energy he used to have. I thought he was sometimes in pain but when I'd ask him, he would never admit to it.

"Then we got a call from a friend in Northern Ireland saying there was a job going in Strabane. When we had talked about moving to Canada, Godfrey thought I would be that much nearer my home in the United States, but all I really wanted was for us to go back and settle in Ireland. So this was great news. In fact we put a deposit on a house in Strabane even before Godfrey interviewed for the job.

"The week we were due to leave Canada for Ireland, I got an urgent phone call from Ohio saying my Mom had cancer and the doctors felt I should be with her as she faced her surgery. So I took Patrick, our new baby, and flew to Ohio,



Hinds Hospice Home

while Godfrey took the other two and returned to Ireland.

When they settled down, Godfrey loved the group practice in Strabane. Nancy remembers:

"He was only on call every fourth night, and that was absolutely wonderful, after Canada where he was called out in the Ambulance almost every night."

But as time passed it became clear that Godfrey was not at all well. Investigations revealed that he needed surgery, which was arranged to be done in Dublin. When Nancy arrived at the hospital, the surgeon told her the situation was serious. Godfrey had a rare form of cancer that affected his kidneys and there was nothing that could be done to save him. The months ahead took a lot of courage, as Nancy watched Godfrey go downhill. When he died in March 1977, he was buried close to our Sisters in Drogheda. Nancy's parents had moved to Ireland to be of support, but some months later, her mother also died from cancer and was buried close to Godfrey.

Nancy's sense of loss was very great. In her grief she felt that Calvary was very real and very personal. She put her trust in God as she faced life with three little boys to be reared, the eldest only five years old. Later she decided to join her father who had resettled in California, near her only brother. She wanted a nursing job that would enable her to work from home. So, with the collaboration of the health authorities, she began providing skilled nursing care for the terminally ill in her home. This was something hitherto unknown in California, or elsewhere in the US. Many obstacles had yet to be overcome.

The founding of the Hinds Hospice Home is a story in itself, as Nancy trod the difficult path of campaigning for State legislation that would permit a person to die with dignity and at the same time have proper terminal care.

Meanwhile, she reared her sons to manhood and took care of her father as he grew to old age. As she was working from her home, other mothers used to tell their kids to go to Mrs. Hinds if they got home from school and there was nobody at home, or in any other emergency. So Nancy was used to having one side of her house full of children, while on the other, she was caring for terminally ill patients.

Her uphill struggle to combine the vocation of motherhood and nurse has culminated in an inspiring model of terminal hospice care in a home-like environment. In this time, more than 2,500 patients have received loving professional nursing care. Not all are elderly people. At one time she has had among her patients a one-day-old infant and a person of 106 years of age!

Not for profit

This project is overseen by a Voluntary Trust, and supported by a dedicated group who have to raise substantial funds for this not-for-profit service. There are 110 staff members on the payroll, and 350 volunteers.

Apart from the care provided to the terminally ill in the Hinds Hospice Home, there is a service to people in their own homes in a large catchment area, both rural and urban, across three counties of California. In addition prisoners serving life sentences are trained how to accompany fellow prisoners who are terminally ill.

In the year 2000, Nancy made her Covenant as an Associate Member of MMM. Her short visit back to our Motherhouse early in 2002 was a gift from her friends at the Hinds Hospice Home in Fresno. During her visit, everywhere she went, she kept feeling for her pager as if it must go off any minute. This was the first time in twenty-one years that it was not clipped inside her pocket.

"It is such a privilege to be able to do this work", Nancy says. "I just give thanks for every day that brings such blessings."

See also www.hindshospice.org

Covenants: Inspiring the Soul of Healing

A new book with a unique perspective on health care by Dr. Glenna M. Crooks, was launched in Washington DC on October 1, 2002 and has been widely acclaimed.

Newt Gingrich, former Speaker, US House of Representatives, said that after reading this book we will never think about the process of health and healthcare in quite the same way.

Charles B. Inlander, President, People's Medical Society, said "If you care about healthcare, this is a must read."

The new book is an expanded and globalized version of Glenna Crooks' previous work entitled *Creating Covenants: Healing Health Care in the New Millennium*.

Too much of the world's economic vitality is being sapped by disease, Dr. Crooks argues. Seeking a ray of light on a gloomy frontier, she examines the covenants established millennia ago between healers, patients and communities. These three integrally entwined players understood their responsibilities toward each other, they made

necessary commitments and took them seriously.

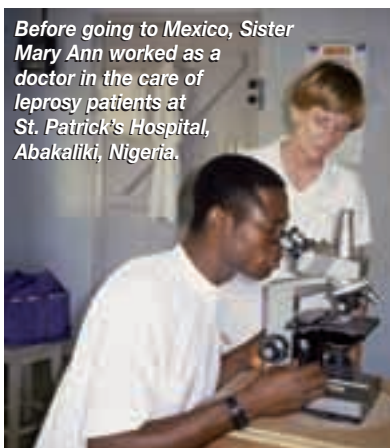
She says: "The forebears of our modern healers may have lacked the scientific basis for their practices, but they had a clearer perspective on the importance of relationship. Whatever we have gained in data, information and knowledge in the past several millenia, we seem to have lost in wisdom. We can reclaim it, and return to true healing."

This book is provocative and challenging. It shows how healing can promote peace throughout the world.

As before, Dr. Crooks, who is founder and president of Strategic Health Policy International, has generously donated the proceeds of her new book to benefit the work of MMM. The book is available from Amazon.com, or we can send you order details if you e-mail us or write to the address on page 2.



Before going to Mexico, Sister Mary Ann worked as a doctor in the care of leprosy patients at St. Patrick's Hospital, Abakaliki, Nigeria.



There's a new Development Office for MMM in the USA

At its core, a Development Office is about building relationships. It is about telling the MMM story so that others will want to collaborate with us. It is about having a vision for the future and inviting others to share in this future. And it is about planning how to do this."

So writes Sister Mary Ann MacRae, who has recently moved from the ministry she loved so much in Tijuana in Mexico to take up the role of Co-ordinator of our new Development Office based at Somerville, Massachusetts.

'Why would anyone *do* development?', is a question she was often asked as she said her farewells in Mexico.

"I do it because I believe that MMM has a future to which God calls us; for our younger Sisters who also want to respond to Jesus' mandate to go out to the whole world and preach the Gospel and heal the sick; and for our Associate Members and many friends who continue to want to be part of this mission."

She adds:

"Saying goodbye to Tijuana was difficult, but it was once again saying *yes* to the future to which God calls us – and that made it possible for me to let go and move to my new job."

We all wish her well!



Sister Mary Ann in Tijuana, Mexico where she worked as a Primary Care Physician.

Celebrating 50 Years in Angola



Consulting-room in the early days of the Medical Missionaries of Mary in Angola.

On October 21, 1952, our Motherhouse community in Drogheda bade farewell to the pioneering Sisters who were soon to sail aboard the *SS Hildebrand* from Liverpool, bound for Lisbon. They remained there for three months, while learning the language and had to become Portuguese citizens before being permitted to continue on their journey to Angola.

They stayed in a University Hostel, which had no heating during the day, so they walked the city in order to keep warm. With dictionary in hand, they went to purchase the things they would need in Angola – kitchen utensils, delph, household linen – pointing to what they wanted. One day, they stopped a man and asked in halting Portuguese for directions to the Post Office. He looked at them and replied in his best English: ‘Take the next left turn to the right’.

On arrival in Angola, Sister Majella remembers:

“Fr. Barney Keane met us at Sa da Bandeira very early in the morning. He said ‘we’ll have to make the road as we go, we’ve got the shovels. It is the end of the wet season. We will travel in the riverbed because there will be too much sand up higher.’”

“Even at that, we got stuck in the sand three times. Fr. Keane and two boys with us, Vinancio and Vital, dug us out. Then we came to a rocky place, and Fr. Keane said we would have to spend the night there. He would sleep under the lorry, and the boys would light fires to keep the lions away. We just curled up there, under the stars, with no blankets, and rocks for our pillows. We arrived at Chiulo around 11 o’clock next day, and life began to unfold...”



Sister Majella McKernan, one of the four pioneers, was Pharmacist at Chiulo for many years.



Surgery at Chiulo Hospital, Angola, 1953.



New Arrivals

Some months later they were joined by more arrivals. Sister Johanna Power wrote of her journey to Sa da Bandeira, some 500 miles inland:

"We stepped ashore from the *Patria* at Moçamades... It seemed as though we had been carried in some magic way straight from the coolness of an Irish summer into the strange green light of the Kalahari desert which could be seen on our left... An occasional train goes inland from Moçamades; as it chose to depart the very day we arrived, we escaped immediately from the coast... All through the night it pounded its way over the sandhills... We awoke at dawn to a white palpitating light. Then, like an orange flung up in the air, the sun leaped up fully armed into the sky."

They continued to Chiulo by lorry travelling all day.

She remembers:

"Darkness fell suddenly and around every curve we were confronted by dozens of pairs of distant eyes, beasts and birds watching as we passed. Ostriches raced the lorry for miles; zebras charged across our path, hyenas peeped from behind bushes. A flock of guinea fowl, thousands strong, scattered wildly, like children out from school."

On April 4th in 1962, the day on which our communities around the world celebrated the Silver Jubilee of the founding of MMM, the Sisters in Angola crossed the Cunene River to expand their work in Southern Angola and provide a health service at Cuamato. Bishop Altino Ribeiro de Santana wrote at the time saying he believed this was "a modern version of the Good Samaritan". After thirteen years, with the deteriorating situation during the Civil War, the Sisters had to withdraw from Cuamato in July 1975, but the work there continues to this day under the direction of a lady called Beatrice nDamona, one of the graduate nurses from Chiulo.

For twenty-seven years of Civil War, from 1975 to 2002, armies came and went, soldiers of various sides came in to the hospital to be treated and went out to fight again, bridges were blown up, and landmines were planted everywhere, successive regimes changed the rules of how healthcare could be administered, but still the Sisters adapted and continued – as best they could – to serve the people.

In 1987 new work was undertaken among an urban population of 184,000 on the outskirts of Lubango. Then, in November 2000, our newest mission was established in Huambo, Angola's second largest city.



Sister Margarida Mundombe became the first Angolan woman to take vows for life as an MMM on May 25, 2002. She is pictured here with Sister Veronica Tarpey who has spent many years in Angola.



Sister Eilis Weber recalls A Scary Ambush!

The war was at its height. The South African Army had invaded Angola across the southern border, looking for Swapo guerrillas. One day we were returning to

Chiulo Hospital with much needed supplies and food, from the city of Lubango 300 km to the north. Along the road, we were told South African troops were ahead. We tacked a white flag to a stick and held it out the window hoping it would show that we were people of peace. It was very difficult to hold this against the high wind.

We were about twenty kilometres from our hospital, when we heard the shots. The landrover shuddered and went out of control. The tyres had been hit. We knew we were being ambushed. Luckily our driver, Parafuso, succeeded in bringing the vehicle to a stop in the ditch, without injury to any of us.

When the soldiers saw that we were two expatriate women with the Red Cross of an Ambulance painted on the sides and roof, they were shocked at what they had done. Our vehicle was totally destroyed.

They brought us into the bush, and after some communication by radio with HQ, told us a chopper would be coming to collect us.

Half an hour later we heard the sound of the helicopter approaching. As soon as it landed they swept us into it and we were airborne within 60 seconds. They were terrified of Swapo sniper fire. At the army HQ they made us tea in a billycan, and two hours later flew us home. We had none of the supplies we had risked our lives to get, but we were never so happy to see Chiulo!



Sisters Angela Anigbogu, Brigid Archbold and Laurinda Bundo.

ANGOLA FACT FILE 2002

Population:	10,366,000, of whom 43% are under 14 years
Life Expectancy:	Women 39 years; Men 37 years
Literacy:	Women 28%; Men 56%
Land Area:	1,246,700 sq.km.
Atlantic Coastline:	1,600 km.
Resources:	petroleum, diamonds, copper, gold, uranium

Following Independence from Portugal in 1975, a bitter Civil War was fought, costing 1.5 million lives. On April 4, 2002, a Peace Accord was signed, and the people are now filled with new hope and determination to rebuild their homes and their lives.

Becoming a Health Force

Perhaps the best gift one person can give to another is to help her or him discover the riches she or he has. The same applies to a village or a district.

For us, that took patience, as we put together the jig-saw of how to implement a programme of Primary Health Care in a very remote area of southern Angola. We had already passed over the running of the Hospital at Chiulo to local management. Our energies turned to Primary Health Care in 32 villages we had not already reached.

Now, after four years, we MMMs are moving on elsewhere, leaving the work in the hands of those we trained, and praying God's Spirit to remain with the people of these villages and enable them to become a real health force in their district.

I look back on the path we have taken with happy memories of all the fun we had! Our first step was to look at the geography and the administrative structure. There were three Divisions, one with twelve villages, the second with nine and the third with eleven. We knew we could not tackle all at once, so we concentrated on one division each year.

Everywhere we went we listened carefully to what the people were talking about. That's how to learn where to begin!. In the *First Phase*, which lasted a year, we asked the people to select Village Health Workers and helped them to learn the basics of Communication and Leadership, Health, Hygiene and simple teaching methods.

In the second and third years, we repeated that preliminary work in the

remaining two Divisions – while those who had learnt the basics moved into the *Second Phase*.

The *Second Phase* consisted of evaluating what had been achieved both by the Village Health Workers and by the people during the first year. Then began the selection of Traditional Midwives for training. At this stage we provided a course for Village Health Workers covering causes of disease, signs and symptoms, First Aid, patient examination, care, and treatment using essential drugs. At this point, the Village Health Workers each received a Kit to enable them to give First Aid before referral to a Health Post or Hospital, which would involve a long journey for the patient.

Pit Latrines

This *Second Phase* also included the introduction of a demonstration Pit Latrine in each village. In some cases they had to construct a rough ox-drawn cart to make the long journey to Chiulo to collect the materials to build the Pit Latrine.

For us it is wonderful to see the new consciousness they have about village hygiene. Since the demonstration Pit Latrine has been built in each village, people are not only using them, but thinking of constructing their own family latrine. When we listen now, the things people are talking about are quite different to what we heard when we first visited these villages!

In the *Second Phase*, the Village Health Workers were also taught how to keep their Village Statistics, with six exercise books for each of the different aspects of



A native of Nigeria, Sister Cecilia, has been missioned to Angola for many years.

their statistics – including births, deaths, current diseases in the community and First Aid given. It also included three-monthly reports, needed to plan for the following year's work.

Level of Education

The level of intelligence of these rural people far outstretched their level of education. The Village Health Workers selected for training by the people were all above 35 years of age, and had completed 4th year of Primary School at best. The Traditional Midwives selected by the people were all above 45 years of age and had no schooling whatsoever.

We also had to set up a Revolving Fund to provide First Aid materials. A lot of help was needed with managing that fund, given the small amount of previous education.

In the *Third Phase*, we concentrated on personal orientation and guidance of the Village Health Workers. They came to us individually twice in the year for mutual exchange. We also visited them in their villages to see their teaching practice and to add to their credibility. This was also an opportunity to wean them away from dependence on our team and give them confidence in their own decision-making. Gradually, the Village Health Workers began to grasp their role. It was thrilling for me to see them reaching the 'aha...' of what we were asking.

Penetrating the bush to these remote villages, we have made paths for the future. As we said 'goodbye' before moving on from among them, the people assured us: "now that we have seen where the light comes from, we will be stretching for it!"



Rough ox-drawn carts were constructed to carry the materials for the Pit Latrines

Rebuilding lives in Huambo



Sister Opportuna Cypriani, our present Area Leader in Angola, writes from Huambo, the country's second largest city, which was devastated by bombing during the war:



"Angola now has peace. All is quiet and many families are again being reunited after so many years of suffering. A neighbour of ours lost contact with her twin sister eight years ago. They have just managed to meet. Tears were shed and prayers were offered. There are many cases like this in Angola now, and the Government has a programme on TV where people can give the names of their lost ones, dates and details, so that contact can be re-established.

There is a lot of hunger as many displaced people are coming back to the cities. We always have people at our doorstep in need of food. At the Clinic, we have those who come for treatment, but in actual fact they are looking for food or something to cover themselves. We are really only getting on our feet here ourselves, as it is difficult to get the materials and supplies we need. However, the numbers at the Clinic are going up, and about 40 patients are treated every day, the majority are nutrition-related problems.

We now have clean water. The work is not finished on our well yet, due to lack of materials. But the actual well is completed even though the water tank is not mounted. The hand pump is working and all our neighbours take their drinking water from our well as they know the water is safe.

A Message from the Provincial Authority for the Struggle against AIDS in Huila



Sister Vera Fitzgerald

"On hearing of the death of our Sister, Veronica Fitzgerald, we felt a real calamity had happened and we were deeply touched. There is no need to say how often you have been present in our thoughts, you her family and her religious Congregation. We will not forget her dedication to the cause of the poor, the sick and above all her welcome and her counsel to those who were coping with AIDS. Sister Veronica never spared herself for the benefit of this work."

This was one of the many messages of sympathy we received on the death of Sister Vera, on December 31, 2001. She had spent twenty-five years of her life working as a doctor in Angola, and seven years in Uganda.

She was in Angola throughout the civil war that devastated the country from 1975 until the recent Peace Accord. She played a major role in the development of the Hospital at Chiulo, and then, in collaboration with the local people, she oversaw the plan to hand over the management to Angolan staff.

When this was completed, in July 1996 she moved to an urban area on the outskirts of Lubango, and became Consultant to the Ministry of Health, working in Peripheral Clinics, overseeing community services and co-ordinating AIDS prevention, education and treatment among a population of 184,000. She was engaged on this work when her own health broke down. Even after her diagnosis of cancer, her desire was to remain with the people of Angola as long as she was able - which she did, and earned their great affection as the above message bears witness.

Vera is greatly missed by her family and by all of us who knew her and were inspired by her dedication and courage.

If I were his mother...

By Simon Lijalem

MARITU LONGED FOR a job in the city that would allow her to leave the hotel where she worked as a bar lady also providing sexual favours for clients, mainly truck drivers. This was not the lifestyle she wanted. One of them encouraged her and brought her to Addis Ababa and had her stay in his house until she was able to find a job. He wanted to marry her.

His work involved the transport of goods between Addis Ababa and Dessie, so most of his time was spent away from home. Maritu was not comfortable with the kind of work he did to earn his living. It facilitated access for him to different ladies in cities along the road from Dessie to the capital.

She was able to find a job in a private house in a nearby village, and she passed two years there as a housemaid without seeing the world outside of that compound. This actually helped her to hide from her informal husband.

After two years, with encouragement from fellow housemaids, she quit her job and got another one as a daily laborer, the income of which was very attractive at that time. She started an intimate relationship with one of her colleagues and became pregnant.

As her pregnancy advanced, Maritu became weaker and weaker and at last was no longer able to do the daily laborer's job that demanded lots of energy. At first, the father of the child visited her after she quit her job as a daily laborer, but then he stopped coming to her house. There were rumors that he left the area for good at that time and his whereabouts since then are not known.

When she was seven months pregnant and had nothing to pay for her food, and house rent, she started scavenging and begging at the roadside near her house. Fortunately however, while she was begging, she met a 50 year-old woman who asked her the reason she was a beggar at such a young age and when she was so beautiful. Maritu told her story.

The sympathetic woman, a poor lady who sold fruits and vegetables while sitting at one corner of the Ambo road,

promised to help her until she gave birth, and took her to her house. A baby son was born three months later. However, the fatherless child who came into this poor family was a most unlucky one. His mother became seriously ill on the day she gave birth to her son, whom she called Bereket.

Maritu's health never improved and she died of AIDS when Bereket was only two years old. By this time, the older woman had become Bereket's godmother.

Maritu had been one of our clients at the MMM Counselling Center for one year before her death and we provided her with psychosocial support. Her baby son, Bereket, joined the Orphan Support Program in the Center as soon as his mother died.

MOTHERHOOD WAS something this older woman had longed for, and she considered Bereket's coming into her house as God's gift. She continued to rear the child in a better way than one could do for her own child. She loved him very much and Bereket's love for her had no bounds. Although it was the mother and child who had received support from our Center, Bereket's godmother, without any hesitation, had covered all Maritu's and Bereket's other expenses herself.

The child became very active, healthy and strong, was also highly praised for his academic achievements. He never came below third place in his class.

When Bereket was an eighth grader and thirteen years old, a man who said he was his stepfather approached him and started urging him to come to his house and live with him. This man was the private truck driver who had brought Bereket's mother to Addis Ababa.

According to some neighbors, this man had a hidden agenda: his reason for meeting the child after so many years was the financial and material support Bereket was getting from our MMM Counselling Center.

On the one hand, Bereket was a very good boy. On the other, the woman's house in which Bereket was born and raised, along with the kind of life the

'mother and child' were leading, seemed inferior when compared to the well-furnished house and the more affluent life that the so-called 'step-father' led. So Bereket, as a teenager, was easily tantalized by what he saw in his 'step-father's' house.

The thing that especially attracted him was the permission to use his 'stepfather's' cassette player freely, especially when the man was away at work. As a result, Bereket started going to the man's house more often – and later on – started passing one or two nights at a time there, listening to different kinds of modern music with his friends.

To complicate matters, after some time, Bereket, on orders from the so-called 'stepfather', started handing over whatever support he secured from our Counselling Center (money, grain, edible oil, corn milk, etc.) to the stepfather's housemaid.

The young boy gradually began to pass most nights in the man's house. His godmother, although disappointed with her godson's deeds, did not report the problem to us at the Counselling Center until he had completely stopped coming to her house.

MADE AWARE OF THE situation, we asked Bereket to come to the Center to give an explanation and follow up with counselling and supervision. After repeated discussions with the Orphan Support Program staff, Bereket realized that his 'stepfather' was more interested in the material advantages he hoped to gain than in supporting him and raising him as a son.

Bereket was also heard by neighbors to say, 'If he had true love for me, he would have taken me to his house the day my mother passed away.' Most importantly, at a reconciliation with her godson at our Center, the last thing Bereket's godmother said was, "If I were his natural mother, he would not have betrayed me. Anyway, he is still my boy. Moreover, he is still a child. I will not take the matter seriously."

Simon Lijalem is Editor of the Newsletter of the MMM Social Services and Counselling Center, Addis Ababa.

What Makes a Nurse so Special?



There is tremendous satisfaction in caring for other people, especially at a time when they have special needs. Nursing is exciting too! When the students are going to the wards for the first time, I always notice an important change in them, something different from when they start the theoretical aspect of their training. Later, when I ask them 'how are you getting on?' or 'do you like it?' they are bubbling over with enthusiasm, and tell me 'Yes, we love it, we just love caring for the patients'.

I like to think that the tremendous satisfaction they get from caring for the sick will remain with them throughout the whole of their lives.

Was that your own experience?

Oh yes! When I was a young nurse, I couldn't wait for morning to come until I could go on duty and begin caring again for my patients again. Of course, there are many different types of nursing career today, but for me bedside nursing as a hospital nurse, which is my line, has

**We asked
Sister Úna Ni Riain,
General Nurse Tutor in the
College of Nursing at
St. Luke Hospital,
Wolisso in Ethiopia,
what she finds is so special
about being a nurse.**

been a source of great satisfaction. Many nurses develop a real concern for the patient. Very often the patient is unaware of this – they may be unconscious or extremely ill – but in my years of nursing I have worked with many nurses who care about their patients from the depths of their hearts, and I think most patients do not realise this.

As a Medical Missionary, didn't you ever want to become a doctor?

I think I have enough intelligence and education to have studied medicine, but

the roles are quite distinct. A doctor is basically concerned with making the diagnosis and ordering the treatment and of course the doctor's relationship with the patient is a caring one also. But the nurse spends much more time with patients, assisting them with what they cannot do alone, and helping to restore them to independence as soon as possible.

When you became a Nurse Tutor, did you miss the bedside work?

Yes, very much so. It is not the same at all. Later in life, I was glad I had become a Tutor because bedside nursing takes a lot of energy. I get plenty of satisfaction from teaching, but the reason is different. Now it is not the personal satisfaction of seeing someone I nursed get back their health and independence, but knowing that I am handing on my skills to others and trying to foster the idealism of our profession in our students.

You seem to stress idealism when you speak of nursing. You see your profession as more than a career?

Of course clinical proficiency is essential. But I stress the word idealism because nursing has to do with more than this. The nurse needs to have a caring attitude, genuine kindness, concern for the dignity of the patient, and sensitivity to the relatives. What I am saying, I suppose, is that there is a role for the heart as well as for the hands and the head. In my work as a Tutor I would hope that as well as teaching the clinical skills, my students will absorb these ideals of attitude, and that after I am gone, the ripple effect of my work will be like a stone cast into water, the results will still be rippling out and bringing care and kindness and compassion to those who need it most.



Student Nurses who have completed their Preliminary Training in the classroom, participate in a 'Capping Ceremony' before commencing work on the Hospital Wards.

Keeping appointments in West Pokot



Sister Elizabeth Dooley

Darkness had fallen and we were still half an hour's drive from the Health Programme at Amakuriat. We had been driving for several hours. This was a very difficult journey through the West Pokot area of Kenya. For almost 200 kilometers there were no proper roads, just tracks through the bush. The first half of the journey was mountainous. It was very hot as we descended into the valley and onwards towards the Ugandan border.

With me was Dr. J. Hamel, a Dutch doctor who was Medical Advisor to *Misereor* in Germany. He had come to pay a supervisory visit on behalf of donors who fund our Diocesan Health office at Kitale. Our Diocese was only established in 1998, and we were anxious to show our visitor as many of our health units and programmes as possible. We had decided to start at Amakuriat.

In this part of Kenya the people have very few services and they depend on the dispensary and Primary Health Care outreach provided from it. The people served are nomadic pastoralists. They would be living below the poverty line and would be able to contribute only a little to health care and education.

'Another half hour', I thought, and we will be there.' It was raining now. But as we were coming down the hill, in the headlights of the landrover, all I could see in the distance was a sea of water. The waves were high and turbulent. I didn't know where it came from or if we

'...in the headlights of the landrover all I could see was a sea of water. The waves were high and turbulent. I didn't know where it came from or if we had taken the wrong road...'

had taken the wrong road or what we were going to do! We had to pull up and try to assess the situation.

Apparently there had been torrential rain in Uganda which came down the mountainside flowing into that low lying area. It happens often enough during the rainy season but this seemed to be a flash flood that was not expected.

The driver and doctor got out to view the situation. They came back to say we had three options. The first was to return all the way to Kitale, from where we had departed many hours ago. The second was to return half way, and take a V-crossing over to Uganda and come

in to Amakuriat that way. The third was to spend the night in the vehicle and hope the rain would stop and the water would subside so that we could cross the valley.

Our driver reversed back up the hill to safer ground and parked in the grounds of a primary school. From nowhere, people appeared out of houses we had not seen and surrounded our vehicle. One lady, called Rosemary, sat into the back beside me. She stroked my hand and said 'don't be anxious, you will get across.'

The advice was to wait for three hours, till 11 p.m. and hope the flood would recede. I was tired, hungry and felt absolutely helpless. Our vehicle was small. I prayed for any solution other than staying there all night.

After half an hour waiting, there was a noise in the distance coming from the other side of the river. Rosemary said 'The tractor is coming, I hear it.'

I wondered what help a tractor would be. We drove back down to the edge of the water. Sure enough, I saw the tractor on the other side. Its driver was shouting to our driver saying they were coming to bring us across.

Long Maasai sticks were used, to test the depth of the water at different points. It took them about an hour to come across. Then they attached our





vehicle with ropes and chains and we were pulled across. I had to hold my head because with every pull my neck jerked back.

Three More Rivers

I was scared of everything, and we were told two vehicles had already been swept away that afternoon. By now it was 10 p.m. but everyone was very good humoured and there was great excitement in the air. Someone said there were three more rivers to cross. This same river made a U-turn further along so we would have to cross it again, and there were also two other slightly smaller rivers.

The cheerful men on the tractor towed us all the way across those rivers. It was raining again.

We eventually arrived at 11 p.m., carrying our shoes.

We were assured that the rain would stop during the night and that the water would have gone down by morning.

Indeed, the sun was up and we were very confident at 8 a.m. as we began our formal meeting with staff involved in the Health Programme. Their work was most impressive and encouraging. We also witnessed a group of women wailing because a child had died en route to the Health Unit.

We decided to leave early so that we would be travelling in daylight. It was raining again by 11 a.m. when we left the compound.

Our goal was to reach Ortum, a hospital under the care of the Missionary Sisters of the Holy Rosary. The tractor returned and it took us two hours to make the return journey back across the three rivers. The visiting German doctor

enjoyed the experience. He put on his shorts and walked as far as he could across the river taking photos en route.

Nightfall

By 6.30 pm we reached another Health Unit at Katcheliba, still in the West Pokot area and we stopped there for a cup of tea and to bring them their post.

One of the Sisters there said the area was not very safe for travelling at night, that there were robbers who were stopping vehicles and taking any belongings that they could find.

I knew it was extremely risky but I was very conscious of the fact that in all our communities around the world we pray for safety for the Sisters who are travelling. I was amazed at the way it kept coming back to me that we were not on our own.

We set out again at 7 p.m. It was all uphill over the mountain. With every vehicle that shone lights in our direction I held my breath, saying 'this is it!' When we reached the top of the mountain, it was already 9.30 pm. The doctor again wondered should we go on. I said, 'don't worry, if anyone stops our vehicle, I will not give them your computer, I intend to give them our picnic basket.'

I also told him that our Sisters travelling from Turkana keep some money in their hand ready to hand out to any would-be attackers, so immediately he took the money out of his pocket for that purpose.

We were now back on the tarmac travelling towards Ortum mission, which would be our second formal visit.

This is an insecure area, and vehicles are only allowed to travel in convoy. At the road block where the convoy meets, we

saw six big lorries parked at the side of the road. Our driver got out to make enquiries, and came back to tell us we would have to stay at the side of the road over night.

Again, I was very tired, hungry and more than a little anxious. Again I prayed that we would somehow be able to continue our journey. We had only another hour to do.

No Convoy

A soldier with a big gun came to the window of the vehicle and asked where we were going. We said we were going to visit very sick patients in Ortum Mission hospital. He took our driver to talk to his boss. The driver returned to us and said we would be allowed to continue but they would like us to give a lift to one of their colleagues.

In the end there was no new passenger, they were just testing us, and we were waved on without waiting for the convoy.

On arrival at the T-junction near the entrance to the hospital, there were two huge lorries in the middle of the road and police and others were walking around the lorries with torches. Our driver went to enquire what was happening and see if we could pass.

Once again I thought, 'we have come so far, can it be that we are still not going to reach the safety and shelter of the hospital!'

Our driver got back into the car and drove without speaking around the two lorries and down the roadway and up to the convent. On enquiry from the driver about what the two lorries were doing, he said, 'they were selling onions!' This had become the newest and biggest income-generation project and the sellers had come from Mombasa and Nairobi – it added a lightness to our experience after all the tension!

It was 10.30 pm when we disturbed everyone at Ortum. They had concluded we were not coming. The evening meal that had been prepared for us had been given away and the people we were to have met had gone home. But more food was found, and after a hurried meal we made arrangements to have our formal meeting at 8 o'clock next morning.

One of the Sisters advised me to sleep on until 8 a.m. but I felt I had to be up for Mass. She had no idea of all I had to be thankful for that morning!

HONDURAS:

An Educated People is a Free People

MARY EGAN

Our parish is proud to have its own radio station **Radio San Miguel** which connects our many parishioners scattered in the numerous villages as far south as the border with El Salvador.

Every year since 1984, when this radio station was established, everyone descends to the town of Marcala on the 6th of September to celebrate the birthday of 'their' radio.

Local musicians lend flavour to the day with live recordings at the street corners; a small parade with floats winds its way through the streets and everyone wishes to have their special message of congratulations broadcast across the airwaves.

Radio is the vital link between families living in remote areas not only with the town, but also with the rest of the country and the world. Only the very poorest of homes are without a battery-operated radio. It has all the appearances of a shoulder bag with a strong strap which hangs on a rusty nail in the one-roomed houses – or on the shoulder of a man as he heads out to the fields.

Where only the privileged have access to electricity – and hence to telephones, TV's and computers – the radio forms an essential channel of communication.

Everyone listens to the daily announcements which convey news of loved ones both near and far. This replaces the births, marriages and deaths columns in the newspapers people read in more developed parts of the world. Various groups such as the catechists, and the

basic Christian communities within the parish all have their weekly slot.

In a prime-time programme lasting one hour every Saturday morning, the health project co-ordinated by Sisters Rita, Bernie and Renee have their slot. In this way they are able to consolidate the education and information imparted at monthly workshops to over 400 families.

For the thousands of people who live miles away from the town, it is possible to follow Mass which is relayed three or four times a week. So the radio is not only a source of entertainment and information but also of communication, education and spiritual nourishment.

Distance Learning

There is no doubt that education is the most effective antidote to the many social and economic problems of a country. It is

also the key to human, economic and spiritual growth and development.

It was with this belief that our parish of Marcala decided to take advantage of the adult education programme *El Maestro en Casa*. This south-western region of Honduras is home to the indigenous Lenca population. It is one of the poorest areas of the country and, of course, the indigenous people are further marginalised with few opportunities to break out of the cycle of poverty and exclusion.

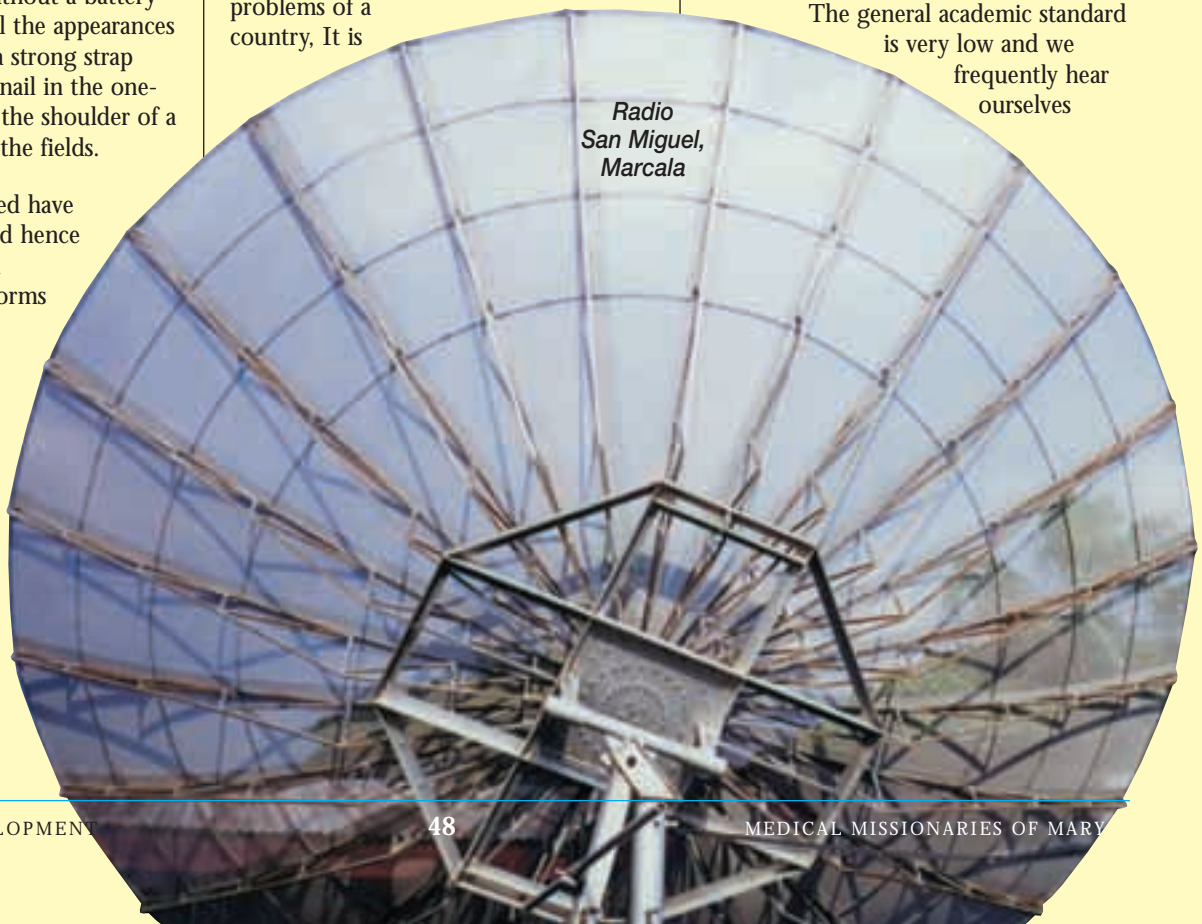
In this academic year there are 508 students registered in the parish, 165 at Primary level and 343 at Secondary level, with a slightly greater participation of women than men.

We are a team of four – 3 young Hondurans and myself – who try to reach out to each individual student, encouraging their participation and perseverance. We provide bi-monthly tutorials in six centres up in the hills throughout the parish. We encourage them to take part in the evaluations at the end of each month in the corresponding subject. It demands discipline, maturity and commitment on the part of the student to listen to the radio programmes and to study alone.

The ideal situation which we try to promote is for the students in any given village to meet on a weekly basis together to study and discuss the contents of the current subject with the help of an animator to clarify doubts.

The general academic standard is very low and we frequently hear ourselves

Radio
San Miguel,
Marcala



repeating the basic grammatical rules of Spanish hoping to assure that students can learn at least to write a legible letter, and read intelligently.

Mathematics proves to be the most difficult subject and yet it is so vital to a population which is in a long process of development, relying on loans to produce the staple food of corn and the cash crop coffee. The people need to know how to calculate the 20-30% interest rate which has to be paid back to the banks or organisations from whom they have borrowed!

Another vital part of our work is forming the local leaders of the village-based Educational Centres. They need help to learn how they can more effectively animate and help the students.

Self Esteem

We also hope that each one will develop his/her self-esteem and be liberated from the complexes which hinder full and active participation in Honduran society. Our aim goes far beyond academic teaching as we try to add our little drops to the vast ocean of human development.

A young mother of four children, called Dency is learning to read and write in 1st level of Primary. She recently told me with great pride that she was actually able to write her signature for the first time at the school where two of her children attend. Prior to her decision and commitment to study she 'signed' her name by way of a thumb print.

These are the people who make our work worthwhile, her sense of dignity, at last, is taking shape. It is especially difficult for the women to advance in this part of the world as there still remain some very conservative attitudes regarding women's place in society. In a *machismo* world, permission isn't often forthcoming from the male partner to allow participation in such projects. So it is an uphill struggle all the way.

The process is long and patience is necessary as we continue to climb the "mountains of progress" together with the Lenca people here in an atmosphere of mutual respect and understanding. The motto of *El Maestro en Casa* reminds us that "An Educated People is a Free People".

Mary Egan is a lay missionary in the MMM community in Marcala

Seeking the tools to advancement

By 5.30 p.m. every evening José Luis Argueta tries to be home from his long day of work in the fields so that he can tune in to *El Maestro en Casa* on Radio San Miguel. Last year he graduated and received his Primary Certificate in a moving end of term ceremony. He decided to continue his education at Secondary level. José Luis is deeply connected to the land and water which sustain our lives, but he also knows that he and his growing family of seven children need more than their *machetes* and hoes as tools to advancement.

He has registered two of his sons and one of his daughters in the programme this year, growing in awareness of the importance of education. They listen together to the programme of an hour's duration with great enthusiasm, completing the empty spaces in the corresponding book with the words and information dictated by the 'teacher'.

He is a model father for the programme. But we are still trying to motivate his wife, Julia, to register next year! While the rest of the family is studying she prepares the *tortillas* for supper and claims that she has no time and is too old to study – at the age of thirty-one!



Mary Egan "patience is necessary"

El Maestro en Casa (The Teacher at Home) is the name of an Adult Education programme designed to provide an opportunity for rural populations with limited economic resources to study formally. The teacher transmits the daily classes over the radio and the student listens attentively in his/her own home with book in hand.

This is a well adapted methodology initiated by a German Jesuit priest in Central America in an effort to respond to the needs of thousands of poor people who have never had the chance to attend school or who have had to cut short their studies due to severe poverty and the necessity of working the land in order to help their families survive.

The annual cost is minimal – the equivalent of approximately \$10 to \$15 which covers registration, books, exams and regular tuition provided by the education team within the parish. Even though this may appear to be a relatively small contribution to make for a year's study, it has proved very difficult for many of our people to pay.



José Luis Argueta

During the thirteen years of 'El Maestro en Casa', 60,000 Honduran students, young people and adults, have graduated in various academic levels of Primary and Secondary education. The programme is also operative in Guatemala, Costa Rica and the Bahamas.



I love my Prison Ministry

Sister Helen Ahern writes from Uganda

"I DIDN'T MEAN TO KILL HIM", Levania told me, as I took her aside to talk to her after our prayer session. This was my first time to meet her. That day we were praying for blessings on our families, as Easter was only two weeks away.

Levania had been admitted to the Women's Section of the Government Prison in Masaka the previous day, and as we prayed I had wondered what story I would hear from this tall good looking woman of twenty-three.

"He had not come home all day and I was there with our three children, waiting. We had had nothing to eat all day and we were hungry.

"He came in very late, drunk and with nothing in his hands. I hit him with a *panga* (a large knife) and there was too much blood. But I did not mean to kill him."

Arrested

Next day she was taken to Court to be charged, and was remanded for 365 days. So she is still with us and is a lively and valuable part of our little group.

Anna and Mary were in the Womens' Section of the Prison when I first started going there in February 2001. They were co-charged with the murder of the husband of Anna, who was the brother of Mary. Anna already had eleven children to rear and scant means to feed them when he came in one day and announced he had taken another wife whom he brought to live with them. Anna waited until he was drunk, and with the help of Mary, her sister-in-law, she murdered him, rather brutally. They were both arrested and put on remand.



Sister Helen with Officer-in-Charge Robert Munanula and Prison Officer Obong.

Mary became very ill and in December she was released as she was nearing death. We tried to find out where she was because Sister Carla with her Hospice Care Team would have looked after her. But we never found her. The family would have killed Mary in revenge for the death of her brother if they had known where she was.

Anna is a very valuable part of the Group. In her forties, she is older than the others and is looked up to by many. Prayer is an integral part of her life now. She is a skilled hairdresser. Even with practically nothing to work with, she does everyone's hair beautifully. This is a form of therapy in itself and gives every woman's spirit a boost!

There are 700 prisoners at Masaka, of whom only 27 are women. Each conviction is different. The remand is twelve months for capital offenders and four months for petty offenders. The average length of time any one will serve is difficult to assess.

Many of them speak Swahili - a language I know well as I spent most of my life as a missionary in Tanzania. For those who don't speak Swahili, one of the prisoners interprets for me.

Visiting hours are three times a week but many prisoners never have visitors due to travel difficulties or poverty. When relatives bring food they must taste it there standing in front of the Guard.

One of the Diocesan priests celebrates Mass in the prison every Sunday but the women are not taken to it, as they live in a separate part and it would mean having an extra Guard on duty. For Christmas, Holy Week and

Easter, I write letters of request to the Officer-in-Charge and he arranges Mass for the women too. On Holy Thursday I did the Washing of the Feet for all. They found this ceremony very helpful.

The Officer in Charge is very kind and appreciative of what I do. Anything he can do to make the lives of the prisoners more bearable he does. Like recently, during the World Cup, he put his own TV in the middle of the yard where all the prisoners could see it.

Medical Clinic

Two days a week, from 9 a.m. to 2 p.m. I do a Medical Clinic, where I see and treat the sick, both men and women. Thanks to some kind donors, I am able to provide the drugs free of charge.

I take blood samples for the HIV Test for those who are chronically ill or who show clinical signs of HIV/AIDS. Sister Davnet in Kitovu Hospital has it tested for me free of charge in the Hospital Laboratory. The Deputy Officer in Charge is a counsellor trained by "The Aids Support Organization" (TASO) here in Masaka Town and he does the Pre and Post HIV Test Counselling. I then refer the people who are positive to

TASO here in the town where they get ongoing counselling and free treatment for the opportunistic diseases that make life so uncomfortable for people living with AIDS.

I give full cream milk and sugar to those with special needs like HIV/AIDS and TB or to women prisoners who are pregnant or breast feeding.

I try to do health education with the Prisoners at least once a week. We have good health sessions. I want them to be better able to protect themselves when they are released. At first, they all wanted to have the HIV Test. But with a little education about HIV, they no longer look for the test without a reason, like showing clinical signs. They have many problems and worries about the behaviour of their husbands or partners while they are in prison and whether they will be accepted when they come out.

Once a week, when I spend some hours with the women, we have prayer, which



Prison Guards Buatra Yoshua Esalea and Obong Patrick

is the most popular time, I think. Then we have drama - they put on some plays and some singing and dancing. I am always amazed at how they enjoy this, even though their Guard and I are the only audience.

Sometimes we do literacy - simple reading and writing. Some of the women do not even know how to write their names. Many of the others can write their names but nothing else. They like the literacy sessions very much. We laugh a lot because of my difficulties with the local language! Another day we do crafts. They teach each other and me how to weave and embroider.

Of the twenty-seven women in the prison at present, ten are on remand and seventeen are serving sentences. Four of these are serving sentences for murder, so are facing a long time there.

I have spent nearly all of my life working in a hospital. But now, I love going to the prison and I feel I am privileged to be involved in this form of ministry.

Associate Membership of MMM

Today, the MMM Family is being greatly enriched by the commitment of dedicated Associate Members who feel called to embrace the charism of MMM.

Frequently Asked Questions



Who can become an Associate MMM?

Any adult, single or married, male or female, who feels drawn to the spirituality and mission of MMM and who wishes to explore ways of being more closely associated with our Congregation.

Is there a period of initiation?

There are three stages for those seeking Associate Membership. A Sister will accompany the candidate through these stages. The length of time of each stage depends on circumstances and individual needs. The culmination of these stages is a spiritual Covenant for one year, which may be renewed.

Is it necessary to go overseas on mission?

No. Most Associate MMMs continue their ordinary lifestyle and work, but some have the opportunity to work in team with the Sisters overseas.

Is there a financial commitment?

No. There are no financial obligations for the person seeking Association, or for the Medical Missionaries of Mary. By its nature, the Associate movement is a means of being connected to a spiritual family. However, many Associate Members voluntarily help with our fund-raising activities or assist in other very practical ways!

Do Associate Members get together from time to time?

Yes, if there are a number within reasonable reach of one another they arrange to meet for exchange of experiences, prayer, and support.

How do I begin?

Contact the Sister nearest you from the list on the back cover of this Yearbook, or any house of MMM. A full address list can be found on our website: www.medical-missionaries.org

Associate MMMs are already to be found in USA, Brazil, Ireland, England, Scotland and Nigeria. In other countries groups are in formation.

TO OUR DONORS

We want to say a very sincere *Thank You* to individual private donors and donor groups who give us regular gifts or make Standing Orders to support our work.

To the larger Agencies whom we approach so often for our major projects we also express our deep appreciation of your partnership.

Also, we would like to acknowledge the support of Governments, including APSO/Ireland Aid and the Embassies of the Governments of donor countries who have helped us in various important undertakings.

Your collaboration gives us great encouragement in our work of healing and development.

Our Donor Charter

When a donor specifies a country, project or special need (e.g. famine, AIDS, etc.), 100% of that donation is transferred to the specified country or project.

Non-specified donations are allocated by us to the most urgent current needs overseas, or may be added to our General Mission Fund, which pays for airfares, professional training of young Sisters, and the numerous emergency needs overseas for which assistance is required.

TAX-EFFICIENT GIVING

In Ireland and in the UK, MMM is an approved Charity for purposes of reclaiming tax on donations. Availing of this facility greatly increases the value of your donation.

Charity Reg. Nos. • Ireland: CHY 7150 • England: MMM Trust 293494



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