Healing & Development

2004 EDITION

Yearbook of the MEDICAL MISSIONARIES OF MARY

Inside . . .

Volume 65 – 2004

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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The Yearbook of the Medical Missionaries of Mary is published by:
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Co. Dublin, Ireland
Tel: +353-1-2887180
Fax: +353-1-2834626
E-mail: mmm@iol.ie
www.mmmworldwide.org
Charity Reg. Nos:
Ireland: CHY7150.
England: MMM Trust 293494
In USA we are a
Tax Exempt 501 © (3) organization

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Designed by: GraphixPlus, Dublin
Printed by: Genprint, Dublin

ISSN: 1393-8967
Price €5 or $5

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Dear Friends,

Once again we embark on another challenging year in our work of healing and development. This year's Cover story describes Loolera in Maasailand, from where we now move on as local people can carry on with health services that have been well established.

In other places, natural disasters, or the tragedy of war means we must remain with the people for a little longer. A year ago, we were concerned with the food crisis in Malawi and Angola. In this year's publication, you will be happy to read, there have been good outcomes and much learning from those difficult days.

We also reflect on the balance to be achieved between curative services based in hospitals and health services that are based in local communities and have prevention of illness as their goal. The more we work with local communities the more we are inspired by their creative ideas and the energy they put into finding solutions, using means that are cost-effective with a sustainable level of technology.

Our 8th General Chapter took place since our last Yearbook was published. The Sisters who were elected as delegates from all the countries where we work, assembled for three intensive weeks of prayer and critical discussion on all the aspects of our missionary work. While we draw strength from reflecting on our history and the deep roots of the MMM charism, the Chapter was a special time to renew our energies and challenge ourselves to face all that is still in front of us.

The Chapter also elected a new Central Leadership Team for the coming six years. In the business world, people rejoice to be appointed to positions of management and authority, but in religious life it is usually the opposite – most of us would far prefer to remain at our posts among the people we serve on the frontiers of our missionary work! However, when we hear the call of the Spirit speaking through the Chapter members, we manage somehow to say 'yes' and let go. I ask your prayers for our Central Team and for our Sisters everywhere, as we take on whatever lies ahead during these coming six years.

The services that have become part of the MMM tradition are many and diverse – like Mother & Child Welfare, nutrition, helping communities to protect their water sources, providing education to prevent the spread of HIV and AIDS and caring for those already infected, training of trainers for Village Health Committees, and also the curative services at our hospitals. In addition to all of this, we have been challenged by our recent General Chapter to see what we can do about the problem of human trafficking, and the important field of inter-faith dialogue.

As ever, we are grateful for the many Partners in Mission who share our work through their active support. Some of you are working with us through partnership groups, others as invidividuals, or through donor agencies. Without your help, we would be unable to bring our service and care to people who are most in need, in places that are remote or without any other adequate healthcare.

We pray for you daily. May God bless you abundantly.

Sr. Margaret Quinn

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.

Our New Central Leadership Team gets down to business

There was a lot of listening, excitement and humour around the table as our newly elected Central Leadership Team got together for the first time. They spent four intensive weeks working at team building and planning for their six year term of office that is just beginning.


Sister Rose Mogun


Sister Margaret Quinn


Sister Siobhan Corkery


Sister Jean Eason


Sister Theresia Samti


Sister Ursula Sharpe

Sister Margaret Quinn comes from near Newmarket-on-Fergus in Co. Clare. She is a nurse-midwife and specialised in public health at the University of Makerere in Uganda – the country where she worked for many years. As Director of Nursing at Kitovu Hospital, she had a special interest in the Nutrition Unit where many children, orphaned by AIDS, were put on the road back to good health. Sister Margaret was Assistant Congregational Leader for the past six years, so is not new to the administrative work of MMM at central level.

Sister Ursula Sharpe, our new Assistant Congregational Leader comes from Ardee, Co. Louth. She has worked in Bangladesh and Rwanda with *Concern*, and has spent many years in Uganda. She is a nurse midwife best known for her work in founding the Outreach Programme for people with HIV/AIDS and orphans – based at Masaka, Uganda. This work, involving so much bereavement, led her to study for her MA in Counselling Psychology at Makerere University.

Sister Rose Mogun, who also served on the out-going Central Team for the past six years, comes from Ogiedi-Elume in Bendel State, Nigeria. She is a nurse midwife and has travelled widely in her service as an MMM. As well as co-ordinating our work in West Africa, Rose will have special responsibility in relation to the Formation of young Sisters. She is well qualified for this as she obtained her MA in Pastoral Studies at Loyola University and has been involved in Formation work for several years.

Sister Siobhán Corkery comes from near Macroom in Co. Cork. Previously, she has put down roots among the people of Brazil in the hinterland of Bahia State, where, as well as her training as a nurse midwife, she has acquired a lot of knowledge about medicinal plants and low-cost remedies. She will continue to be based in Brazil, travelling as required to Central and North America. Siobhán worked in Nigeria for many years, and was among the first MMM relief team to go to Rwanda in the aftermath of the genocide there in 1994. As well as co-ordinating our work in the Americas, she will have special responsibility at Congregational level for our commitments in relation to Ecology and Justice, Mission Awareness in the developed world, and the work of our Development Office in USA.

Sister Theresia Samti comes from Dareda in Tanzania. As well as being a nurse midwife, she is a former Director of Novices, in preparation for which she took her MA in Religious Studies at the University of St. Louis. She has experience as Director of Nursing at Makiungu Hospital in Tanzania, and has more recently been missioned to Ethiopia, working in the very remote Health Centre at Dadim in the south of the country. In her new role, she will be based at Arusha in Tanzania, but will also be responsible for co-ordinating our work in Angola, Ethiopia, Malawi, Uganda, Rwanda and Kenya, so will have much travel to do! Theresia will also be responsible at Congregational level for our commitment to Interfaith Dialogue.

Sister Jean Eason, a native of Buffalo in New York State, joined MMM in Boston and trained as a dentist at Tufts University. After ten years practising dentistry in Nigeria, she held leadership roles for MMM in the Americas, after which she re-trained in Social Work and was missioned first to Appalachia and later to Brazil. Like Sister Siobhán, she developed a keen interest in medicinal plants and community-based health care. Now she has to face the challenge of co-ordinating MMMs in Europe, and will also be responsible for liaison with MMM Associates and the Social Communications Department.

Life among the **Maasai**

Sister Joan Grumbach, from Ellington, Connecticut in the early days at Loolera.

HIDDEN AMONG THE THORN TREES, 320 km south of the city of Arusha, 6 km east of the mission at Kijungu, at a location marked on local maps as *Loolera Wells*, you'll find a settlement of the Maasai people living in homesteads they call *boma*. It was to these people, in 1982 that MMM came to discuss the possibility of working among them.

The diary recorded:

"We had a great welcome! Children and women invited us inside their compound and offered us curdled milk which we drank out of calabashes. It was obvious that people had been long awaiting this day. What was difficult for us was that they thought that a hospital would be the answer to all their problems – and this was not in our plans.

After three days of meetings, the Maasai elders officially asked us to come to Loolera to initiate with them a Primary Health Care Programme. They also offered us land near the cattle trough to build our house and our work base.

But we were left with some big questions. How to build a house there? How overcome the transport difficulties? Where to find builders? How to feed the builders over a prolonged period?"

Initially it was hoped that, given ten years, MMM would have a well established Primary Health Care Programme going, and would find local people ready to take it over. In fact, it took almost twenty years. But December 3, 2003 became the eventual target for completion of the transfer of the South Maasailand Health Programme. Henceforth a local Tanzanian Sisterhood, the Sisters of St. Gemma Galgani, will work with the Maasai people at Loolera to continue this important work.

All for the price of a goat!

Sister Geneviève

The radio-telephone in Arusha was not at all clear, but the voice was trying to explain that one of the Containers *en route* from the port of Tanga had overturned some 15 km from Loolera. Could they have the OK for the Maasai warriors to open and empty the Container, put it back on the truck and then reload it? And would MMM agree to pay for a goat!

Sister Geneviève van Waesberghe, the doctor in charge of the new venture in Maasailand, remembers the day: "I had no choice – my answer was 'Yes... Over'.

She put the microphone back on its hook, wondering what the goat had to do with it and what the next difficulty would be.

This was May of 1984. The previous August she had gone to Holland to submit the new Primary Health Care project to the funding agency, CEBEMO. Then her uncle drove her to Dokkum in Frieseland where she ordered the prefab housing.

'Are you certain this can be assembled in 28 days?' she asked insistently. She was hoping the engineer would say yes.

Two English volunteers at the AMREF workshop at Dareda in Tanzania had offered to devote the 28 days of their holidays to assembling the building that would house the new Health Centre, and build a three-roomed house and carport for the MMM community.

The engineer in Holland was very reassuring. Yes, it could be done in that time. He promised to have the house very carefully packed in two Containers and sent by sea to Tanga.

The next call on the radio-tel gave the welcome news that the contents of the overturned Container had been undamaged, and all was now ready for construction at Loolera.

But as the work on the Container took two days, not one, the cost would be the price of two goats, which made a meal for the warriors each evening.

Building a home **among** the **Lera trees**

Sister Noeleen Mooney

On the eve of Pentecost, 9 June, 1984 Sister Noeleen Mooney and the team of builders left Dareda Hospital on the start of their jouney east towards Kijungu. The lorry contained cement, tools, food, drinking water and tents.

Meanwhile Sister Geneviève and an Austrian volunteer called Chui were leaving Arusha, traveling south on the 320km road. Their short-based Landrover, was packed with household things and six dozen eggs. Geneviève remembers:

"We stopped mid-way to collect a water trailer that we attached to the Landrover. In the middle of the Maasai steppe we missed a shortcut, but we finally arrived in Kijungu around 6 p.m. after an 11-hour journey. The lorry from Dareda arrived soon after and we all stayed at the mission that night. Fr. Saningo had a meal ready for us. Noeleen and I put our bedding in a foodstore. I slept but Noeleen didn't as the place was filled with rats."

For breakfast on that Pentecost morning, Geneviève cooked a huge omelette for all. Then Fr. Saningo brought them to Loolera. The Maasai had cleared the building site. The team lost no time in putting up the tents.

Noeleen and John prepared a cooking area and Saningo accompanied by several warriors took Geneviève to the Lempapuli reservoir some 6 km away where they filled their first tank of water syphoning it through a hoze. This exercise took three hours and would be repeated at least once every day while the building was in progress. Soon Geneviève was expert at manoeuvering the landrover and attached tanker in the sand and occasionally in deep mud.

As the sun went down Noeleen and Geneviève managed to find their way back to the mission at Kijungu for Mass. Fr. Saningo had left them during the morning for Mass at other missions. They were all tired at that evening celebration of Pentecost, but prayed for God's blessing on the new venture. Then the two Sisters returned to the camp, at Loolera.

Sister Geneviève never liked the laugh of the hyena, and a whole pack of them blocked their way as they approached Loolera. But, she recalls,:

Ndaini Minda, health care worker.

"As time went on we became accustomed to the silence of bright starry nights broken only by the songs of the warriors in neighbouring *bomas* and the sounds of wild animals."

During the construction work, the Maasai warriors spent a lot of time on the site. They helped as they could, and often killed a goat. Noeleen was responsible for the cooking, stirring huge pots of thick *ugali*, beans or meat and making *chapattis* for ten people each day. Geneviève's job was to ensure the tanker was kept filled from the reservoir.

Sikorei, one of the Maasai warriors.

The first achievement was the completion of the VIP (*ventilated improved pit*) latrine. "It will last for 100 years", declared John, one of the volunteers from Dareda. Soon an outside kitchen was completed, which would serve as a work base for the time being.

When the 28 days were up it was time for Noeleen and the construction team to leave. The house was finished except for some parts that were missing. There were bars on the windows but no glass. That had to be reordered from Holland and it would be several months before it could be expected. The painting still had to be done, and indoor carpentry.

As the lorry left for Dareda, a small plane landed on the airstrip at Kijungu, bringing Sister Lelia Clery. They bade goodbye to Noeleen, who had to return to her normal work. Then they drove out to Loolera to show Sister Lelia the lovely new house that would be her home for the next 20 years.

Sister Lelia Clery arrives at Loolera

‘The Sunday we will never forget…’

In 1985, Sister Joan Grumbach, and Sister Ruth Percival, joined the community while Sister Geneviève was needed back at Arusha. She was sad leaving Maasailand. Before they set out for the airstrip at Kijungu, she went to say a few last farewells. The people blessed her and offered her gifts of beads.

Many of the Maasai warriors, womenfolk and children walked ahead to the airstrip to wave her off. Sisters Joan and Ruth drove the 6 km by landrover.

In the six-seater plane there were three other passengers seated behind Geneviève, and the pilot, Pat.
The passengers included Bishop Durning of Arusha and two priests, one of them nicknamed ‘Shorty’.

Sister Ruth Percival

The small plane taxied down the airstrip and turned. Then it revved up and took off in the familiar cloud of dust. Geneviève remembers:

“I soon realized that we were in trouble. The plane was not gaining altitude. In fact we were caught in a downdraught from the intense heat. We were about to hit a small peak when Pat changed course and turned off the engine.
We felt a shock as first the tail broke off and then a wing.

“The little plane had landed on a dry thorn tree on the side of the mountain and crushed it to the ground. For a moment we remained shocked, silent.

“I can’t believe this”, said Pat, as he folded. “I whispered to him: ‘Pat, we are all alive’.”

She recalls:

“After a few minutes, Pat and I forced the jammed door and got out of the plane. Shorty and the Bishop were clearly in pain. I quickly looked at them and advised them not to move.

“Pat tried in vain to make radio contact with AMREF in Nairobi. He then climbed a tree to see if we could see Kijungu and if the people who had waved us off could have seen us crash.”

Sure enough, back at the airstrip they had watched in horror, their apprehension growing as they witnessed the plane growing smaller in the distance, but failing to gain altitude. Was that cloud which eventually emerged above the faraway hills a cloud of dust or a cloud of smoke? How could they get into those hills to find out and hopefully rescue the survivors when there was no road?

Ruth tried to reach Nairobi by radio-tel, but the reception was very poor.

Back at the crash site, Geneviève tried to teach Pat the Maasai emergency call – oooooeeúúú, oooooeeúúú – but by now Pat was too shocked to do anything. She tried herself, but feared that her voice would not carry far and, besides, the Maasai would be unlikely to recognize the call coming from a woman.

Telling the three injured men to remain in the plane, Pat and Geneviève began to climb down the mountain. They were afraid of wild animals. Soon they heard the Maasai warriors replying to the distress call. So they returned to the plane and waited.

Sikorei was the first to arrive, followed by all the staff from Loolera. He was steaming with icy sweat. They had run all the way from Kijungu, armed with machetes to cut a path through the mountain, following their unerring instincts to the place where they had seen the cloud rising – not knowing that they would find anyone alive.

Geneviève kept her head:

“I tried first to calm down Sikorei, and then we proceeded to help the three remaining passengers out of the plane. The Bishop had a broken clavicle. Someone gave me a shirt and I splinted him. Shorty had a lot of chest pain due to broken ribs.

“The warriors went ahead of us, carrying the wounded passengers down the mountain, where Sister Joan was waiting anxiously with the landrover and blankets. Her relief was unbounded.

“At the Kijungu mission, and we could not even find a match to boil the kettle for a cup of tea. I asked if there was any whiskey in the house. The Bishop, though still shocked, told me to look in a cupboard. I found it and gave a generous helping to the men.

“When we reached Loolera we tried to make our patients comfortable before cooking the evening meal. Pat hung around in the kitchen as we cooked. I tried to let him speak about the terrible conditions that brought the plane down and to comfort him. I commended him for being so quick to turn off the engine, and I promised to fly again with him, which I did some months later.”

For the next two days, streams of Maasai people came to sympathise. “You entered the lion’s mouth and got out”, they said.

Many of the local government representatives also travelled to Loolera to sympathise and wish them well.

The Sisters were touched by their concern. The Bishop appreciated the wonderful rapport that now existed between the people and the MMMs. He could see for himself that Primary Health Care brought us close to the people.

Next day, AMREF sent a plane from Nairobi, and the travellers were safely airlifted back to Arusha

Loolera: down memory Lane

TO BEGIN OUR INITIAL HEALTH SURVEY BACK IN 1984, we visited each *boma* to acquaint ourselves with the people's felt needs, their expectations and the general health picture. The biggest problem expressed was getting medicine for cattle, sheep and goats. The last time a weekly dip had been held was eight months earlier. Nobody could afford the transport to the nearest town to buy the medicine.

That was their felt need. Obviously, we had to find a way of addressing that if we were to have any credibility. At the same time we observed that we had not met a single child under five who had completed their vaccinations. Barely half a dozen children among them all had been registered at a Clinic.

Sister Ruth says: "The team approach was a very important aspect. Vincent the first helper was soon joined by three women and three men who worked voluntarily in the beginning. All decisions were made together at weekly meetings, about water management, veterinarian needs, children's education and nutrition.

"It was not very long before we were able to get a Mother & Child Welfare Clinic under way, and training for Traditional Birth Attendants, with whom we worked very closely. An anti-polio campaign followed. We also found TB to be a big problem in Loolera, so we started a case-finding programme, with treatment and follow-up. We had meetings with the elders to find ways of eradicating yet another outbreak of relapsing fever. The issue of pit latrines was also on that agenda!"

The Sisters were very proud when asked by the district government to take their HIV/AIDS Awareness Programme to villages served by government dispensaries as well as their own.

With the constant problem of drought and diminishing pasturelands, it was not too long before the Maasai began to raise questions about the possibility of diversifying their livelihood through agriculture. This would be a major

cultural step for them, but they wanted to take a serious look at this.

A severe hunger in 1995 led to the communal purchase of a 7-ton radio-equipped truck and a place where maize could be stored against future problems of food supply.

As Sister Lelia set off on home leave in 1996, the people reminded her – what we want you to bring back is a tractor! With the help of her generous friends she raised the funds not only for a tractor but a trailer too. Soon, there was no family without a 'shamba' or field for planting. Ploughed land in village border areas also proved to be a protection for their rightful pasturelands which are often encroached upon.

We have seen much development at Loolera, and will be sad to leave. The Sisters of St. Gemma Galgani will carry on what we started. But for MMMs who served at Loolera over the years, whenever they see the sun setting behind the mountains, they will think of the cattle passing with the bells tinkling around their necks, and remember those treasured years among the Maasai.

My Spear will Protect You

Sister Ruth Percival

"I will leave my spear here, it will protect you," said the warrior as he thrust his spear into the ground a few feet away from the landrover. Smiling, he hurried after the other warriors who had disappeared over the edge of the ridge. I looked around. I was alone in a large clearing, a few hundred feet up the mountain that stands behind our house. The ridge – so impressive and distant from below – was clear and close in every detail. All I could see were hills and more rolling hills in the distance.

The valley lay below, hidden by trees. I marvelled at the beauty of the scene, at the scented blossoms on the grey thorn trees. At the same time, a sense of self preservation dictated that I should fix the rear-view mirror on the undergrowth behind me, to watch for animal movements.

What were we doing up the mountain? A cow had broken a leg in a ravine and had to be slaughtered. We were asked for the landrover to bring the meat down for sale. The poor cow was about a mile from where I was left with the spear protecting me from the lions. When the warriors eventually returned, they brought me a third of the cow's heart, beautifully cooked. That was considered a very big honour, and delicious too!

It was a great honour for us to have been invited to live in Maasai country. Within a 15 km radius there were over 50 *bomas*, with approximately 60 family members in each. The *boma* is a circular compound where the Maasai live. Inside the circle made of thorn bush that protects the people and the cattle inside can be found a few houses where people sleep. As these are a semi-nomadic people, they travel often with their animals, and sometimes with their whole family, in search of pasture. There are innumerable little sandy tracks and paths criss-crossing all over. They all look alike, so it is easy to get lost. But this is not advisable, as lions, buffalo and elephants are among the many animals who inhabit the locality.

Half a mile from our *boma* there was a great open watering place for the thousands of cattle, sheep and goats. There is a domestic water point here too. The water flows down the mountainside from a spring. The open place is the centre for everyone's life.

There the people meet, the elders gather for their meetings. The warriors gather with their cattle and goats. The women and children come here to fetch water for the home.

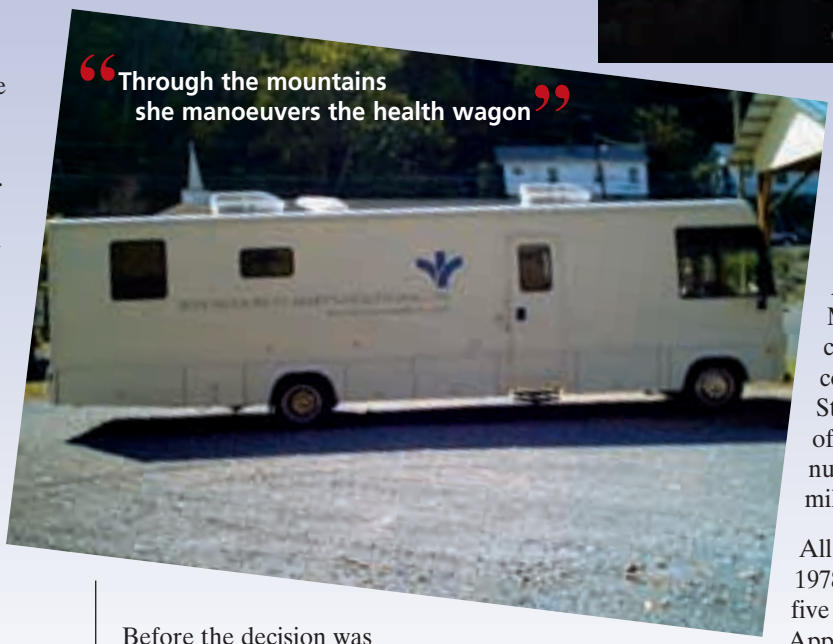
Congratulations

Sister Áine Lucey (left) and Sister Joan Grumbach had their Jubilee Celebrations in Tanzania recently. Sister Áine was marking the Golden Jubilee of her First Profession, and Sister Joan her Silver Jubilee.

25 Years in Appalachia

"Kathleen Counts was the first woman coal miner in the US to be killed. We stood outside the coalmine for three days in protest because of the unsafe conditions... Then there was a situation where somebody inherited a whole town and tried to sell it, people and all… And there was a strike, a textile strike. The textile production was too hard for the women, and they wanted to reduce the amount they had to produce in order to get paid a wage. And to have a ten-minute break. They were not allowed to leave their machines from 7 a.m. till noon. So they walked out and there was a picket line for five weeks. We supported them through the co-op also, we gave discount of 25% for food. And we had a big parade of many church supporters…"

In these few words, Sister Bernadette Kenny tossed out a random selection of crises that seemed to be almost a daily routine for the the town of Clinchco, Virginia. She had moved to live there when MMM approved the proposal to establish a mission in a needy area of the US in order to return some service to the country where MMM received so much support. Probably few realized just how great a challenge lay ahead.



Before the decision was made to go there, Sister Anne Marie Hubbard visited the area in 1977 and reported:

"Appalachia is a dying land. The hollow eyes and defeated look of impoverished mountain people are an epitaph to dead hopes. The orange color in the water announces the presence of sulfuric and other acids from strip mining which have killed fish and other life in an estimated 12,000 miles of once clear mountain streams. The mountains themselves are dying, as the strip miners attack them with a vengeance, leaving only scarred unstable and barren land.

"Appalachia region runs from southern New York to northern Georgia, Alabama and Missouri. It consists of 395 counties in 13 States. The people of Appalachia number 19 million..."

All that was back in 1978. In the twenty-five years since then, Appalachia, and the town of Clinchco in particular, has become a household word for MMM.

While many Sisters have worked in Appalachia over the years, Sister Bernie Kenny, a nurse-practitioner who hails from Boston, has been there for all of this time.

In a community where residents have very limited access to health care, and many have no medical insurance or means of transportation to seek medical attention, Sister Bernie takes it to them.

Through the mountains she manoeuvers the 35-ft health wagon, with its small waiting room and three small examination rooms. It may not have all the latest in technology, but it provides a way for many to receive the care they need, and its arrival is always a very welcome sight!

On average, they treat about forty patients each day. Bernie appreciates her team-mates who include JoElla Dales, Teresa Gardner and Sandra Whittaker.

Co-operation between the members of all faiths is a key factor in ministering to the people of Dickenson County, who live a simple life-style, close to the land.

MMM house, Clinchco

My first visit to Clinchco

Sister Mary Ann MacRae

Every year, the people of Appalachia benefit greatly from the Remote Area Medical Program (RAM), whereby volunteers from many health care professions fly in for intensive care. Their visit is co-ordinated by the Health Wagon staff.

In 2003, five hundred professionals attended 4,498 patients, treating them for eye problems, dental problems and general medical care.

According to Sister Jean Eason, who worked in Clinchco from 1988 until 1997, "The magic of Appalachia is its people, its sense of community, its poverty of material goods and its wealth of bedrock faith. They see God in nature and there is great co-operation at an inter-church level.

"The Health Wagon provides a service to the communities and at the same time acts as a shoe-lace that brings the communities together to form a coherent whole.

"Every two years an important event is *In Praise of Mountain Women* calling women to get together and celebrate who they are."

My first chance to visit our mission in Appalachia came in 2003 when I was invited to attend the Ceremony at which Sister Bernadette Kenny became the first person to be presented with the David Schuller Award.

This Award was presented by AMERC – that stands for Appalachian Ministry Educational Center. This is a consortium of twelve churches that works on development of ministries from different faith backgrounds.

For the past ten years Bernie and her staff of the St. Mary's Health Wagon have welcomed the students of AMERC to share their work. Reflection on experiences of healing within the rural Appalachian culture has been a great gift to these students. All the staff have taken part in this with an emphasis on how to integrate volunteers into an existing program.

I flew in over the mountains on a warm summer-like day at the end of March. Sister Bernie was waiting to meet me at the Tri-city airport. I was immediately struck by the friendliness and warmth of the people, as they greeted and stopped to chat with Bernie. Everyone seemed to know her. I noticed she had left her car unlocked, right outside the main airport entrance!

On our two-hour journey to Clinchco, I could see where strip mining had been done on the mountains looking for coal. Spring had painted the mountains like some impressionist painting covering up the scars of the mining.

But there was also evidence of recent flooding caused by this same strip mining. Yet the people hang on to their precarious existence along the course of the river. Reaching home in the twilight I could see that we had some mighty steep steps to climb to be finally home. Many of the homes are built right into the mountainside, accessible only by very steep stairs.

Next morning we went out to meet the staff who work with Bernie on the Health Wagon. Driving this specially equipped Winnebago van, Bernie plies the mountain highways and byways bringing health care to the inhabitants of Dickenson County. In those mountains this is quite a feat!

Saturday was preparation day. The folks were out in full force preparing the church and hall – hammering, painting, putting things in place for the following day's celebration. On awaking on Sunday morning we were greeted with a snowstorm! But the plows had been out and so we were able to make the thirty mile trip to the parish church.

We started with Mass where everyone participated in the liturgy. A group of twenty-five high school students from Illinois were there on their Spring break. They eagerly helped out with various projects to make life a little easier for some of the folks there – projects like building wheelchair ramps, doing painting and house repairs etc. They, too, were struck by the lively sense of participation.

Sister Bernadette Kenny, Sandra Whittaker, Teresa Gardner with baby Kailee and JoElla Dales.

ETHIOPIA

When HIV and AIDS are everywhere the thing to do is to Live Positively

For Sister Carol Breslin, Medical Director of the MMM work in HIV and AIDS in Addis Ababa, the most important goal in the battle is enabling the person with HIV or AIDS to live positively.

YOU ARE TWENTY and you can hardly believe your good fortune. It is there in writing - confirmation that you have won the Scholarship for which you worked so hard. Your parents are justly proud of you. They will miss you, of course. But they are happy for you. They never had the opportunity of studying overseas.

Quickly the news spreads among your friends. Some are understandably envious. They wish you well as you begin the tedious process of getting a passport and a visa. So many forms to be filled out! One of these has to be taken to an AIDS testing center to certify that you are not the carrier of specified infectious diseases.

When you go to make the appointment for the blood test, they receptionist tells you that before the test you will have an interview with one of the staff Counsellors. She takes you through the routine questions and then spends a lot of time going over the risk factors related to HIV.

'Why have you come for the test?' You find yourself telling her about the Scholarship, the dreams you have and the range of job opportunities that all this will open up for you. She understands your excitement, but asks an unexpected question. 'How would you feel if this test showed that you are HIV positive?'

You try to perish the thought. That happens to other people, not to you.

You feel happy when the Counsellor tells you that you will have the test right away and the results will be available without delay. You will see her again in the evening.

That's when you learn that a second, more specific, test will be needed, before the diagnosis is confirmed.

Sister Carol Breslin, Medical Director of the MMM Counselling and Social Services in Addis Ababa, tells us:

Coming to terms with the diagnosis that you are HIV-positive can be a devastating realisation. It can't be true! What happens now? Do I keep it to myself? Do I tell others?

This is true for any diagnosis of a life threatening or chronic illness. It is important to acknowledge it. For most of us, the first step is denial. It can help to share the reality with somebody else, a friend or family member.

The student described here would be typical of a number of our clients. They book in for the test feeling this is just routine and is not going to affect their future. The test result comes as a great shock. They need a lot of help in getting over this. Not only have they to abandon the plans that were so exciting and full of hope, but they have to come to terms with this unexpected diagnosis.

Part of the counselling process is to encourage the client to share this news with somebody else. That is the first step in beginning to live positively. It doesn't matter whether you are a hopeful student, or a truck driver, or the spouse of someone who has been diagnosed with HIV. All kinds of clients cross our doorstep.

The same feelings can also affect a mother with a disabled child. Denial. Shutting the child away. Asking 'what did I do to deserve this?' Guilt. A sense that nothing can be done.

We professionals have to be careful that when telling parents that their child has a disability, we also reassure them that there is help available. If we can show them that they are not alone, a lot can be done to improve the quality of life for all the family.

Gradually, with support from others in a similar position, they begin to come up with solutions themselves. Seeing others who have survived a difficult diagnosis is a

Many people belong to the Ethiopian Orthodox Church and draw strength from its rich liturgical festivals.

great encouragement. A mother sees the other woman's child doing quite well, getting skills, enjoying a training course, and begins to believe 'that could happen for my child too'.

There are important links between our work with HIV and our other community work, especially with children who have special needs. Our home care training service is for anyone in the community with chronic illnesses, not just those with HIV. This means that scarce resources can be more evenly distributed and clients are not automatically assumed to have HIV. This helps to decrease the stigma and discrimination.

Home visit to a child with special needs.

Our focus is on the integration of the reality of HIV and AIDS into the life of the local community so that persons infected and affected can live as healthily as possible and remain at home for terminal care when that time comes. Therefore we are integrating home-based care for persons with AIDS into the overall development plan in the area where we work - we see this as an important model for community acceptance of persons with AIDS.

People with HIV can remain well for a long time. For those who develop AIDS, it is important to ensure they do not feel rejected or abandoned. We see it as a very important part of our work to do all that is possible to enable people to have comfort at the end of life. We provide support for home carers so that people with AIDS can die at home, surrounded by their loved ones.

During the terminal stages of their illness they need a lot of nursing and the family need support. We provide a holistic service to meet the emotional, material and spiritual needs of the client and family as well as their physical care. Our home visiting team trains carers in the administration of whatever is needed. We encourage neighbours to visit – that is part of the culture and we try to build on that. In urban areas we have to work more on that, as people may have left their relatives behind in the countryside, but we encourage them to re-establish contact with them, and also to allow their neighbours to help.

Giving hope as well as support is what our work is about. Coming to terms with a difficult diagnosis is a process – it doesn't happen in an instant. We provide individual counselling, also group, couple and family counselling.

Thinking positively and living positively is the key to coping with any chronic illness. Our clients are helped to identify what living positively implies for them. This will include advice on nutrition and diet, watching for minor illnesses, getting prompt advice when these occur and remaining in touch with supportive peers. Most of all, they are taught that their psychological attitude to their condition is very important.

Ethiopia has had Christianity since the 4th century. Very many of the people belong to the Ethiopian Orthodox Church. Our work involves helping them to see the best in their culture, and to draw on the deep sense of community.

Ethiopian people also have a deep sense of faith. We encourage them to continue to draw strength from their religious sources and try to help them to understand that sickness is not a punishment from God. We also encourge local Christian clergy and the Muslim leaders to give positive example by visiting the homes of persons with chronic illness or disability, and to support to families who are carrying these burdens.

When we began to dream

By Sister Siobhan Corkery

We began to dream... We dreamed of having water tanks situated next to everybodys' house. These would collect rain water whenever it rained.

Each tank would hold 15,000 litres. That would keep a family in water for cooking and drinking for eight months of the year.

That was our dream!

Many problems in Bahia can be traced back to the same source – a land that cannot support its people. The eleven million peole who inhabit this region in northeast Brazil live in a semi-arid land with vast backlands of stunted trees and cactus – known as the *sertão*.

Subject to periodic and often tragic drought, the people tend to migrate to the cities which, unfortunately, have a high rate of unemployment.

Those who continue to live around Capim Grosso have only small farms which are inadequate even to feed their own families. The women in these households draw water from great distances. Here small farms are located at a distance from one another and do not have electricity or access to public transport except on a Fair Day.

Poverty ravages family life at every level. Among the people with whom we work, 79% earn about one euro or one dollar a day. This means that many people, especially children, are malnourished, they have little protein in their diet. Many illnesses go untreated because people cannot afford transport and even if they get to medical facilities they cannot afford to pay for the medicine prescribed.

The climate in this semi-arid area is hot and dry with temperatures of 85^{o} F and upwards. Rainfall is unpredictable and shortage of water is always a primary problem in our parish which stretches over a wide area. It includes forty-four basic Christian communities in rural areas and six more located in townships.

Meetings

During our meetings with the village communities, some of our women could not attend because they had gone with horse and cart a long distance to fetch water. This gave rise to a discussion among us as to how we women could help one another. After many conversations, members of several houses told us they would be available to collaborate with any initiative.

That is when we began to dream. Once we saw clearly what we wanted, we drew up a programme of what would be needed to make the dream come true.

Part of that programme was of a very mundane nature – cement and bricks and gutters and pipes. But we knew that more than that would be required if this dream was to be really fruitful.

We were not just embarking on the building of water tanks. We were trying to create an appreciation of the great gift of water, its value in our lives, our communal responsibility to protect our water sources, and each person's human right to have access to clean sources of water.

We shared our dream with our friends and families and communities back at home. Also with some Donor Agencies who might be interested in funding our dream. We told them we wanted the means to catch the rain water. You could spend a lot of time and money digging around here and not find suitable drinking water.

We also told our friends that we planned to produce a Manual that would serve to raise awareness about the value of water in our lives. This Manual provided the texts for five community encounters on different themes and with appropriate songs, where people could examine and debate the issues related to water supply and water shortage.

This also caught the imagination of our Youth Groups, who were encouraged to create dramas depicting the four elements, earth, air, fire and water. They were very creative in their response. Their participation helped older people to grasp what was entailed in working together as a community to secure the water that is essential to life. It made the young people aware of their important role in making this dream come true.

Earth, Air, Fire and Water

The response to our shared dream was incredible – both from our friends and Donor Agencies and from our local communities.

As soon as we had a little money in hard to get started, various Committees were set up at parish and community level.

We got a Steering Team to oversee it all and employed a man to help us.

We set about doing a survey of the communities most in need. We made a contract with each community requiring that they would pay a part of the cost. Because of their lack of funds, this contribution would be paid over two years. In this way we knew that the people would take more ownership of the project. This was important so that they would take care of the water tanks and materials and feel proud that they had achieved it.

Labourers were hired. First they were trained to make the moulds for the bricks and in the art of bricklaying.

This project opened the way for us to become involved in many new communities where we had not worked before. In these we were able to commence a discussion around health issues and hygiene. Before long, we found ourselves establishing Health Committess, studying our guidelines, and discussing issues related to the status of women and womens rights.

Effects

In a very short time the first tanks were constructed. Gutters were bought and mounted on the tiled roofs. All we needed was to await the first rains.

By the time the rains came many houses were ready. We went to one woman and asked her what the water tank did for her.

'You ask me what the tank is like?' she exclaimed. 'It is like my mother – always there to help me'.

A parish prepares

The room should be decorated with items that symbolize life – plants, candles, flowers. Also phrases can be used, like *I have come that all may have life and life in its fulness*, or *Live and do not be ashamed to be happy*, etc.

With these words the booklet of suggestions for the Triduum set aside by the Parish Community of Capim Grosso began. The theme of the first day was *It is God who calls us to Life*.

The second day was on the theme *It is God who calls us to be missionaries in the world*. For this encounter, the symbols were to represent the life and charism and spirituality of MMM, and of the various countries where MMMs are working.

On the third day, the whole parish reflected on the theme *It is God who called you by your name, Tatiane*. Today, the symbols were to reflect the local culture of Capim Grosso and its surroundings, the townland in north-east Brazil where Tatiane was born and grew up.

Tatiane Oliveira Souza was to become the first Sister from that parish to join MMM. She had left her people three years earlier to pursue her religious formation in our inter-cultural novitiate in Nairobi.

For all that time, her family and her friends from her home parish supported her with their prayers and letters and e-mails. When the date of her First Profession was announced, the whole parish began to get ready. The Triduum was the way they would prepare for this important occasion.

Sister Ufuoma Ogigirigi, an MMM from Nigeria missioned to Capim Grosso, and one of the Jesuits from the parish, Jair Barbosa Carneiro, together with Natan and Nara from the Pastoral Commission for Vocations, helped the people to prepare. They know that the life of a missionary needs much reflection, prayer, and the support of a faithful community. Tatiane can count on that as she embarks on her life as a professed Sister in MMM.

KENYA

A sense of coming home

by Beth Moran

It all started twelve years ago when Clare Island was partnered with the village of Nakwamoru in Kenya. You see, we had a common link owing to the fact that we are both divided by water. For the past number of years we have been fundraising and sending money to help out wherever help was needed. We are a very small community, consisting of 150 full-time residents but the people have been extremely generous towards our cause.

This year Oliver O'Malley and I were afforded an opportunity to visit the village which – up until now – had only been a vision.

We arrived in Nairobi where the Sisters on Sports Road welcomed us with open arms. We were taken sightseeing and shopping and the whole time I felt we were really included as part of their small community. We then travelled to Kitale where there was another great welcome for us and joined the Sisters for dinner and prayer.

Next day, after a short trip to town we went on to Nakwamoru. This part of the journey became a real adventure with breathtaking views of the Rift Valley, small towns, camels and very rough roads. We had to travel around the river as there had been a lot of rain and there was much flooding. In fact, after we got there we heard of a bridge which had gone down near Ortum and there were lorries lined up unable to pass. The Army was coming to do repairs but we felt quite lucky at our narrow escape.

The Annunciation painted by Patrobus E.L. Edapal in the church at Nakwamoro.

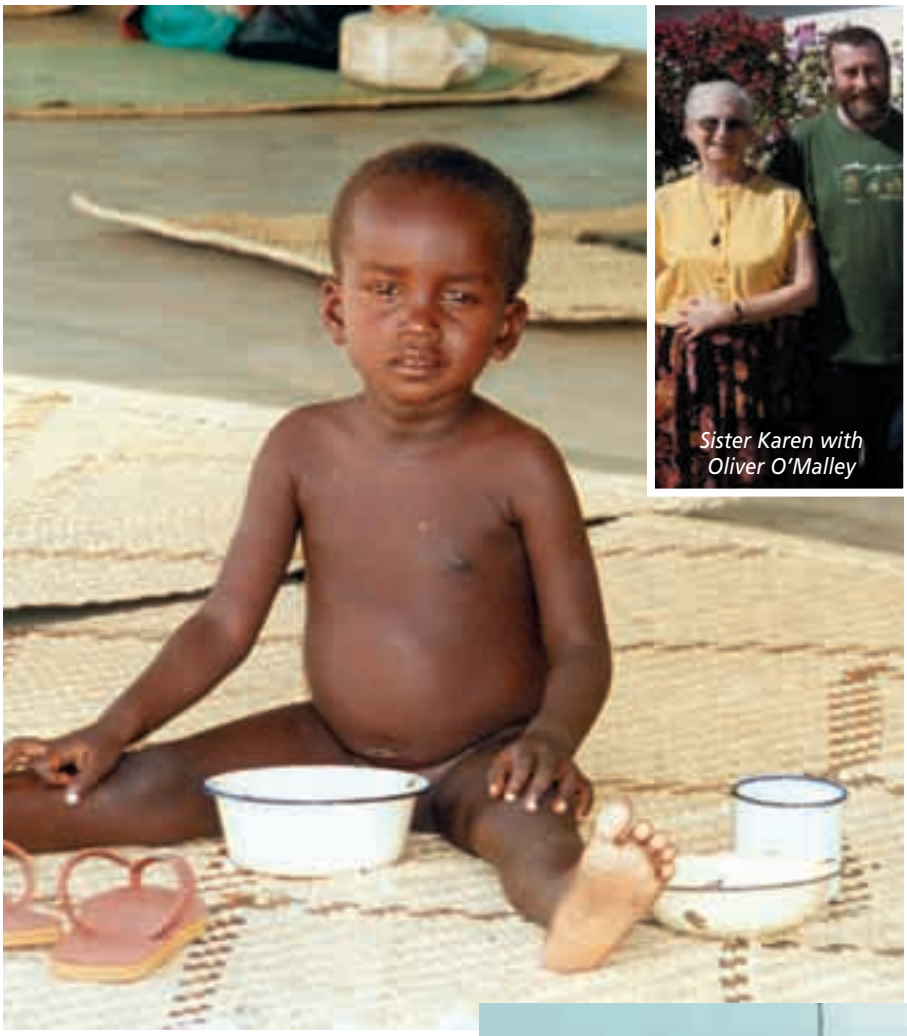
On the last stretch of road to Nakwamoru we saw a very large family of baboons as well as other wild animals and everything was grown green due to the rains.

After arriving we met with Father Johnnie O'Callaghan, Sister Margaret and Sister Karen, as well as the women working in the house. I had a real sense of coming home and we were made a part of all that was happening. They even killed a goat for us, which was a big honour.

Our first tour of the Clinic was a real inspiration. It is hard to imagine in such diverse circumstances how the Sisters manage the difficult tasks set before them, but everything is run with professional efficiency and tireless dedication. There was a premature baby ready for release that day. This baby was born weighing just two pounds and after a month was a healthy five pounds weight and this was done without the aid of an incubator!

There was more disease and poverty than I had ever imagined and I am sure all these cases don't have such a happy ending. It certainly helps to put priorities into perspective.

Father Johnnie then gave us a tour of the 'shambas', or gardens, which were made possible with the help of a dam



Sister Karen with Oliver O'Malley

built by *Gorta* through the inspiration of Father Johnnie himself. It was a very positive initiative. Seeing the people working in their gardens with crops prospering, we were instilled with a real feeling of potential. As well as the *shambas* they were producing honey which generated a small income.

One of the highlights of the trip had to be Mass on Sunday morning in Nakwamoru. It was such a colourful celebration and the music was filled with such natural harmony it felt like the answer to a deeply felt prayer. There was such love and unity in the service, I feel I will be inspired forever in my own faith by it.

Then we visited the school which was full of eager students ready to learn. There were many questions and songs as we went to each of the classrooms. Once again, we felt the freedom of their voices in their unrestrained responses to us. Even if its purpose cannot be fully understood or utilized, surely education is hope for the future.

Sister Karen then showed us the little enterprise she had set up with the women making uniforms, children's clothing and selling bits and bobs. Every little bit helps and must bring to the women a sense of accomplishment which is all important in establishing self esteem.

Our time was up all too soon and the river had receded enough so that on our return we did not have to make the long drive to the bridge. This was another real adventure for although we have much experience crossing water to our homes, we do this in a boat from the mainland out to Clare Island. Wading was a different experience! The soft bottom of the river really proved a challenge. We had the help of a few locals who held us afloat one on either side of us and we crossed – wet but without a mishap!

A quick change of clothes and we were off to Lodwar from where we would fly to Nairobi. In Lodwar we had yet another great welcome from Sisters Bridie and Kathleen. Sister Kathleen, with the help of a local woman named Esther had set up a very nice little enterprise with the local women making and exporting baskets that were really beautiful. The women were paid fairly in their hand and the quality of their work was challenged and improved through the initiative.

We met with Tony Woods and Bishop Harrington who showed us around their development offices. There was a lot going on, including courses, talks, youth groups and women's groups as well as reconciliation initiatives. It is a credit to all the people involved – what an amount of work being tackled!

For us it was back to Nairobi and then home. The time went so quickly but so great was the experience it felt like very much longer.

I am and will be forever grateful for this experience which has forged links, made friends, and raised my awareness of a whole other world. In this world where so much seems unequal and divided, it helps to see the potential for unity through these bonds of humanity.

Thanks to Chicago

THE MMM LINKS to CHICAGO go back to 1950 when Mother Mary Martin paid a visit there and spoke in some schools.

Monsignor James Hardiman later became Pastor in the parish of St. Nicholas of Tolentine. He became a very dear friend and staunch supporter of MMM. We also had great support from the relatives of Sisters who, in turn, introduced us to their circle of friends. From the first Rummage Sale in 1970, to the 34th Annual Dinner Dance in April 2003, and the Fashion Show of October, our Chicago friends have formed a partnership with MMM that has helped us to sustain many projects through the years, in Central and South America and in Africa.

When it was decided to look to new forms of fund-raising to meet the future needs of our missionary efforts, the

Treasurer Mike Reilly silently totting . . .

Committee put a huge effort into making the 34th Dinner Dance a truly memorable occasion! For a week before the event, the phone in our house never stopped. The doorbell too. Yet, inside this hive of activity where excitement mounted as each day passed, nothing dispelled the underlying calm – the kind of confidence that comes with experience: 'all will be well on the night'.

Maria and Malachy Mannion.

On Tuesday evening the Committee gathered at the MMM house for their final meeting ahead of the event. Chairman, Malachy Mannion, wasted no time. Welcome. Prayer. Minutes. Next item was tickets – the final count. Catherine Brady was still doing her sums. O.K. let's move on to the meal: how many for fish, how many need special diets? Sister Ita had the exact details.

Next item was the report on the $100 draw. Yes, all 300 tickets were sold. It was reported that 276 paid for, the other 24 guaranteed. The drum was ready and the Ticket Board would be in place. No problem.

And so on, through the other fund-raising sidelines, including the Door Prizes, the Gift Corner and the Table Draw. What of the radio publicity? All set. No problems.

Committee Treasurer, Mike Reilly, was silently totting neat columns of entries compiled from the sea of papers that now covered the table.

Catherine Brady

By now Catherine Brady's calculations on the latest attenance figures were ready for discussion. "The tentative number attending is 576", she said. So, what then was the most economic estimate to be given to the venue? Even if fewer turn up, you will pay for that number. They will cater for 5% more than that. For the next breathless ten minutes there is a low buzz as everyone calculates 5% of 576. That is weighed atainst 5% of 550, then just try 560, what if... No, we would be losing a lot if 30 people who bought tickets didn't show up.

Do people who buy tickets for these events ever guess all the work that goes on behind the scenes? By the time the

Sister Ita Moore pictured here with Mr. De Santis Jr. of Drury Lane.

Bridie Traynor, Lillian Farren and Theresa Dunleavy.

Committee went home it was all decided. Before calling for the Closing Prayer, Malachy Manion had a last word of encouragement:

"Everyone knows what they have to do and we'll do it exremely well."

Sunday arrived. By 3 p.m. the Sisters and the Committee were all at their stations in Chicago's *Drury Lane*, doing the jobs that could only be done at the last minute. By 5 p.m. when the guests began to arrive, there was time to chat during the cocktail hour. Musicians, Sean O'Donnell, Jerry Haughey and Joe Cullen were playing already. The reunion of old friends was soon in full swing.

Before the meal began, Sister Joanne Bierl welcomed the assembled guests on behalf of MMM.

Kathleen Gaffney, Betty McMahon, Kathleen Boyle and Colletta Hogan, Committee members from the begining.

Barney Gallagher and his daughter Anne.

"There are no words to describe the hard work and generosity of our Committee Members who have labored so faithfully during these thirty-four years", she said. "You are our partners in mission and without you our work would be impossible. Some of you can remember the very first Dinner Dance and have rejoiced to see it make such a big contribution to the work of MMM over so many years. Although this is the last Dinner Dance, our healing Mission as MMM will continue to depend on your generosity in other ways."

Even while the dancing was in progress, many people were talking about the other great Chicago event – the annual Fashion Show, scheduled for October. This event has also proved to be a very popular and successful form of support for MMM over the years – thanks to Anne Marie Casey of Annie's Boutique who organised the models and the fashions and Mary Lou Mormann and other friends who have ensured its success.

Mary Lou Mormann and Anne Marie Casey.

All the MMMs who have been part of the Chicago fund-raising activities at various times remember with great affection the friends they made while there. Without people like these working at our side, MMM would never have been able to achieve so much in so many faraway places.

We have lost a very dear friend…

All through our preparations and on the evening of the Dinner Dance on April 27, 2003, our thoughts were with Monsignor James Hardiman, who lay very ill in hospital, and with his dear sister, Mary, a long-serving member of the Dinner Dance Committee. On April 30, he passed away, very peacefully. The sisters were very happy to have been present.

Born in 1915, and ordained in 1939, Monsignor had lived a long and fruitful life. He had been secretary to Cardinal Stritch, and served as Pastor in four parishes. Although he had retired in 1985, his efforts on behalf of MMM did not end. With his positive perspective on life, he encouraged us in our efforts to bring God's healing love to the world.

As we remember him in our prayers, we say 'Thank You' to God for this dear friend, and extend our deep sympathy to Mary, his sister, and his brother Martin.

Talk of a Miracle!


Monique


Sister Nkeiru Edochie

IT WAS JANUARY and an epidemic of typhoid had us run off our feet. People were dying in great numbers in the Republic of Benin. Our little health centre is not adequately equipped to handle a crisis of this nature, but in the spirit of MMM we stretched beyond our limitation and reached out to as many people as we could.

The Ministry of Health mandated the use of a drug called ciprofloxacine to fight the epidemic. But this was an expensive antibiotic, well beyond the resources of most people.

Monique, aged eight, from our village of Zaffe was brought to us by her step-mother. She was feverish, weak and dehydrated. We suspected she had typhoid fever and commenced supportive treatment. The only laboratory that could confirm the diagnosis was 30 km. away.

We asked the step-mother to go away and buy ciprofloxacine and we kept Monique for observation all day. But as ours is not a bedded Health Centre, we had to let her go home in the evening.

The next day was Friday. Monique was a little better, but the drug had not been purchased. Her father was away farming and there was no money at home. On Friday evening she went home again.

But on Monday morning, both parents arrived with Monique at 9 a.m. Still no drug had been bought. The little girl was in a bad state, bent over double in pain, dehydrated, very febrile and looking really miserable. She now had a typhoid intestinal perforation, one of the dreaded complications of this deadly disease. She had to be got to hospital.

We drove her the 24 km. to the referral hospital in Dassa Zoume, but they could not accept her because the surgeon was away. We continued another 30 km to the hospital in Savalou. Again they would not accept her becasue their surgical wards were full to overflowing. At least one in three were cases of complications from typhoid.

It would be a four-and-a-half journey to the bigger hospital. At this, the parents despaired. They said they would prefer to take her home and treat her with traditional medicine. By now we did not think that Monique would even survive the journey home.

We managed to see the Medical Director who was very understanding. He put her in a non-surgical ward under the care of the surgeons.

Nine days later Monique came home to Zaffe. Only later did we realise that her parents had taken her home without waiting for her to be discharged. They had run out of funds and saw that Monique was no longer in a critical condition.

We tried to encourage them to return, but they were not keen. They tried the traditional method, but Monique only got worse. We visited her home regularly. She was very emaciated and could neither sit nor stand. We feared she would die and continued to try to persuade her parents to return to hospital with her. In the end they gave in.

It was a busy morning for us in the Health Centre a few weeks later when Monique walked in with her parents, carrying a bag of yams to say 'thank you'! All the staff were very excited and hugged her when she made her speech thanking us for keeping her alive.

We then discovered that Monique had never been to school because her parents did not have the funds to pay her school fees. Friends of our have now accepted to sponsor her through primary school. She is looking forward now to this new opportunity in her life.

When you look back and think...

"WHEN YOU LOOK BACK and think of the devastation in Rwanda just ten years ago, it is hard to believe the huge progress the country has made since the horrific genocide of 1994. Today, public services are up and running, and on the surface, at least, there are few evident signs of the trauma. Yet, deep down, the scars are there."

So comments Áine Clancy, a young Irish barrister who has just completed twelve months volunteering with MMM at Kirambi.

Her friend, Stephen Coakley went to Kirambi also, to experience for himself some of the challenges faced by people who have been through so much.

"It is amazing to think how they manage to live with each other after such a short space of time, and when so much happened. Yet they seem to be able to get on with their day-to-day lives."

Áine believes that doing things together contributes to the reconciliation that is taking place among ordinary people.

"For instance, the MMM programme to improve nutritional levels is never called a reconciliation programme, but in effect it plays an important role in helping people to get on together. If your child is sick or malnourished and you come to one of these Clinics, nobody asks to which group you belong. Everyone participates together in these sessions, so this type of health care becomes the context in which women are drawn together. They are also working together in the fields in agricultural groups and I believe this contributes to understanding of what people have in common rather than what divides them."

Áine's work took her to visit many people in their homes. "Each woman who participated in the Nutrition Programme was visited in her home every six months. The purpose was to ensure that the people were putting into practice what they were taught in the Clinics. We drew up a questionnaire to help us keep track of what percentage had planted crops in the way they were shown, using compost heaps, and what vegetables they were growing, whether they were preparing balanced meals, and using clean drinking water."

To help raise funds for the housing project before going out, Stephen ran in the Paris marathon and pestered all his friends for sponsorship.

"The traditional round houses are very basic and very dark", he said. Space is tight and the thatched roofs unable to withstand the heavy rains."

As they embark on their legal careers in Ireland, the welfare of the people of Rwanda will continue to be important for Áine and Stephen.

Sister Agatha

Trócaire Partnership

From the beginning, the MMM work at Kirambi has been carried out in partnership with Trócaire, the development agency of the Irish Bishops' Conference. Colette Craven, a native of Rwanda, is the staff person responsible for Trócaire's work in Rwanda. Following a recent visit to MMM at Kirambi, she spoke of the progress made in the years since the genocide:

"At one level the progress is incredible, and it is good to see how we have been able to empower the civil society. I couldn't believe how some people have moved on in terms of health and nutrition status. I was very impressed with the Twa families I visited near Kirambi, how very clean their houses are, how they have seen the need to move from being hunters and gatherers and are now harvesting sorgum, maize, beans, and caring for goats and rabbits – things they never did before.

"Everyone in Rwanda will be haunted and hurting from the genocide forever. I found in the eyes of the people some coping mechanisms, a strength to go on living, but the memories of what happened are still there, and my worry is about how much reconciliation has really taken place."

She had special words of praise for Nigerian-born MMM, Sister Agatha, who is Director of the Health Centre at Kirambi:

"Agatha is the only non-Rwandan who has no foreign accent. She speaks Kinyarwandan just like me. She is the most successful example I have ever seen of someone who came to Rwanda and learned Kinyarwanda. All the MMM Sisters are so professional and so gentle, it is no wonder they get on so well with the local people."

Golden Jubilee Celebrations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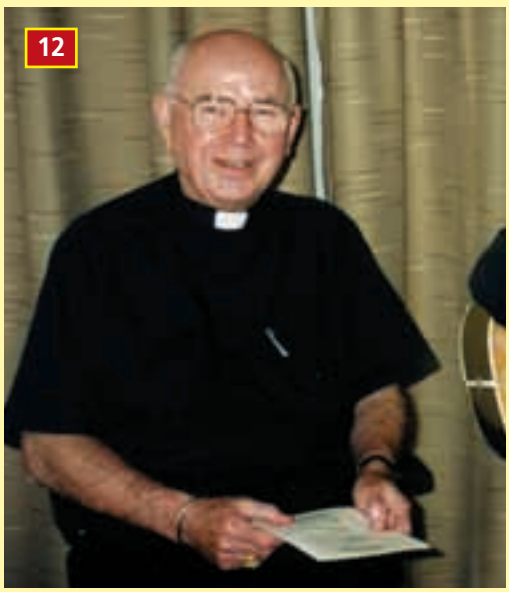
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1 Margaret Taggart, grand niece of
2 Sister M. Anastasia.
3 Margaret and Stephen Morgan with Sarah, Helen, and Peter – family of Sister M. Anastasia.

4 Sister Brigid Keogh

5 Sister M. Eugene McCullough with friends, Marie and John McCrumlish, Dolores Dunne and Aidan Coyle

6 Sister Denise Lynch with her grand-nephew Gabriel and his dad, Stuart McLaughlan who came from Scotland for the Jubilee

7 Sister Margaret Doyle

8-9 Sister Deirdre Twomey with her sisters, Oonagh (8) and Sister M. John, of the Carmelite community, Kilmacud

10 Sister Ann McLaughlin with Kathleen Owens, a long-time supporter of MMM.

11 Janice Milligan, Mary Bird and Deirdre Heenan, all nieces of Sister Ann McLaughlin

12 Bishop Edward Daly

13 Peter Marquis and Brendan Ward (nephew of Sister M. Pacelli) played a reflection during the Jubilee Mass

14 Sister Therese Kilkenny with her cousins Miriam Dwyer, Clare Geraghty and Rita Hickey

15 Sister M. Sarto Farrell

16 Sister M. Pacelli Ward with her niece Regina Brennan, grand-niece, Nicola, and niece Mary Ward

17-18 Sister Maura O'Donohue and her nieces Mary Kelly, Katherine McMahon and Margaret McGrath

19 Sister Josephine Flood with Fr. Pat Kelly SPS

20 Sister M. Muredach Hallinan with her sisters, Bridget Carroll and Kathleen Duffy

21 Sister Agnes McKeown

22 Sr. Patricia Hoey with her grand-niece Miya Lynch

Rooted and Founded in Love

Resilience is the word

By Sister Kathie Shea

If there is any one word that describes Angola for me – the people and the country – it is resilience!

When I looked up this word in the dictionary I was happy to find the following: springing back, recuperative power, a recoil to a former size and shape…

On so many buildings and homes there still are what appear to be spots, like an outbreak of chicken-pox. These bullet marks are everywhere.

There are still many areas of the countryside unsafe because of landmines.

Yet, all about there are signs of 'springing back' to life! Buildings are being repaired. Companies and industries are once again beginning to function. Flights now go regularly between Lubango and Huambo and Luanda, the capital city of Angola.

One has only to look at the clay homes, partially destroyed but not completely, or the semi-destroyed buildings including the parish church in Huambo where the stained glass windows were blown out by gunfire, or to meet the partial amputees walking on the streets, to realise that despite so many obstacles, the men, women and children of Angola are springing back to new life!

It is within their blood, their genes, their nature, their personalities to do so! They are a real inspiration.

We looked at the little girl who came to our house and asked for a doll. She was about eight years of age. She was so poorly dressed that all the clothes she was wearing would not be enough to make up even a rag doll. But from this little girl's request came the idea of starting sewing classes to teach simple things, including how to make rag dolls.

At the time the war was still raging in Angola. The children were used to carrying water and looking for firewood. They heard more about landmines and bad news of the war than about toys.

But when we began in 1997 with a group of fourteen girls aged between eight and 15 years, our little doll industry became very popular.

We used remnants of cloth, thread and needles donated by friends overseas, and pieces of sponge which came with the medicine bottles. We taught the children how to knit and sew. At the same time we taught them how to read.

Then some donors sent us the money to send a local woman called Silvina away to attend a special course. She already had some knowledge of dressmaking. When she returned she was a great help in passing on her skills.

As the children grew older, they made dolls not only for themselves but for their sisters and relatives. Some of the dolls are good enough to be sold in the market.

Healthcare is a Challenging Balance

It is a real challenge to get the right balance between investment in services that prevent disease and those that cure. In developing countries most common illnesses can be prevented. Therefore, a great deal of our energy goes into community based health care.

The following pages draw together some fruits from a recent Forum in which a number of our Sisters participated. We hope to produce a book soon which will include more details of our collecteive experience gained over many decades of work with local communities in a dozen or more developing countries – whether in times of war and turmoil or in times of peace and development. The political context always has a major influence on the capacity of a community to take responsibility for its health.

Primary Health Care (PHC) refers to the point where the individual makes the first contact with the health services.

The Secondary level of care is provided in small hospitals or health centres, which may or may not have some beds.

The Tertiary level of care is provided in large hospitals, often teaching hospitals attached to Universities, or other Specialist Units.

Community based health care (CBHC) is one of the components of Primary Health Care. It includes all the measures that are needed to prevent illness and accidents. CBHC depends upon a good referral system when secondary or tertiary level care is needed.

Changing Roles AND Changing Emphasis

COMMUNITY BASED HEALTH CARE (CBHC) implies a change of focus and indeed a change of role for all the key players in the health care spectrum. It also implies a sense of responsibility among local people who are seen as active players in determining their own health status and that of their local community.

In hospital-based curative services, the professional doctor or nurse or other specialist focusses on the individual patient. The professional person is usually the one who holds control and is perceived to have the knowledge that will cure.

In community based health care, the role of the professional is quite different. It is to assist and encourage and inform communities regarding the tasks to be done to take control over the factors that determine good health.

The longer we have worked in CBHC, the more our emphasis has changed from curing disease to prevention, and to promoting all the measures required for good health.

This also means working with low-cost remedies, acquiring knowledge concerning locally grown medicinal plants, and introducing and encouraging a range of complementary therapies.

In CBHC, the role of women becomes paramount.

The 'Nuts and Bolts' of Community Based Health Care

A SURVEY – often called a "community diagnosis" is the first step on the road to establishing community based health care. Selection and adequate training of community volunteers who will carry out this survey is vital. Much time is needed to dialogue with community leaders to ensure that the people eventually selected for this work will be reliable and acceptable to the local population.

The survey will cover all the elements that contribute to the health status of the community – water supply, food supply, sanitation, waste disposal, sources of income, housing, land and soil quality, rainfall, transport etc. In particular, the survey team will collect baseline data on disease patterns and mortality in the community.

The major problems perceived by the community are listed and given attention. These may not initially appear to be directly related to health, but will be the indispensible key to community involvement. To ensure success in such a project the community must have a sense of ownership of the entire undertaking.

While the survey itself is a tool of education for the whole community, specific training has to be provided for those who will monitor the programme. In rural areas this may mean bringing the candidates to a centre for training over a 4-5 day period. During this time they will learn what is expected of the various community health workers and health committees. These would include Village Health Workers, Community Health Workers, Village Health Committees, and Traditional Birth Attendants. The next step will be to organize appropriate training for the people in each of these categories.

A few points from the 1978 Declaration of **Alma Ata**

Health is a fundamental human right requiring the action of many social and economic sectors in addition to the health sector.

The gross inequality in the health status of people is unacceptable.

Promotion and protection of health is essential to sustained economic and social development and to world peace.

Primary Health Care:

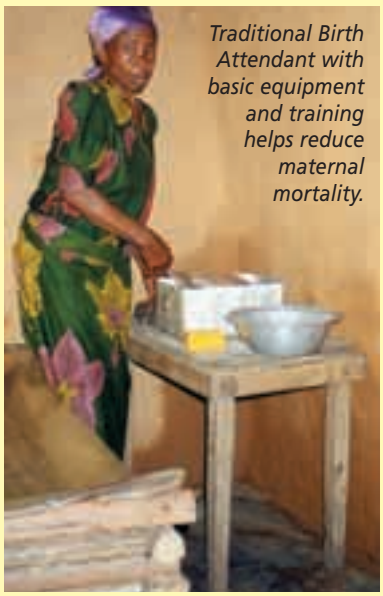
- addresses the main health problems in the community;
- includes education concerning prevailing health problems and methods of preventing and controlling them;
- relies on health workers, including physicians, nurses, midwives, auxiliaries and community workers as well as traditional practitioners, all suitably trained socially and technically to work as a Health Team and to respond to the expressed health needs of the community;
- involves all related sectors and aspects of national and community development, in particular agriculture, animal hushandry, food, industry, education, housing, public works, communications and demands the coordinated efforts of all.

RESULTS

Sister Maureen Brennan, FRCOG *(above)*, in a study over eight years in Nigeria, found that training Traditional Birth Attendants and sending teams to outlying Villages was a major factor in achieving a 50% reduction in maternal mortality.

However, in contast to curative services in a hospital setting, where dramatic results are often obtained relatively quickly, much patience is needed when it comes to measuring the success of community based health care. It can take years before patterns of improved health can be observed.

The drop in occurence of measles, whooping cough, tetanus, dysentery and skin and eye infections will probably be the first tangible results. We would also be looking for indicators that child mortality is significantly reduced. Improvements in nutrition, literacy, housing, income generation, horticultural production and animal health will also be indicators of success.



Traditional Birth Attendant with basic equipment and training helps reduce maternal mortality.

Appropriate Technology

THE SUCCESS of many community based health care initiatives has been linked to the development of low-cost appropriate technology. Often, women are selected by their peers and sent for short training courses and they return to their communities with new ideas.

Skills to reduce the amount of firewood needed to cook a meal are learned, as well as constructing cooking facilities that reduce the risk of burns and accidents with children.

Other examples would include the construction of latrines, ovens, chimneys, clay water containers, filters, and a simple cooling storage unit or local 'fridge'. The one pictured above is kept cool by soaking the mat on top which dampens the charcoal sides.

Working with Nomadic People

Nowhere is the challenge of community based health care greater than among people who are frequently on the move! We have experienced this challenge among pastoralists like the Turkana people in Kenya, the Maasai in Tanzania, the Borana people in Ethiopia and the Fulani in Nigeria. Following up on the health status of children from such populations needs a strategy of its own.

Apart from peoples whose tradition, economy and culture are based on a nomadic lifestyle, this is also a factor in newly expanding urban or peri-urban populations. The latter are usually migrants in search of work and housing. Often, they are forced by circumstances to move on for one reason or another.

With families on the move, monitoring the weight of children and ensuring the follow-up of their immunizations demands great flexibility on the part of the people implementing the health care service. It also involves raising the awareness of their leaders regarding health care issues.

With nomadic pastoralists, it may mean finding out where they think they will move to next, and that in turn will depend on rainfall and pastures. It is not so easy with the urban population who are not organized as a group and are more insecure about where they may go next.

The nomadic people usually have their own traditional healers who move with them. This is a group on whom the community based health workers will focus and try to engage them in the process of monitoring the health status of their community.

The Ottawa Charter for Health Promotion (1986)

built on the Declaration of Alma Ata and stated that the fundamental conditions and resources for health are:

- FOOD
- PEACE
- INCOME
- SHELTER
- EDUCATION
- A STABLE ECO-SYSTEM
- SUSTAINABLE RESOURCES
- SOCIAL JUSTICE AND EQUITY

People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

The Adelaide Recommendations (1988)

following the 2nd International Conference on Health Promotion set a new direction for health policy by emphasizing people's involvement, co-operation between different sectors of society, with Primary Health Care as its foundation. It identified the use of tobacco and the abuse of alcohol as two major health hazards that deserve immediate action through the development of healthy public policies.

The Sundsvall Statement (1991)

on Supportive Environments for Health, following the 3rd International Conference on Health Promotion (1991) pointed out that millions of people are living in extreme poverty and deprivation in an increasingly degraded environment that threatens their health. It said the way forward lies in making the physical, social economic and political environment supportive to health rather than damaging to it.

The 4th International Conference on Health Promotion, (1997)

in Jakarta called on the private sector to support health promotion as a key investment. It affirmed that poverty is the greatest threat to health.

History and Transition

1921-24 While Marie Martin worked in Nigeria as a lay volunteer, she saw the masses of people who were without health services. She was especially touched by the degredation of women and the prevalence of disease and suffering. She became convinced that – to address the problem – a religious Congregation of committed missionaries was needed.

1937 The first Sisters having arrived in Nigeria, the Medical Missionaries of Mary were founded on April 4.

1939 At the outbreak of World War II, the German doctor in charge of St. Luke's Hospital, Anua, was interned. There was, as yet, no Sister-doctor in Nigeria, but the fledgling community of Sisters began working from village to village.

1945 At the end of the war, MMM expanded to Ogoja Diocese. Under the inspiration of Bishop Thomas McGettrick and Dr. Joseph Barnes, a new concept in leprosy care was developed. It placed great emphasis on the values of community and local culture. During the following decades, this approach was very successful in bringing leprosy under control.

1950's Peacetime facilitated the development of badly needed hospitals and training facilities. Great energies and financial resources were invested in this aspect of our mission. Many Sisters qualified in specialist fields.

1959-60 During her Visitation of overseas missions, our Foundress, by then known as Mother Mary Martin, frequently spoke of the need to go out to the people, showing concern for the problems of those who could not reach our hospital-based services.

1962 The spirit of the Second Vatican Council facilitated much closer co-operation between Catholic and Protestant missionaries. This contributed to new insights in relation to the lack of Primary Health Care (PHC) in developing countries.

1963 Bishop Joseph Moynagh of Calabar, Nigeria, where MMM was founded, expressed his great appreciation of the work being done by MMM in hospital-based services, but drew attention to the plight of those who could not reach the hospitals. He requested that Sisters be assigned specifically for this purpose. Mother Mary Martin shared his concern. Writing from Rome, she sent out a questionnaire that included community based health care. This was in preparation for the revision of the Constitutions of MMM in response to the Second Vatican Council.

1968 Two Sisters travelled to Geneva to discuss the need for PHC with Dr. McGilvery, Director of the Christian Medical Commission – a newly-established section of the World Council of Churches. Dr. McGilvery and Dr. Karefa Smart of the World Health Organization, addressed the members of MMM's Second General Chapter that opened in 1969 on the changing approach to health service provision.

1969 The arrival of the first MMM Sisters in Brazil inaugurated a new type of involvement in community based health care through the parish structures of Basic Christian Communities.

1972-73 In Nigeria, the Lagos suburb of Ajegunle, had a population density of 150,000 per square mile. The late Sister Felicity Cunnigham became involved in community based health care in this extensive urban slum. In Tanzania, plans for the Babati-Nangwa CBHC project were under discussion.

1974 Prof. David Morley of the Christian Medical Fellowship addressed the Members of the Third General Chapter of MMM, the preparation for which included much discussion of PHC. The Acts of that Chapter set the objective of holistic health care 'directed to the whole person, embracing the whole community…'

1975 MMMs in Ethiopia, in response to famine, extended their work in the Bisidimo area, travelling extensively to reach people in their villages. During this, and subsequent famines, much hands-on experience was acquired and shared.

1977 The MMM Inter-Regional Assembly at Limuru, Kenya, devoted several days to working with Grail members Anne Hope and Sally Timell on the principles of DELTA – Development Education and Leadership Training for Africa.

1978 The World Health Organization and UNICEF, following intensive study at a series of Regional Meetings, held a ground-breaking International Conference on Primary Health Care, resulting in the famous Declaration of Alma Ata.

1980 At Bettystown, a village on the east coast of Ireland, a group of MMM doctors and nurses gathered for a 'Think-in' on PHC. The conclusions of this were circulated to all our communities and had much impact.

1981-87 From her experience in hospital-based work as a paediatrician, Sister Pauline Dean had become convinced that energies should be invested in community based health care. For seven years, she developed a publication called 'PHC Link' which was circulated to all MMM communities. With simple graphics, it set out the goals and methodology that would guide this work. The quarterly international magazine of the World Council of Churches *Contact*, was also studied with great interest during these years.

From that time on, Sisters who took post-graduate courses at the Liverpool and London Schools of Tropical Medicine, and later at the Nairobi-based AMREF, included modules in PHC and CBHC in their training. All new MMM foundations made since the Declaration of Alma Ata focussed on community based health care.

From the early 1980s, the demands of HIV/AIDS required the development of special services to persons and communities affected by the pandemic. This put enormous new challenges before us – AIDS could not be cured; our own staff frequently fell ill from HIV infection and many died; growing numbers of orphans needed support and communities needed new services. Care of carers also became a need. All our experience of CBHC helped us to respond to these challenges.

Mother Mary Martin
(1892-1975)

While still in her early twenties, the horrific experience of nursing wounded soldiers during World War 1, and writing to the bereaved mothers of soldiers who died, helped to shape the world view of the woman who founded MMM in 1937.

She devoted her life to providing health care for people in greatest need. She encouraged her followers to go out to the most remote and impoverished places and become engaged in the Healing Mission of Christ.

Sister Monica Clarke
(1908-1981)

A graduate of Medical School at UCD, Sister Monica had worked in Public Health in the west of Ireland for several years before joining MMM.

Following experience in Tanzania she became a great advocate of PHC. She was later elected to the General Council of MMM. Writing in 1952, she said the primary endeavour of each Sister must be to "understand the people with whom she is going to work... gain their trust and confidence... and every effort must be made to go ever deeper into the Bush to meet the patients at convenient centres and in their homes."

Professor David Morley

Dr. Morley's experience as a paediatrician in Nigeria led him to found *Child-to-Child* in which older children pass on skills in health and hygiene to younger ones. He also founded *Teaching Aids at Low Cost* (TALC) which has distributed more than 10 million books, slides and accessories including *Where There is No Doctor*. "Just as Paulo Freire used words important to people to teach literacy, so we can use child growth to teach numeracy." Dr. Morley showed that mothers could grasp what plotting a graph involves when they observed familiar amounts of water being poured into a bucket hanging on a spring. "Once a mother understands that the vertical line in the chart indicates months, she can more easily understand the other sections of the chart, e.g. immunisations. She maintains her role in the 'driving seat' of her child's PHC."

Sister Margaret Mary Nolan (1896-1984)

Following medical school in Ireland at UCD, and post-graduate studies in London for her Membership of the Royal College of Obsteticians and Gynaecologists, and then qualifying in General Surgery at the Royal College of Surgeons in Ireland, Sister Margaret Mary joined MMM in 1939.

She was a great believer in community based health care. In the mid-1940s she wrote: "there is a place for all – the physician and the surgeon, the opthalmologist and gynaecologist, the psychiatrist and the research worker." But, she added: "a paradise awaits the exponents of preventive and social medicine 'where walk in teeming multitudes the million masks of God'".

Sister Margaret Garnett
(1920-1990)

On graduation from Medical School at Manchester, Sister Margaret worked in General Practice and Public Health in her native England before joining MMM.

After twenty-three years at Kabanga Hospital in Tanzania, she was elected Assistant Congregational Leader in 1974. Sister Margaret followed closely the work of the WHO Regional Meetings in preparation for the 1978 International Conference on PHC at Alma Ata. She gave great leadership and encouragement to MMMs embarking on community based health care.

Dr. Joe Barnes

In 1945 in Nigeria, Dr. Joe Barnes travelled by bicycle over vast areas of Ogoja conducting a Survey which revealed that some 47,500 people were infected with the leprosy bacillus.

He devised a plan to stop the spread of the disease. With the local Clan Chiefs it was agreed that specially built segregation villages were necessary, but patients would not be moved from their own territory. He wrote in 1947, "The charity of MMM must be all-embracing including not only the unfortunate heartrending advanced case, but also the child with a tiny patch and even the protection and defence of the whole community."

Sir Michael Wood

"Go an extra mile" – this was the spirituality of Michael Wood, the plastic surgeon who together with colleagues Archibold McIndoe and Tom Rees founded the Flying Doctors' Service back in 1957. The service, which is part of AMREF (Africa Medical & Research Foundation) has played a major part in bringing health care to places of greatest need.

Today, its radio network comprises over 100 HF stations throughout East Africa. AMREF develops training courses and materials based on a holistic approach and implements its activities in the context of community based health care.

Nutrition and Child Health

Women's Development Group make up weaning food at Makiungu Hospital Tanzania

Each country has its own traditional type of weaning food. The task of the community health worker is to encourage the use of these foods according to the development of the child. These are a mixture of maize flour, soya, and mashed beans. We find different names for this mixture in different countries.

In Tanzania where we work at Makiungu Hospital, it has been named *mamak*. In Uganda around Kitovu Hospital it is called *ekitoboro*. In Ethiopia the people among we work call it *fafa*. In Malawi it is called *likuni phala*.

Years ago, missionaries of the Seventh Day Adventists created an industry called African Basic Foods where some essential foods can be procured, especially in times of drought or scarcity.

Demonstration gardens and kitchens will be constructed as part of a good community based health care initiative. Young mothers who attend these sessions are given seeds to take home to plant in their own compound.

Demonstration Kitchen at Kabanga Hospital, Tanzania

Some women are selected to take a short training course in kitchen and home improvements. On return to their village they share their new skills with the other women, and before long general improvements can be noticed all around, of which they are very proud.

A high point of community life is when the infants and toddlers are brought to be weighed. Villagers will often be asked to construct the venue for this important monitoring procedure. There is great joy when a child is seen to be attaining its growth target. For those with problems immediate action can be taken.

This is also the occasion when the child's immunization record can be inspected.

Water

Lack of drinking water is a major problem in many poor communities. Addressing this means identifying and protecting water sources.

This usually becomes a major part of any community based health care initiative. The task may vary from spring protection, to hand-dug wells which are often up to 20 or 30 meters deep.

Many community members will become involved in the task of protecting their water sources. This will require collection of stones and sand for prepration of protective cement rings that will line the well, and for the filtering process. Wooden moulds will be provided for making the cement ring linings.

Villagers come for water at the Health Centre, Fuka, Nigeria

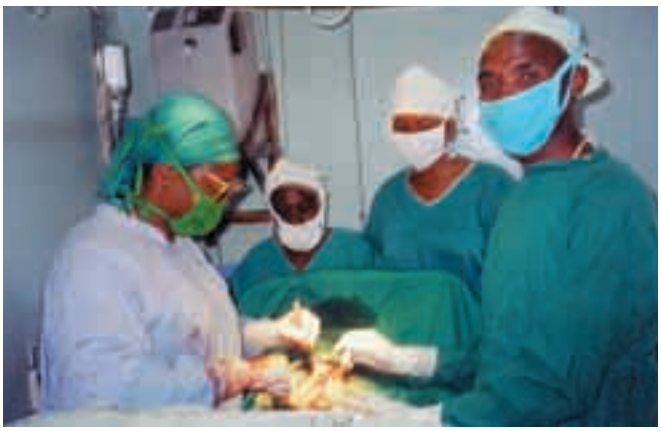
The digging of the wells will usually be done by locally recruited young men with expertise, while the women will provide the food for the workers. Unfortunately in many cultures, even today, it is also the women who will carry the stones to the site.

Some of these wells will have hand-pumps or treadle pumps installed. Others will draw the water to the surface by bucket. The important thing is to ensure the sustainability of the water source. This will require education of the community in maintaining the well. It will also involve education in the pursuit of personal and domestic hygiene.

Hopefully, with the water sources properly protected, the community can look forward to seeing the reduction or complete elimination of water-borne diseases like cholera, amoebic dysentery, gastro-enteritis, and typhoid fever.

MEDICINE
a very humbling profession

by Sister Magdalene Umoren



'The huge cyst had twisted eight times'

MEDICINE is a very humbling profession. That I understand more with each day that passes! The other day I was so worried about a patient after completing her operation that I could not even eat. I just turned to God and said "it's over to you now to take care of Zawadi..." Her name is the Swahili word for 'gift'.

I shared my worries with some of the Sisters in the community and my friends on the staff. We all prayed for Zawadi. I visited her two or three times a day to check on her progress. As I prayed on her second post-operative day, I felt God was asking me why I cannot trust more, remembering all that has happened in the past. I immediately left all to God and felt at ease. I believe that it is God who heals. We doctors are only the ministers. We can only do so much.

On the third day, Zawadi had her hair plaited in a nice new style and she looked so much different. I joked with her that she was now recovered. She smiled. I removed her nasogastric tube and catheter. She began walking outside the ward and eventually recovered without any complication. It was wonderful for me to see her going home so happily.

One day while I was working at Makiungu Hospital, the anaesthetist asked me if I had ever counted up all the patients I had operated on since my arrival. I replied 'no'. Together we took out the Register and began to count. In the previous two years I found that I had operated on 228 major cases and 462 minor cases, and had assisted other doctors on 55 major cases and 42 minor cases.

In March 2003 I was transferred to Kabanga Hospital. In my first four months I was called for 52 major operations ranging from peritonitis, intestinal obstructions, caesarian sections, obstructions that require resection, twisted ovarian cysts, and more.

Many of our patients are refugees coming in from the camps near Tanzania's western border.

Danaidi was a refugee who came to the hospital during her pregnancy just two weeks before her baby was due. I remember doing her ultrasound examination, but I did not see her again until her baby was born and two weeks old. When I saw her this time, I realised she had a large ovarian cyst. I recommended surgery to her to have it removed, but she returned to the Camp.

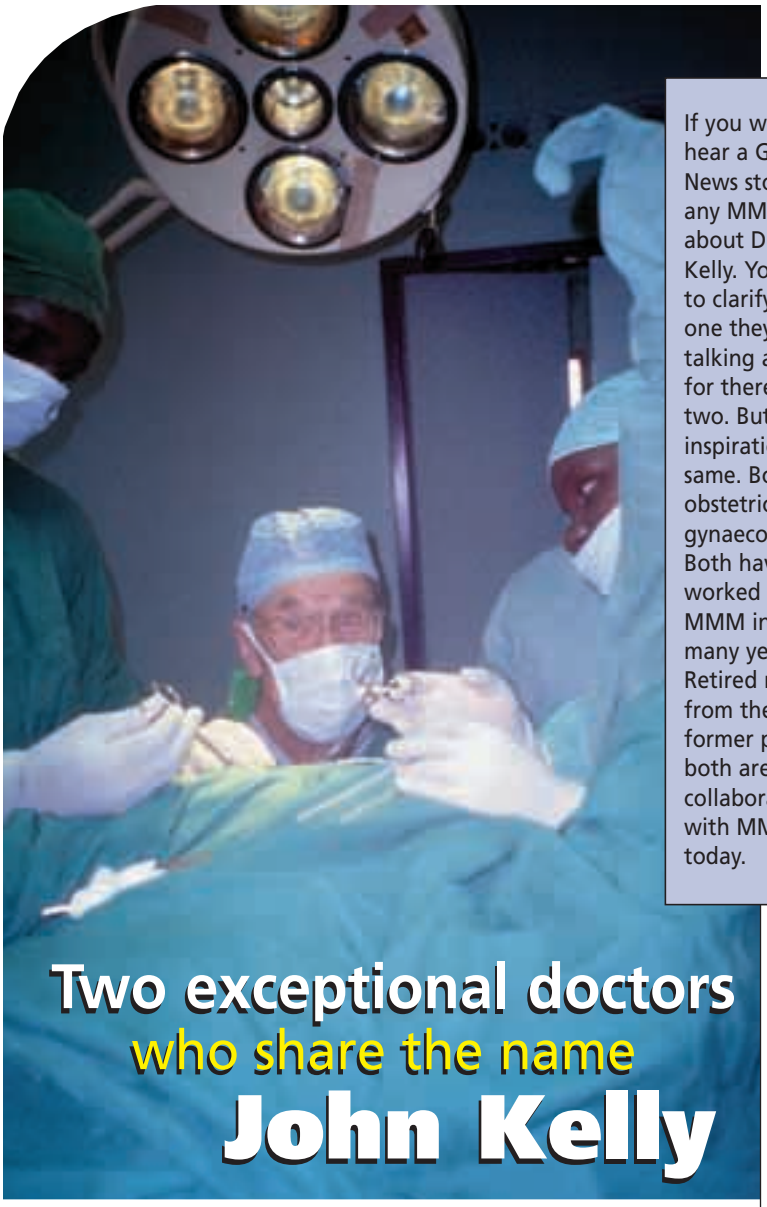
Sister Magdalene

I did not see her again until one evening the ambulance from the Refugee Camp came 'screaming' into the hospital with its siren going full blast. Once I saw Danaidi, I knew the problem without being told. I knew we were now faced with an emergency cystectomy. It turned out that the huge cyst had twisted eight times. Each time I untwisted the cyst everyone in the Operating Theatre counted the number of times aloud! The cyst was the same weight as the baby she had delivered a few weeks previously – 3.6 kg. Thank God, Danaidi made a good recovery.

On some occasions we can have as many as six, or even eight women in active labour at the same time. We have only two delivery beds in the labour ward, so that puts us under a lot of pressure. But there is a great spirit in the community and the hospital. Sometimes I call on Sister Corona O'Brien, our Midwifery Tutor, to help with the dilemma. Like a typical MMM she will come in haste, assigning some senior students to the wards and then come on duty herself to lend a hand.

I appreciate this co-operation very much. Organising the place and everyone so that all goes well is very important, and that is easier when there is a good team spirit.

Since I qualified as a medical doctor in Calabar in my Nigerian homeland eleven years ago, I realise more and more that the need for orthodox medical practice cannot be over emphasised, especially in developing African countries. I hope MMM can keep up the tradition of having Sister-doctors to do this work as we did all through the years.



Two exceptional doctors who share the name John Kelly

If you want to hear a Good News story, ask any MMM to talk about Dr. John Kelly. You'll have to clarify which one they are talking about – for there are two. But the inspiration is the same. Both are obstetricians and gynaecologists. Both have worked with MMM in Nigeria many years ago. Retired now from their former posts, both are active collaborators with MMM today.

Sister Pauline Dean was paediatrician at St. Luke's Hospital, Anua, and remembers a day, long ago, when she had a terrible headache as she began her ward round. She knew her temperature was up somewhere around 102. Malaria had struck again. Just then, in walked a stranger.

"I hear you have malaria and should not be on duty", he said. "Let me do the ward round with you. Tell me about each patient and I'll take good care of them till you feel better".

Dr. John Kelly, was newly arrived from Birmingham. When Sister Pauline was well again a few days later, he took over in the Obstetric Unit.

Sister Maria Goretti O'Conor met the same Dr. Kelly at the Sorrento Hospital in Birmingham when she was studying for the advanced Diploma of Midwifery and Clinical Teaching.

"He later invited me to join the Research Team at Birmingham University with particular interest in foetal growth retardation. He showed great interest in the many Sister doctors and nurses of all missionary congregations and those who came from the developing countries. He, and his late wife, Chris, also provided great hospitality for us at their home, together with their children Dominic, Daniel, Aidan and Mairead."

Sister Maura Lynch, senior surgeon at Kitovu Hospital in Uganda, says "I have learned many practical and moral lessons from John. His dedicated service to underprivileged women is outstanding, as he travels from continent to continent doing fistula repair in the developing world. In spite of long hours at the operating table in uncomfortable positions, he never accepts all the thanks and glory of success for himself but acknowledges the importance of the roles of everyone on the operating team. John is also very conscious of the financial burden of these complicated surgical procedures and is always seeking funds and never fails to bring along with him many of the needed supplies."

Dr. John V. Kelly, together with his lovely French wife and young son, John, came to work at St. Luke's Hospital in Anua in 1965. Their daughter was born there and they called her Mary Anua, or Manua for short.

Dr. Kelly's arrival at Anua enabled Sister Ann Ward to return to Europe to study for her M.R.C.O.G.. Later she was elected to Fellowship of the Royal College, and went on to establish the renowned service for fistula repair at Itam in south-eastern Nigeria.

Unfortunately the Biafran War interrupted Dr. Kelly's work with us in Nigeria and the family returned to the United States and settled in Phoenix, Arizona where Cecilia and Marc were born.

After the death of his wife and his retirement in 1996, Dr. John V. was still feeling full of energy and contacted MMM again to see if there might be a place where he could contribute his skills and experience. The Sisters at Makiungu Hospital in Tanzania were absolutely delighted.

Sister Marian with Dr. John V. Kelly

Sister Marian Scena, Medical Officer in Charge at Makiungu Hospital, tells us:

"Since 1996, Dr. Kelly has spent between four and eight months every year with us, passing on his skills, experience and wisdom to the other medical staff at the hospital. He is very popular and has developed a large practice dealing with problems of infertility. He has also helped to train our younger Sister-doctors in the specialization of obstetrics and gives them the encouragement and confidence to go forward for advanced study in this very difficult field.

"Apart from sharing generously with us his medical and surgical skills, Dr. Kelly has used every opportunity to talk with friends and colleagues about Makiungu."

Training is the Key

A dry itchy rash is one of the very distressing symptoms often suffered by a person infected with the AIDS virus. Luckily, like a myriad of other skin conditions, it responds very well to what has become known among the MMMs in East Africa as 'Mobile Cream'. Here Nurse Maxie is pictured stirring her large mortar of newly-made cream to supply the mobile units that visit far-flung villages in Uganda.

Maxie is one of dozens of health care workers who have gone to *Mapambazuko Residential Training Centre for the Promotion of Indigenous Knowledge*. This is run by MMM at Ngaramtoni, near Arusha in Tanzania. One of the aims of the Centre is to identify and make known low-cost remedies that are effective in home-based care.

A variety of courses is offered in different therapies that complement western medicine, like Reflexology, Massage and workshops in Psychosynthesis. The Centre also has its own herb garden and provides courses in indigenous plants as food and medicine.

Dr. Eamonn Brehony of Mapambazuko Training Centre with his daughter Aishling.

At Ngaramtoni, groups are also welcomed for courses in team building, project planning and management, evaluation, facilitation skills and organisational development.

God is in the facts

Sister Brigid Corrigan writes from Dar es Salaam about her close friend, Sister Consolata Rhatigan, who died on 4 December, 2002:

All who knew Consolata realized that she was a very direct, wise, prayerful and hardworking person. She was a real organizer – one who could bring order out of chaos. It was this gift and her vision which drove her into action. This might involve visiting all the MMM houses in Tanzania on bad roads in a less than perfect vehicle, preparing a feast for a hundred visitors, or initiating the Department of Dietetics at Bugando Hospital, teaching Domestic Science to large classes of hyperactive teenagers, preparing detailed budgets and bank accounts, discussing building plans and quality of cement for the Ngaramtoni Centre in Arusha, taking classes with Novices on the MMM way of life, investigating stock control in hospitals to see where the petty pilfering was going on, setting up nutrition centres for mal-nourished children. The list could go on and on.

Once she knew the task, her ability to see it through with perfection and finesse was a joy to witness. She enjoyed the satisfaction of a job well done and the amazing fact is that in it all she could see the funny side of the situation! Being with her on these journeys meant that you caught her spark of life and maybe some of her idiosyncracies, and laughed with her, often until you cried!

She liked facts. 'God is in the facts', she would say – in all the situations of our lives and the lives of our families. Above all she saw the facts as they revealed themselves in her last illness and they were hard facts. But with the same courage which had driven her and drawn her in her very active life, once she knew the truth she accepted the facts and put herself in God's hands. It seems right that she finally left us while her bags were packed and ready to return to Kenya. Thus had she lived - ready to go in haste to wherever she was called.

'Nothing is so delicate and fugitive by its very nature as a beginning'
– Teilhard de Chardin

Marie Martin: Beginnings

Sister Isabelle Smyth

Marie Martin (1892–1975)

IT IS HARD to pin-point when exactly Marie Martin decided to establish the Medical Missionaries of Mary. It was a slow process involving many actors. It took all of two decades from her first serious thoughts on the matter before she reached the official starting point – the day she made her religious profession on April 4, 1937.

To observe the woman who persevered through such a long prelude, we need to retrace her steps, especially through the years of her young adulthood – years that were full of searching. During this time, she repeatedly used the expression 'the real work' to refer to caring for the sick in the most deprived places she knew.

Marie was 24 years of age when she returned to her native Dublin from France. She had been nursing wounded soldiers during one of the most gruesome battles of the Great War - the first Battle of the Somme – that raged for 147 days from July to November of 1916. Marie had been changed by all she had witnessed during her two periods of service in military hospitals. And she had suffered the loss of her own brother, twenty-one year old Charlie, who had died of his wounds following his capture in Serbia.

One day in 1917, in her local parish church at Monkstown, she prayed to know what God wanted her to do with her life. Suddenly there flashed across her mind the realisation that God was calling her to become a Sister. Rather than get married and have children of her own, she would 'mother' many people, those who were much more in need of being loved.

She was not at all sure what exactly this implied. However, the next day she went to meet her boyfriend and explained to him that marriage was out of the question.

This decision must have raised many eyebrows in the wide social circle to which Marie belonged. As the attractive eldest daughter of a wealthy family, her position would have been noticed in the seasonal round of races, hunts, balls and tennis parties. These social events had been part of the fabric of her young adult life before the war. But by the time Marie was in her mid-twenties, her thoughts began to focus on what would completely engage her for the rest of her years.

During 1917 as she reached her twenty-fifth birthday, a new young curate arrived in her home parish of Monkstown, Fr. Tom Ronayne. Marie sought his direction. It so happened that Fr. Ronayne had a deep interest in the foreign missionary work of the church and his enthusiasm quickly appealed to Marie.

Around that time, Fr. Ronayne invited to his presbytery in Monkstown, two priests whom he wanted to introduce to one another – Cork-born Fr. Ned Galvin, who was back in Ireland after three years of missionary work in China, and Fr. John Blowick, then a theology professor in Maynooth College. The two would later become co-founders of the Missionary Society of St. Columban. Fr. Roynane would have gladly joined them, but the Archbishop of Dublin would not release him from his commitment to the Diocese.

Fr. Ronayne's interest in the needs of the overseas Church, and Marie Martin's dedication to those who were ill began to gradually coalesce. For a while in 1918, Marie again went to work with men wounded in the war, this time in the English city of Leeds. By the time the armistice was signed on November 11, Marie was home. A major epidemic of 'flu was raging throughout Europe. This was years before the discovery of antibiotics. In Ireland, the 1918 'flu struck down people of all ages, leaving a trail of deaths in its wake. The Martins' family doctor, Joseph Beatty, was run off his feet. So, once again, Marie put her nursing skills to good use by offering to help him.

WOMEN DOCTORS AND NURSES

Soon the co-founders of the Missionary Society of St. Columban saw the need for women religious who would work as doctors and nurses in China. Lady Frances Moloney, a widow in her early forties, was among the audience at Dublin's Mansion House when Fr. Blowick made a memorable appeal for a new congregation to be founded. Lady Moloney was one of the first to respond.

Fr. Ronayne had two women in mind who might also be interested. One was Agnes Ryan, a teacher in Monkstown. She had commenced medical studies at University College Dublin. When he asked Marie Martin, she replied that she would be deeply interested if a society of Sisters for medical work abroad were ever founded. Marie met Lady Frances Moloney in 1918. She felt that was the road she would follow.

On New Year's day of 1919 Marie again sailed for England to get more nursing experience in a hospital there. At first she was with

orthopaedic patients, but spent most of the time scrubbing and cleaning. Later she felt she got good experience with 'flu and pneumonia – in France she had become quite experienced with respiratory problems, nursing soldiers who had suffered gas poisoning.

From England, Marie continued to correspond with Lady Frances Moloney, who had gone to Dublin's Holles Street Hospital to study midwifery.

As 1919 drew to a close, Marie was still planning to join the new missionary society destined to undertake work in China. It was now Marie's turn to make plans to enter Holles Street Hospital for midwifery training.

They all seemed blissfully unaware of the new Code of Canon Law promulgated in 1917. This tightened the already-existing ban on women religious assisting at birth, and went even further, prohibiting them from the practice of surgery. These rules were made against the general background of a society that discouraged all women from entering the field of medicine.*

At the start of 1920, Marie Martin was needed for nursing in her own home, as her mother was quite ill. So the commencement of her midwifery training was delayed until July 22nd, that year.

Once again, Fr. Ronayne was instrumental in changing the course of Marie's future. In 1920, the zealous Irish missionary, Fr. Joseph Shanahan CSSp, was nominated Bishop of the Vicariate of Southern Nigeria. He received permission from the Irish

Bishops to recruit priests for his mission on a five-year contract. Fr. Ronayne, who had been a student at Rockwell College when the young Fr. Shanahan had been teaching there, was the first to volunteer for Nigeria. This time his request to be released from Dublin was sanctioned.

Fr. Ronayne arranged for Marie Martin to meet the future Bishop Shanahan on April 29, 1920. She offered to go and help in Nigeria as a lay person, putting whatever nursing skills she had at his disposal, and telling him she was starting a midwifery course and hoped to qualify early in 1921.

By now, Agnes Ryan, already in her early forties, was a fourth year medical student. During a discussion in Holles Street, Agnes told Marie that she, too, would be interested in going to Nigeria.

Marie received her certificate in midwifery in February 1921, and was commended as 'an excellent nurse, educated and refined.'

URGENTLY NEEDED

Marie celebrated her 29th birthday that April. A telegram arrived from Bishop Shanahan, who had returned to Nigeria the previous November with Fr. Ronayne and eight other priests. The telegram said: 'Urgently needed if you don't mind facing things alone.'

Marie wired back: 'Will come. Have a companion.' Agnes Ryan had decided to leave her medical studies unfinished and go with Marie to Nigeria as a lay helper.

There was little time to prepare for such a momentous commitment. Communications, such as they were, made no provision for job descriptions or expectations. These concepts, perhaps under different names, operated well in the commercial world. But for women – breaking out of the moulds they occupied hitherto – such ideas were unheard of in 1921.

All the protagonists of the new missionary project lived lives that were fraught with uncertainties and determined by many factors outside their control. Somewhere in the background, each of those involved held a deep faith that the Divine Hand would guide whatever lay ahead. That the Divine purpose might be facilitated by a little clarification and planning did not seem to occur to anyone!

As the date approached for them to leave home, Marie was not feeling well and was

Anna Dengel , who was born in Austria in 1892 - just one month before Marie Martin - was determined to enter medical school. But as a woman there was no place for her on mainland Europe. In 1913 she was admitted to University College Cork, where she graduated as a doctor on October 25th 1919. In 1925, having worked for some years in India, Anna Dengel became the founder of the Medical Mission Sisters in Washington DC. Due to the restrictions of Canon Law, the Sisters who were doctors and midwives were unable to profess their vows publicly.

confined to bed for the week before her departure.

It was boiling hot in Liverpool when Marie and Agnes arrived from Dublin on May 23, 1921. Marie's brothers, Tommy and Leo, were there to meet them.

Before they left Liverpool on May 25, Tommy went scouting round the *Elmina*, the vessel of the African Steamship Company that would bring them to Calabar. He declared that theirs was the third best of the cabins. Marie herself found it 'not too bad', though she wished it had not been an inside cabin. The outer ones would have had a port-hole. Sharing the cabin along with Agnes and Marie, was a third young woman, travelling out to meet her fiancé ahead of their wedding.

A wire received on board brought good wishes from Lady Frances Moloney, whose plans for the future work of the Missionary Sisters of St. Columban were forging ahead. As they steamed out of Liverpool, Marie replied, telling Lady Frances how desperately hard she found it parting from home and from her mother. The loneliness, she said, was the worst.

The same day, writing to her sister, Ethel, who came next to her in the family of twelve children, Marie confided: "I have faced it a great deal braver than I ever hoped. Grace is wonderful what it can do". She added: "The sea between us shall never make any difference. I will always be your most loving sister."

Marie was a seasoned traveller, having been at boarding schools in Scotland and England as a teenager. At eighteen, she had been to a German finishing school in Bonn. During this time she negotiated a trip to Cologne and from her hotel there located a Travel Agent to purchase a ticket to Oberamergau to join her Uncle for the Passion Play. At nineteen, she was taken by another Uncle on a voyage to the West Indies. She loved all the novelty that seeing new places provided.

Once on board the *Elmina*, she knew that if she was quick, she could send home letters with the ship's Pilot, who would leave the vessel as soon as they had passed Holyhead. So she wrote at speed and completed several letters in the time available, telling her mother that there were 120 passengers on board, mostly young men going out to make their fortune.

Six days after leaving Liverpool, the steamship stopped at the Canary Islands for coaling. Passengers were allowed to land. Marie and Agnes took a carriage to visit the Cathedral in Las Palmas, and Quincy's Hotel. When they sailed on again at 7 p.m. that evening, they noticed it getting hotter and hotter.

Due to mist they went slightly off course and passed close to the Cape Verde islands. Her letters home told of how long the voyage now began to feel.

On June 2, she wrote: "Tomorrow we hope to see land, which always gives a little excitement. We hope to arrive at Sierra Leone on Sunday at 6 a.m."

Sure enough, on Sunday, June 6, Marie could gaze upon Africa for the first time.

"We were all very excited seeing the first piece of African coast", she wrote.

It was Freetown – drenched in rain driven by a great storm.

Five more days and they should reach Lagos, they were told. In a week they could be at their destination, Calabar.

From then on, Marie found it an exciting time, stopping somewhere nearly every day, though it took two days, with a very heavy swell, before they reached Accra.

On June 10, at six o'clock in the morning, the *Elmina* reached Lagos, and remained until dawn the next day.

Marie wrote: "We did not go ashore as there was no means of getting back with safety, so the day was very long and hot."

She explained: "Getting into Lagos is very difficult as there is a very large breakwater on both sides, leaving a very narrow passage to get through. Going in we got several bad bumps…"

A few hours after leaving Lagos they ran into a tornado with strong wind and rain, but it did not last longer than an hour. They tried to get in to Bonny, but it was not safe to disembark passengers there, so they proceeded to Port Harcourt for coaling, getting there at 1 p.m. on June 11.

Of her first impressions, Marie wrote: "The run up the river was very pretty and to see the little bush huts and this very unhealthy and swampy ground, all the huts are made of clay and thatched roofs. Port Harcourt looks a terrible place from the boat and it is very hot."

From there the ship had to return along the coast to Bonny and make another attempt to disembark passengers there.

MISSION SCHOOL

On June 14, as the *Elmina* approached Calabar, Fr. Ronayne lined up the local boy scouts to provide a Guard of Honour for the newly arriving missionaries. To his consternation he discovered from the authorities that only the teachers for the mission school, and not any other ladies, would be allowed to disembark. He rushed on board, anxious to ensure that Marie and Agnes were aware that they were 'the teachers for the mission school'. This was the first clue the two ladies got that their expectations of being involved in health care as lay volunteers could not be realised for a long time to come.

For Agnes Ryan who had three professional qualifications as a teacher, it was probably not too strange to find herself running a mission school, which had been run by French Sisters of the Order of St. Joseph of Cluny from 1903 to 1919.

For Marie Martin, who – despite her considerable personal charisma, insight and culture – held no academic qualifications, the situation in which she found

herself was not only a daunting prospect, but also deeply disappointing.

For both of these women, who had left Ireland for Nigeria as lay volunteers, finding themselves living in the former nuns' Convent, and being addressed as 'Sister', demanded a rather rapid reorientation!

On June 19, Marie wrote to her mother in a letter headed "The Convent":

"You must not laugh but from the moment we met the Frs. we have been Sister Agnes and Sister Mary + will be from this out."

Calling them 'Sister' was considered expedient to distinguish the two volunteers from Protestant women missionaries, and in assuring some sort of continuity in the minds of the Convent School pupils and their parents. It had been two years since the

Cluny Sisters had left the school. But, however much Marie and Agnes might have aspired to become religious at some future date, they did not yet hold that status within the church.

In July-August 1921 Bishop Shanahan visited them in Calabar. When replying to the first letter Marie wrote to him after that, he referred to it as the "first you've written to me in your new capacity of Rev. Mother".

Disguising them as religious Sisters may have helped their role before the pupils and the Catholic community of Calabar. But they were deprived of the security in those roles which actual membership of a religious community would have made possible.

By the following October, Agnes became ill with a combination of malaria and a heart condition. This required that she return to Ireland. Marie then became acting headmistress in the school of one hundred and sixty pupils, which she ran with the assistance of three local teachers. There was great financial strain as the government grant was slow in coming, and her task included supervision of building works at the convent.

LONG TREK

Before Agnes went home, Marie resolved that she would have to make the one hundred mile trek from Calabar to Onitsha and have a *tete à tete* with the Bishop. As soon as the school closed for the Christmas break she would be ready.

She hammered out her plan with the help of the wife of the Doctor at Owerri, who assured Marie that she would be most welcome to stay at their home. Marie thought this was 'a Godsend'. She could make the trip from there to Onitsha in a day. Getting as far as Owerri would be a bigger problem.

Before Bishop Shanahan had left Ireland in November 1921, he had set up the Catholic Women's Missionary League to support the work overseas. Mrs. Martin, mother of Marie, became its President.

Writing home in November 1921, Marie told her mother of her planned trek, saying that Agnes, who by now was back in Monkstown, would show her the exact route from Calabar to a place called Anua. There she would stay in a Rest House three miles from the mission. This was at Nsukara, where the priest came each morning for Mass.

"I will stay there the longest", Marie told her mother. She was excited at the prospect of this journey, which she described as "going away for a change".

"It will be a novel experience", she wrote. "We have to bring everything with us, food, bedding etc. and of course I will bring our best three girls. It will give me a good idea of the life and the real mission work that is before us when we have a well-established centre in Calabar."

Our archives contain no record of what the menfolk at the mission thought about this adventure. Later, when writing Marie's biography, Mary Purcell described what awaited these plucky women on their trek through the Bush:

"They slept in makeshift huts, one girl staying awake to keep a fire lighting and to watch for leopards, gorillas and other wild animals. At one point they found a canoe and made good progress on the River Niger. The numbers of people at village markets where they stopped to buy food amazed her; the Nigerians, many of whom had never seen a white woman before, were just as astonished and crowded around her. Two sights moved her deeply: the prevalence of disease and suffering on a massive scale and the degradation of women."

Bishop Shanahan and Marie came to the conclusion that the only solution was to establish a missionary Sisterhood. As Mary Purcell noted:

"Marie spoke of the need for medical care and of the primitive conditions she had witnessed on her journey. The bishop reminded her that she had been allowed into Calabar solely as a teacher but that whenever she encountered someone needing first aid she could give whatever assistance was required; circumspection was needed as the doctors and nurses attached to Christian missions of other denominations might object. He also told her that he was in touch with her mother who was interviewing girls who had offered to come out to help as volunteers."

On January 6, 1922, Marie reported to her mother that two days before Christmas she had returned to Calabar from the trip "which I enjoyed very much and it was a great change, the only thing is it leaves the two weeks of holidays very busy preparing for reopening of school, and settling up the 1921 accounts."

Soon after her return, Marie made a thirty-day retreat at Calabar, under the direction of Fr. Leen CSSp. It appears that she made private vows, consecrating her life to God, at the close of that retreat.

On Easter Tuesday, April 18 1922, Bishop Shanahan again visited Calabar. He was to have a meeting with

Fr. Ronayne and Fr. Leen, to which Marie was invited. The meeting, referred to by the Bishop as the "Mission Council", continued for two weeks - starting at 8 a.m. and continuing to 4 p.m. each day. The main topic was the foundation of a missionary congregation of women.

Again, Marie shared the news with her mother:

"Two weeks were spent on Rules and Constitution. I was chosen as Foundress; it may pave the way for someone more worthy… You, as President of the Mission League, are to interview candidates and refer them to the bishop and myself. Only those hoping to become Sisters are to be sent out in future. This is very confidential."

Vestments used by Bishop Shanahan are carefully stored at Nsukara to this day.

MARGINAL AND INSECURE

Correspondence between Marie and the Bishop subsequent to the Easter meeting of 1922 indicated that the work of establishing the missionary Sisterhood was to be undertaken jointly by them. But, despite the apparent clarity that emerged from that meeting, from then on Marie's situation became increasingly marginal and insecure.

Almost two years would pass before they met again. During this time much would happen to change the plans that had been discussed with Marie in Calabar.

Very soon after the April 1922 meeting, Marie was joined by three more lay volunteers, Catherine Meagher, Elizabeth Ryan and Joan Murtagh. They were a little taken aback when they learned that the aim was to establish a religious Sisterhood.

Of the three, Catherine Meagher, who declared that she had no intention of becoming a religious Sister, stayed the longest – until she became ill in February 1923. She got on very well with Marie and was a great teacher. The other two volunteers returned home in July, after a bare three months in Calabar.

Some time later Marie was joined by an American volunteer, Veronica Hasson, who remained until the autumn of 1923.

The Bishop returned to Ireland late in 1922 for specialist attention for an eye injury. In June 1923 he went to Rome where Pope Pius XI encouraged him in his plans regarding the religious Society of Sisters, and recommended that the proposed novitiate should be situated in Nigeria.

Long-sought permission was eventually granted for Sister Magdalen Walker to be released by the Irish Sisters of Charity for work in Nigeria. The plan was that she would become the person charged with the formation of the expected entrants to the new missionary society. She arrived in Calabar in October of 1923.

By then, Marie had become drawn into the investigation of a serious scandal at the mission in Calabar. Public accusations had been made regarding abuses among the converts. It involved wholesale concubinage and prostitution among people who were pretending to be living as Christians. The Vicar-General had asked the priests to interview the men while Marie and Sister Magdalen Walker saw the women. This was not an easy thing for Marie to do.

Meanwhile, much had been happening in Ireland. From Sister Magdalen, with whom Marie got on very well, it became clear that Bishop Shanahan was taking steps to found the new missionary society in Ireland, not in Nigeria. Marie's mother also gave her similar news.

Marie became concerned that the new venture would give precedence to the role of educational work in schools over the need for medical work, or 'the real work' as she understood her vocation.

By Christmas of 1923, Marie was feeling very frustrated. The day after Christmas, she wrote to her mother:

" It is a year and a half since I have seen the Bishop now, many things have happened since out here. My views as to what the Sisters and Congregation should be are very clear. We have a good deal of the rule done… We all long either to meet the Bishop or better still his return. We will work the Sisterhood for him if he will only trust us and leave it to us as far as he can."

She added: "It is hard at times to know when to speak + when to keep silent. However, it came to me very strongly after months of prayer + darkness, that the time had come for me to face matters with the Bishop."

'Feelings are like the river Niger in Africa. Their source is unknown and their outcome, only their course.'

– Kierkegaard

One week later, on January 2, 1924 Marie received a telegram from Bishop Shanahan, telling her to make arrangements to return to Ireland and get ready to enter the new novitiate, which he had acquired at Killeshandra.

At the time she said no more about her reservations, but years later, Marie admitted that this was the hardest obedience of her life. She travelled home in March 1924, with Fr. Ronayne who was in poor health following a bout of malaria.

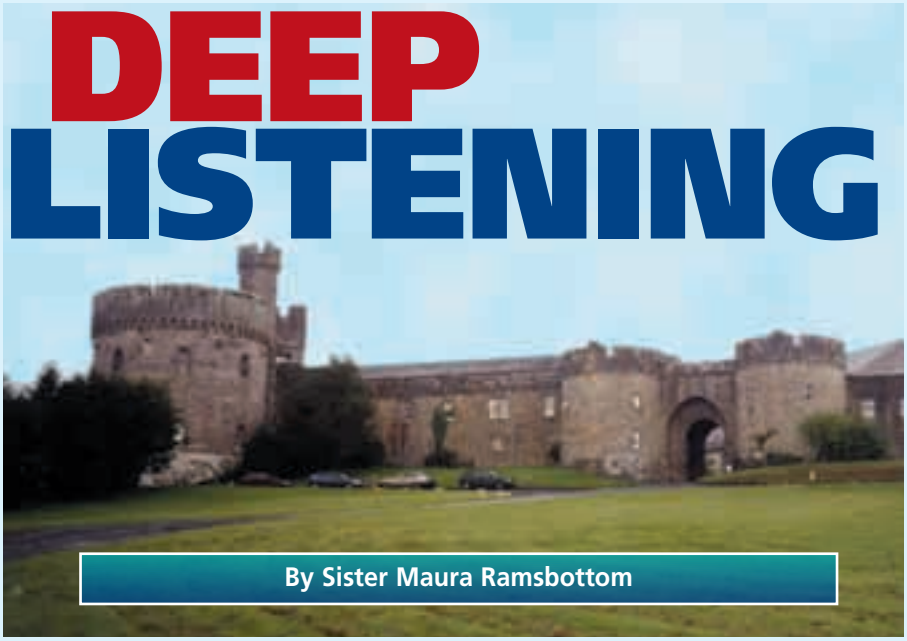
Her next letter to her mother was written on June 19, 1924, from the novitiate in Killeshandra. She said she was happy, but her searching continued.

The vocation to which Marie felt called was specifically related to health care. That required a life style somewhat different to the regime envisaged by the Domincan Sisters in charge of the Killeshandra novitiate.

Marie never regretted going to Killeshandra, where her former companions from Calabar, Agnes Ryan, Elizabeth Ryan and Veronica Hasson, were also postulants. Marie completed eighteen months there, before finally deciding to leave.

She had now reached the age of thirty-three. The years ahead were to be even more insecure and riddled with many more difficulties than the years just ending.

DEEP LISTENING



By Sister Maura Ramsbottom

The year 2004 marks the 70th anniversary of MMM's first links with Glenstal Abbey. From March 1934 until the autumn of 1936 our foundress and her first companions lived there and helped the monks in running the Boys' School.

The spirit of Saint Benedict has been incorporated into the life of MMM ever since.

Sister Maura Ramsbottom teaches a course on "The Rule of Saint Benedict: its Spirit in MMM" at our Novitiate in Nigeria. Here we extract a few points from a fuller text which is available on our website

www.mmmworldwide.org/rule

TO LISTEN with 'the ear of the heart' is the challenge that Benedict puts to us in his Rule. It is the art of deep listening.

Imagine a large group in a room. Among them is the mother of a baby and the baby is in another room. If the baby makes even the smallest sound, the mother is likely to be the person who hears it before anyone else because she is listening with 'the ear of her heart'.

When we talk about listening we are talking about being present to the deepest meaning of reality. We are truly present to what is happening around us, to the people speaking to us, to their needs and their desires. We are attentive, we are aware, we are awake. We are ready to be touched by reality, we are vulnerable. Such an attitude calls for courage together with the conviction that we are unconditionally loved. Reality invites rather than threatens us.

We are unafraid to be present, to listen, because God is present everywhere and is inviting us: 'today if you will listen' says Benedict in the Prologue to the Rule. Thus, for Benedict, seeking God becomes a very practical thing. God is present everywhere, in creation, in the guest, in the person who is sick, in the Abbot and in each other. Awareness of this presence of God forms and sustains an attitude of listening and of seeking, it brings about a sense of deep reverence for every person and for all creation. Being enfolded in this presence is a healing experience.

If we believe God is present in what is happening to us, it follows that what God is asking of us can be revealed to us through events and circumstances. For Benedict, these circumstances can be quite mundane, but in each case we are called to listen and to respond with attention and reverence.

We are asked to obey one another. (Obey comes from the latin *ab audire* meaning *to listen*). Much more than physical hearing is involved here. We must not follow what seems good for ourselves but what seems good for another. To obey one another is to practise fraternal charity with a pure love, to obey the Abbot involves a sincere and humble affection for him. Listening with the ear of the heart is far-reaching.

The cellarer, i.e. the person responsible for the store-room of the monastery, must listen, even if the demand is unreasonable, and at least give a good word in reply. The person making a request must show reverence for and listen to the needs of the cellarer: let the things that have to be asked for be asked for at the proper (i.e. convenient) time, says the Rule.

Before all things and above all things, care must be taken of the sick. However, the sick, on their part, must not provoke those who are caring for them by unreasonable demands. Nevertheless, the carers are reminded to be patient with those who are sick, to listen with the ear of the heart, thus being open to the gift of compassion.

Let guests that come be received like Christ, the Rule says. Let Christ be worshipped in them for indeed He is received in their person. Fitting honour

is to be shown to them. To recognise what is fitting in each case calls for listening in a way that is far from superficial. We must also listen to complaints, perhaps we are being invited to greater sensitivity and more authentic service.

Discretion is the mother of virtues. It expresses itself in flexibility and adaptability. It calls for a readiness to listen anew to the call of the Gospel in each situation. The Abbot is asked to arrange all things so that the strong have something to strive after while the weak do not draw back in alarm. A daunting task, not only for an Abbot, but for each of us in our personal lives.

Balance is an important word for Benedict. There is time for work, time for prayerful reading, time for the Divine Office, for meals and for sleep. The balanced life enables us to listen and to give expression to the sacredness of every aspect of life.

In his Prologue to the Rule, Benedict says he is establishing a School of the Lord's Service. The art of deep listening is not something we master in a day. It involves a lifetime of learning.

St. Augustine
of England

THIS HIGH CROSS was erected in 1906 on the north-western coastline of France. It is believed locally that it was from this part of the coast that Saint Augustine took ship on his first missionary journey to England. The Cross stands at Pré Catelan, a richly wooded estuary behind rolling sand dunes.

In these very woods, Marie Martin – long before she founded the Medical Missionaries of Mary – loved to walk and pray. She came here when she had time off-duty from the Military Hospital where she was nursing during the First World War. That was just a mile further along the coast at Hardelot.

We have to wonder did she pause at this High Cross, freshly hewn just ten years earlier? Did she know that Augustine had been asked by Pope Gregory the Great to leave the flourishing Benedictine Monastery of St. Andrew on the Caelian Hill in Rome, and along with a group of about forty monks travel to England and make God's love known there?

Had she read how the monks grumbled and baulked at the challenge – so much so that Augustine had to leave them at Aix-en-Provence and return to Rome to put before Pope Gregory the difficulties they felt were too great to go on?

Somehow, while Gregory listened to his good friend Augustine, he persuaded him that the cause for which they had embarked on so hard a journey would be worth it. When Augustine got back to join his group he carried with him a letter of encouragement from Pope Gregory. It bore the date June 23rd in the year 596.

There seems to have been no more grumbling or delay as they headed up through Gaul to the coast and eventually made the hazardous journey across the English Channel.

The King of Kent, named Aethelberht was not totally ignorant of Christianity. His wife, Bertha was the daughter of the Christian prince of Paris, Charibert. Part of the nuptial agreement was that she should be allowed the free exercise of her religion. The princess was accompanied to her new home in Canterbury by a bishop called Luidhard. A ruined church dating from Roman-British times was refurbished and set apart for their use.

On arrival in England, Augustine sent messengers requesting an appointment with King Aethelberht. He replied that he would meet them at Canterbury. When he did so, he welcomed Augustine and his monks, and listened to the message how the compassionate Jesus had redeemed the world of sin and opened the Kingdom of Heaven to all who would believe.

'Your words and promise are very fair', the King is reported to have replied. 'But as they are new to us and of uncertain import, I cannot assent to them and give up what I have long held in common with the whole English nation. But since you have come as strangers from so great a distance, and, as I take it, are anxious to have us also share in what you conceive to be both excellent and true, we will not interfere with you, but receive you, rather, in kindly hospitality and take care to provide what may be necessary for your support. Moreover, we make no objection to your winning as many converts as you can to your creed'.*

The King invited the missionaries to take up their abode in the royal capital of Canterbury. Augustine and his monks made a profound impression on Aethelberht. He later asked to be instructed. His baptism took place at Pentecost.

We are told that on Christmas Day 597, more than ten thousand persons were baptized by Augustine. Meanwhile, he had returned briefly to Gaul and had been ordained a Bishop by Virgilius, the Metropolitan of Arles.

Augustine ran into some problems with Celtic bishops coming from the West. Likewise, he found that some expressed their Christian faith in liturgies that were unfamiliar to his Roman style. He thought he had better write to his friend, the Pope, for advice.

Why, asked Augustine, since the faith is one, should there be different usages in different Churches; one way of saying Mass in the Roman Church, for instance, and another in the Church of Gaul?

In replying, Pope Gregory gave Augustine a lesson in what missionaries today would call inculturation. He advised him not to forget the Church in which he had been brought up, but to feel at liberty to adopt from the usage of other Churches whatever is most likely to prove pleasing to Almighty God. For institutions are not to be loved for the sake of the places; but places, rather, for the sake of institutions.*

The original band of missionaries was soon joined by further recruits. Among them was Mellitus, who became the first English Bishop of London.

Almost fourteen hundred years later, when MMM was looking for a house in London, the most suitable one we found was in the parish that is run by the Benedictine community at Ealing Abbey.

As the new millennium dawned, we were welcomed by the Archbishop of Birmingham, to establish a house from where we could co-ordinate our missionary fund-raising efforts in England. The Property Manager of the Archdiocese was asked to help us find a home. And guess where the right house turned up? At Solihull in the very parish dedicated to that Benedictine monk and missionary who became known as Saint Augustine of England.

* Cf. Cornelius Clifford in The Catholic Encyclopedia, Vol. II

I Have called you by your name...

Is. 43:1

Sisters Theresa Agbam and Celine Anikwem

Sister Evarista Ezeani
Vocation Director Uganda

Sister Chiagozien Onwuzuruike

Sister Helen Oneya

THE YEAR 2004 MARKS THE 30th ANNIVERSARY of the first profession ceremonies at the MMM Novitiate in the Nigerian city of Ibadan.

Sister JoAnne Kelly was the first Director of Novices. She had been working as a physiotherapist in Nigeria for a number of years. But this new assignment came as a very big shock and challenge to her.

"I felt totally inadequate", she recalls, but adds "it was the best thing that ever happened to me, because I learnt as I went along. I couldn't ask the Novices to do anything I was not prepared to do myself, so it challenged me every day."

Sister JoAnne has been involved in Vocation Ministry ever since and knows all of the 66 Nigerian Sisters who make a very active contribution to MMM today.

"I was very lucky to have had the help of Sister Maura Ramsbottom", says Sister JoAnne. "Without her there would never have been a proper programme. She also made a big contribution to the inter-congregational formation programme in Ibadan, in which our Novices participate."

There were five MMMs in the first group of Novices at Ibadan. Before the first five were professed, thirteen others had begun their Novitiate, so it was a lively place when the first ceremonies of profession took place on July 26, 1974.

Today, the Novitiate is under the direction of Sister Bernadette Unamah, who was previously on mission in Brazil for many years. Assisting Sister Bernadette is Sister Teresa Ugwuliri, one of the first group of Sisters who went through the Ibadan Novitiate. Later, Sister Teresa spent many years in Malawi. The most recent to make profession as MMMs are Sisters Chiagozien and Helen.

Sister Bernadette Unamah

Sister JoAnne Kelly

Sister Teressa Ugwuliri

Chicken and Chips and better mental health

Sister Sheila Devane

JAMES had never before met a person with serious mental illness who was not tied by a rope and being dragged away to a local healer or hospital – not until he met Daniel.

Daniel is a young man with schizophrenia. He had never before met a Jesuit. He had never even heard of the Jesuits – not until he met James.

I watched the two young men go down the path towards the road to spend an afternoon together like any young men would. James had come to our Resource Centre with a diskette to be scanned. "I don't want to use the Internet today", he explained. "I have a day off and I arranged to meet Daniel here. We're going for chicken and chips together."

The young Jesuit seminarian, James, is a typical example of people who have benefitted from our novel way of dealing with the stigma attached to mental illness. Some things are hard to rate and to quantify, but it is easy to see what has changed for us since we opened our Resource Centre here in Arusha, a city with a population of 400,000 with the fastest population growth rate of sub-Saharan Africa.

For a long time we recognized the need to work on many fronts to deal with the stigma and taboo attached to mental illness. Many people here, including medical personnel, have very negative attitudes towards this branch of health care. The public often have deep beliefs about patients being bewitched, punished, spell-bound, doomed – thus they are relegated to the status of outcast.

These attitudes were predominant in Europe until the last century. They still prevail where people – who may be otherwise full of goodwill – are held back by fear of the unknown. Such hostile attitudes make it difficult for people to approach mental health services like ours.

WAY FORWARD

An important way forward opened up for us when our local Internet Service Provider *habari.co.tz* offered us free connectivity to the Internet.

When you think of it – *habari* is the Swahili word for *how are you?* Our ISP was 'going the extra mile' by offering to embrace – with no charge – our work in mental health within the services they normally provide to the general public on a commercial basis. What a gift this has been to us and to the people of Arusha!

Soon, computers were installed in our Resource Centre - alongside the many books, dictionaries, atlases and information leaflets on every kind of mental disorder. We welcome students, and anyone interested in health care in its broadest sense, to come along and use our computers.

Every day now, you can find our usual patients, new and old, and alongside them many people who have never heard of counselling and who used to think that mental illness meant complete insanity.

While one person is waiting for their therapy and another is waiting for their turn at a computer, you'll find them sitting together in the garden having a chat or enjoying a cup of tea.

We have heard wonderful testimonies – on both sides – from people who have come to understand and learn from one another. In this way they are enabled to form supportive friendships – just like James and Daniel.

Sister Mairead O'Quigley Remembered

Sister Mairead O'Quigley came from Castlebar in Co. Mayo and was already trained as a nurse before she joined MMM at the age of 29. Having studied midwifery, she left for East Africa, where she was to spend the next 37 years of her life.

Sister Ann Bennett, was her close friend all those years. "We didn't really know one another until we met on that first plane journey to Africa", she said. "But we were both assigned to Dareda Hospital in Tanzania. She was two years older, and very helpful to me. I was a doing nursing and administration and she was teaching the student nurses. She was very good with them and they loved her very much".

As well as her long years at Dareda, Sister Mairead played a key role in the initiation of the work of MMM at Arusha. She was also much appreciated when, later in life, she spent six years on the staff at the Gaba Institute in Kenya.

Sister Mairead had great devotion to Saint John of the Cross and would devote hours to contemplative prayer. She was very positive in her outlook, had a wonderful zest for life, and capacity for friendship. Her final illness brought much pain which she carried bravely, and peacefully. She died on September 1, 2003 and is greatly missed by her family and friends and by all who knew and loved her.

Cognitive Behaviour Therapy

Our first intensive training course on the techniques and principles of Cognitive Behaviour Therapy attracted twenty-four people. All of them had at least some basic training in counselling or psychiatric nursing. This is part of our 3-year inititiative to look into ways of training people from the community in counselling. Our aim is to upgrade those with basic skills, to make counselling more available - as a means of ensuring sustainability of our mental health and counselling services.

Participants, the majority of whom live in Tanzania, came from very mixed ethnic backgrounds - Swahili-speaking Africans from Tanzania, other Africans from Kenya and Uganda, people of Asian background and people of European, American and Australian nationalities. All will be able to offer some counselling services at different levels to different people.

'We we cannot sit still and expect that an effective service will evolve without a lot of hard work and effort.'

This was a pilot training course. From the evaluation it appears to have met real needs. So it will be followed by on-going training, especially in skills that can lead to real change for those suffering from many common psychological problems such as anxiety disorders, depression, anger issues and trauma.

We also recognise that the time has come for formal counselling training to be put in place in Tanzania and to have it validated as a profession. So we have some busy years ahead - finding suitable people to train, training them, and all the attendant issues that such an initiative involves. But we cannot sit still and expect that such an effective service will evolve without a lot of hard work and effort!

Arusha Town Community Mental Health Programme

ONE of the core activities of our programme is the out-patient psychiatric clinic service offered three days per week at our Centre. Patients also attend on other days but without appointments. They may be in crisis, or on discharge from the wards at Mount Meru Hospital, where our Centre is located.

The biggest number of our clients is in the young adult age group, who make up 43%. Males outnumber females, but the difference is small. In the past year we saw 674 patients at our Out-patient clinic in 2,797 Consultation visits. Among these, the top seven diagnostic categories were psychosis, epilepsy, schizophrenia, drug abuse, depression, anxiety disorders and alcohol abuse.

Every day, people with problems around alcohol abuse and drug abuse can attend meetings of Alcoholics Anonymous or Narcotics Anonymous. Most of these meetings are in Swahili, but two English language meetings are also held. These meetings, under the auspices of our Centre, take place in local church facilities.

There is no in-patient mental health facility anywhere in Arusha. When patients suffering from mental health disorders are admitted to the wards of the General hospital, two government employed psychiatric nurses provide a consultancy type service to doctors and nurses caring for these patients. Among 307 in-patients, the greatest number were those with acute psychosis. We make a great effort to empower and increase the capacity of the ward staff to deal with this situation.

The demand for our Clinical Psychology service is very high. Staff members from other health facilities are accepted in a learning capacity, and this experience of clinical service helps to open them to the wider possibilities of mental health care that is beyond, or complementary to the use of drugs.

Our group therapy sessions for clients with similar anxiety related disorders receive very positive evaluation by clients who take part. We have plans to train more counsellors for this work.

AUTISM

A decade ago in the UK, it was estimated that one person in a thousand was affected by autism. Now it is one in a hundred. In a country like Tanzania, it would be impossible to tell the rate of occurrence with any degree of accuracy.

There is no cure for autism. The best we can hope for are facilities and sympathetic teachers that help to draw autistic children out of their closed world. In a responsible society, to a degree at least, autism can be accommodated.

As part of our outreach services, we have established a small unit in the village of Tangeru. It caters for seven severely affected children who attend daily. They are accompanied by an adult – either a parent or carer. Mary Kaswende, who heads the unit, is an experienced primary teacher, and is helped by Corky Hawkins, also a qualified primary teacher who has a degree in psychology.

Autistic children learn best on a one-to-one basis. Students at Patandi Teacher Training College are now being allocated to this Unit where they can observe and participate in the painstaking work of initiating communication with these children who have such special needs.

UGANDA

Caring for the Orphan Generation

Sister Itoro Etokakpan

When a growing child is forced by circumstances to take on an adult role too early in life, it is very stressful. This often results in not only physical by also psychological stunting.

Here in south-western Uganda, many children of school-going age have been traumatized as a result of HIV/AIDS. Children growing in this "orphan generation" lack proper care and the most needed attribute of life – love.

Most often, the person who is infected with the HIV/AIDS is ill for several years before they die. The care of the sick parents is done by the same children who are found to be performing poorly at school. Thus begins the vicious cycle of trauma for the children.

We all know what it means to lose someone we truly care about. When this finally happens, the children are faced with survival and finding ways of coping effectively with loss.

I work with a team of nine other counsellors in training the teachers from both primary and post primary schools in Masaka and Rakai Districts, in the southwest of Uganda. This is the area of the country in which AIDS was first seen back in the early 1980s.

Sister Itoro

As part of our service, we train all the teachers in a school in Basic Counselling Skills. After the initial course, one male and one female teacher from each school are selected and trained intensively for six months so that they can identify and counsel the children who have been traumatized by effects of HIV/AIDS and other life threatening events. When they encounter particularly difficult cases they refer them to us. Then, experienced counsellors are found for more effective management.

So far, 103 teachers from four different sub-counties in both primary and post-primary schools have been trained. Another 83 are still undergoing the training

Working with these teachers in helping the vulnerable children can be very challenging at times! Even though I come from a different culture, I can see that in my home country, Nigeria, teachers have the same basic understanding about discipline. They are led to believe that physical punishment will improve the performance of a child. They heard of the saying 'spare the rod and spoil the child' but they have never been taught to stop and ask 'why is this child not doing well'?

At the start of our workshops, I try to find out from the teachers whether the child changes for the better after many strokes of the cane. The majority of them say no. They agree that all children are born good. The question therefore is what makes our children 'bad children'? And what can we do in order to address the situation?

As we begin our training in the first phase there is always a heated argument among the teachers about the best way to discipline a child who shows signs of trauma. By the end of the fourth phase the teachers have come to understand that empathy is what is needed – a deeper understanding of the child from the child's point of view, listening to the child, supporting the little one as he or she goes through the pain of loss. Most of all, they come to accept that letting the children know that they are loved – just as they are – is the best lesson they can be given. After that they will be more eager to learn everything else.

Many researchers have told us that when a child lacks the basic needs of life – like love from the parent – that child will try other means to attract adult attention. Even negative attention is better than no attention at all. Therefore, our trauma counselling tries to help the teachers to enter deeply into the children's situation in order to understand them more fully.

I'm too busy now, but **tonight I will cry...**

Rene Ledisius

Sister Celine Jones with Mrs. Felicitas Nalongo and pupils at St. Kizito's Nursery School

When I arrived as a volunteer in Uganda, I had not unpacked my luggage before I heard of the Sisters of Makondo. As I travelled throughout the villages I heard story after story of the kind and generous Sisters and how they had changed so many lives in many different ways.

The MMM compound stands atop a hill overlooking the village of Makondo. The first building is the Sister's home. It is tiny but adequate and runs on solar power.

The next building consists of a very basic medical clinic that the Sisters run. They also train local people in nursing, health and nutrition, hygiene, childcare and AIDS prevention.

From there, a flowered path takes you up to the office and training classrooms for the health clinic. They also host many classes for local women's groups so their knowledge can be taken to the more rural areas.

Further up the red and dusty road are the schoolhouses. Like all of Africa there are so many children in need of education, like those pictured above with Sister Celine.

The children are all filled with a hope and desire to learn – much more so than I have ever seen in my native Canada.

Atop the hill sits the church. It is also of modest size but is overfilled every Sunday with people of an unfaltering faith and the sounds of glorious singing.

My first meeting with the four MMM Sisters was very quick. We made plans for me to join Sister Ita on the AIDS Outreach Program early the very next morning.

At dawn the next morning, I was picked up by the Sisters' old Land Rover. We went from tiny huts to large gathering spots. It was my first jolt of the reality and horror of AIDS.

I saw people in all stages of illness. They were young and old. Sometimes whole families stood in line to receive their cough syrup or a few *Panadol* for the next week. There are no AIDS drugs here just band-aid medicines.

Sister Ita may be tiny in structure but her heart and spirit are huge. She remains an inspiration to me to this day.

Sister Rita, pictured below, does a lot of the grassroots training of the local women. Training in the construction of clay cookers, agriculture and the preparation of training material were only a few things that I witnessed her doing one day. My strongest memory is the day she excused herself and upon returning apologized for being longer than expected. Apparently a young father had died as she tried to feed him.

I asked how she kept smiling through all the grief she sees and she said. "I am too busy now, but tonight I will cry". I am still amazed by her strength and courage.

The last day I spent with MMM was special. It was close to Christmas and the pre-school children were putting on their version of the Nativity. Murphy's Law sent the government officials the same morning to examine the Sisters books so they were in and out but I will never forget how much Sister Dympna made me laugh with her razor sharp wit that day. She taught me that even in the darkest of times laughter could be the best medicine.

These glorious women bring hope and love to a place on earth that has so much suffering and gave me a renewed faith in God.

Sister Rita Hand with Frances Nassuna and Immy Namayanga.

Plants can heal in many ways

OUR SISTERS WRITE FROM HONDURAS

When we arrived in Honduras five years ago, one of the things we noticed was the way in which poverty was robbing the children of their childhood.

They lacked the basic necessities of life. Many lived with violence in the home, often due to alcoholism. The school system was poorly developed. There were few resources. Teachers were often absent.

The children lacked recognition and stimulation. The effects of this deprivation were written on each little face we met.

As we listened to the Lenca people describing their needs, we were struck by the number of times they told us about their long tradition in the use of natural medicines. Much of this had been lost in recent years. They expressed a great desire to reclaim this knowledge and pass it on to their children. That became the main focus of our health programme.

At first, we thought our work would be mainly among the adult population. But since our workshops usually took place at weekends, from the beginning a number of children turned up with their parents for the health education sessions.

To improve the nutritional status of the family, we encourge the growing of organic vegetables. When we began to plant the herb gardens, it was obvious that the children were very interested. They loved naming the plants and their medicinal uses.

The children's desire to learn impelled us to encourage their attendance and participation. We could see that for them, attendance at the different events in the Health programme are special moments.

Today, more than one thousand children take part in the various activities of health education that we organize in the four sectors of our parish – at Marcala, Yarula, Nahuaterique and Santa Elena.

We got the idea of asking the children to create their own pictures around different health themes. We felt this would reinforce what they had learnt. For most of them, using crayons and paints was a totally new experience.

It was fascinating for us to watch the effect this experience had on the children – the movement from using just one colour to a whole rainbow of colours, and the movement from a tiny picture in a small corner of the page to where the page cannot contain the picture. This was accompanied by a visible change in the children at another level – the movement from lack of confidence to a greater freedom.

Now, instead of the unhappy faces that spoke of lack of stimulation, we could measure the effects of our work in each little face full of wonder, delight in the eyes, spontaneous laughter and a joy in their playfulness.

There was great exciement when we announced that there would be an exhibition of all the paintings! This has now become an annual event that is eagerly awaited. The adults listen with pride as the children come forward to explain their wonderful creations.

Another eagerly awaited event is the exchange of medicinal plants. Each family chooses from their produce a gift to share with another family.

The more we do, the more we realise how much is left to be done!

MALAWI

After the Famine

Sister Cecily Bourdillon

THE LAST OF OUR FEEDING CENTRES closed at the end of May 2003. Three hundred of the five hundred children in our Supplementary Feeding Programme whose weight had reached the normal curve were discharged. Their mothers now know how to maintain this growth.

In the 56 villages in our catchment area there is an estimated population of 18,300 people in 4,370 households. It will take years for them to recover from the famine that followed the failure of the harvest in 2002. While the harvest of 2003 was good, assets which were sold in order to buy food during the famine still have to be recovered.

FARMERS' CLUBS

Yet, there is much for which they can be thankful. The crisis made it necessary to form organisations which can now foster great community development and a chance to escape from the poverty trap.

In our area, 62 Farmers' Clubs have been formed and hold monthly meetings. This all began during the crisis, when Village Committees began to meet weekly or fortnightly to ensure that farmers who were registered to receive seed and fertilizer were informed about the Sasakowa method of sowing maize, applying fertiliser at the correct times and dealing with infestation from termites, aphids and the 'army worm'.

They are grouped together into Centres comprising seven or eight villages. Their officers are now receiving training in composting, agroforstry and irrigation. They are also recieving help to start small livestock projects, with the assistance of the Catholic Development Commission.

We are hoping to supply seed and fertilizer to a selected number of them who need special assistance in their recovery from the famine. Twenty of the farmers who have land near a river or water hole, have applied for Treadle Pumps from a Government Scheme. This will enable them to irrigate a large amount of land.

Our Health Centre at Chipini has recently been invited to become a partner in a Programme of Development in Health in conjunction with the District Health Office and a German non-governmental organization called GTZ.

Under this initiative, in June 2003, a workshop was held for community leaders introducing the concept of development and all it entails. Later, Village Chiefs were trained. Next it was the turn of Village Health Committees.

By July we were ready for the Participative Rural Appraisal. This survey was carried out in 80 villages, which were organized in 15 'clusters'. During intensive three-day sessions, all the villagers were invited to identify their problems, research the causes and come up with solutions. The list comprised about twenty-five pressing

Sister Cecily demonstrates a treadle pump

problems, but at the top was the lack of safe water. So now they are setting about repairing pumps, replacing broken pipes and protecting unsafe wells.

As malaria is still the greatest killer of children, GTZ is spearheading a programme to provide all households with treated mosquito nets. Each Village Health Committee selected a member to be trained as a 'Mosquito Net Seller'. Another person was chosen to be trained in San Platt casting - providing concrete slabs to cover pit latrines. We hope that in the months to come the incidence of malaria and diarrhoeal diseases will fall significantly.

HIV/AIDS

We were excited when we were invited by the District Health Office to participate in their Programme of Voluntary Counselling and Testing and prevention of Mother-to-Child Transmission of HIV. We provided a room for counselling and members of staff who would be trained for testing and counselling. We are hoping that soon funds will be made available for this project to be launched.

Orphan care is still a big priority for us. We are currently sponsoring 50 orphans for secondary schooling.

While all of this Outreach Programme takes shape, the ordinary work of our Health Centre continues! The Maternity Unit keeps the staff busy with its growing antenatal clinics, many deliveries, night calls and occasional emergencies.

The needs are many, the challenges in responding to them are great and resources are limited.

PARTNERSHIP comes of age

Calling from Aror

When Michael O'Donnell approached MMM about setting up the Westport-Aror Partnership 21 years ago, nobody could have dreamt of the outcome! As we go to press, the celebrations for the 21st Birthday are under way in Westport and Aror and we continue to draw inspiration from the model they provide.

Not only has Partnership between the people of Westport and the people of Aror survived the test, but the concept of cultural exchange and sharing of resources has been shown to be very effective, leading to the establishment of Ireland-Africa Partnerships.

Today many local communities among whom MMMs have been involved in Africa benefit through the expansion of this concept of co-operation. Partnerships such as Tourmakeady-Loolera, Mulrany-Kibera, Clare Island-Nakwamoro, Ballina-Kakuma, Ballinasloe-Lodwar, Louisburgh-Kitale, Ballintubber-Arusha, Roundfort-Makiungu, Carnacon-Nangwa, Claremorris-Chipini, Killawalla-Mzuzu, Duleek-Kitovu, and others, provide a true bond between communities.

Associate News

When Anne Choon *(above)* made her Covenant as an Associate Member of MMM, it fulfilled a dream that started twenty-three years ago when she first met MMM while a student midwife. She also met her husband, then a junior doctor, at that time. Originally from Dublin, Anne is now living in Malasia with four children aged between ten and four. In preparation for her Covenant, Anne decided to travel to the MMM Community at Makiungu in Tanzania, where she received a great welcome and spent a month working as a volunteer. This is something she and her husband would like to do again when the children are older. Meanwhile in her busy in life in an Islamic culture she continues to seek ways in which she can be a healing presence.

Dr. Mary Coffey has once again devoted her annual leave to working with MMM at Makiungu Hospital, in Tanzania.

It was a memorable occasion when twenty-four Sisters came to Arusha to witness the ceremony at which seven Tanzanian women became MMM Associate Members: Mary Akonaay, Susana Barran, Bernadette Neema, Dympna Tsafu, Francesca Massalle, Mary Hhayuma and Paulina Gudumu. All have worked at one time or another with MMM at Dareda Hospital.

Mrs. Rosaline Butterly, is also an MMM Associate based in Ireland. Her young children helped their Dad at home on the farm while she went to Uganda with the NGO known as Self Help Development and found time to catch up with old MMM friends at Masaka.

Sr. Magdalena Jennings Remembered

MMM Associate, Phyllis Rooney, remembers the late Sister M. Magdalena Jennings, who was called home to God on 17 February, 2003:

Phyllis Rooney

Some people are not at home with the kind of prayer used at a Charismatic prayer meeting, but when I went along for the first time back in 1977, I met Sister Magdalena there. I could sense her great freedom and love of the Holy Spirit, and it was the beginning of our long friendship. She came from England, and had already carved out a career for herself in her native Rochdale, near Manchester, where she worked as a district nurse for some years before joining MMM in 1952. After that she worked for a time at Anua in Nigeria.

Sister Magdalena was ready to work with lay people and to share her gifts with us. She was very grounded and practical in her ways not just 'a holy nun'. One of the men from our Prayer Group calls her his big spiritual mother.

She was ahead of her time with regard to her approach to ecumenism, welcoming people of all religions and giving them dignity and respect. The same was true for people who are unemployed.

One of my friends who trained with Sister Magdalena said: 'She made everything seem so interesting, even if we were only making cotton balls'. She loved to watch the farming programme on TV and took a great interest in my garden. We gathered primroses every year in Springtime and blackberries in the late Summer. She is greatly missed in our family, and I know how much her own family and all the Sisters will miss her too. But she has gone to a well deserved reward.

Piercing the Eerie Silence

Sister Leonora Queally

On a dark winters night in 1990, the Ambulance of the Waterford Regional Hospital, Ardkeen, arrived to collect a patient from Waterford Maternity Hospital then located at Airmount, under the management of the Medical Missionaries of Mary. On that night, a senior nurse-midwife and a neonatal nurse met face to face for the first time.

Margaret Spencer

Margaret Spencer had travelled with the Flying Squad Ambulance from Ardkeen. Sister Leonora Queally was on duty at Airmount. The two women had spoken by phone on many previous occasions, but little did they imagine what a close partnership was yet to develop between them.

In Eastern Europe, the Iron Curtain was being torn down. The horror story of orphans in Romania was beginning to be discovered. As Sister Leonora and Margaret look back on the fourteen years that have passed, they shudder as they recall their first visit to Romania.

"It was not the smell or the poor surroundings that was the most upsetting", says Sister Leonora.

"It was the eerie silence as you walked into one ward after another. All those very sick babies, lying there in great discomfort, and not the sound of a single cry. Were they too weak to cry, or had they learned at such an early age that there was simply no point in crying? You could cry your lungs out but no adult would come and pick you up and comfort you."

Margaret nods in agreement, and fills in the background:

"There was a tremendous amount of bureaucracy to be surmounted. We were volunteers with a charity called the Romanian Children's Appeal (RCA). We succeeded in getting permission to work with very sick abandoned orphans infected with HIV/AIDS unknown to the outside world in pavilion B1 at Dr. Victor Babes Hospital, Bucharest.

It was heart-breaking work. The children were lying in their cots, poorly nourished, without stimulation and with no opportunities to learn to crawl or walk, or to play. Many would die.

Graveyard or Dying Rooms

The volunteers felt that if children must die, each little one would at least be buried with dignity and would be remembered. Sister Leonora recalls:

"In the early days we went so far as to buy plots in graveyards for these forgotten babies – some with no names. We got little headstones made and put their name and age on them. Meanwhile we were caring for those who were dying. These rooms were full of teardrops of blood, they were so ill there was nothing we could do except to love them and make them smile. When they looked up at you and clasped their feverish little fingers around yours, you knew it would not be long before those beautiful big sad eyes would be closed in death. It was overwhelming.

"But for those who could be saved, we set about working with the staff at the hospital. We knew that everything depended on winning their co-operation and on improving their skills and resources. Luckily, we were joined by a wonderful interpreter, an engineer called Mihai Tociu. He became our facilitator and ten more Romanian interpreters were employed by the Romanian Children's Appeal. With their help, the staff quickly accepted us. We felt it was important to help them to imagine working in a nicer place and giving a better service."

Support

With wonderful support from a number of agencies and generous individuals back in Ireland, the Romania Children's

The Romanian Children's Appeal send sincere thanks to all their supporters.

Appeal was able to mobilise teams of volunteers to go to Bucharest to help in the care of the children and also to repair and paint the hospital.

Volunteers in each specialty had their own team leaders providing continuity and evaluation on an ongoing basis over the next seven years.. There were nutritionists, occupational therapists, physiotherapists, primary school teachers, recreation and sports therapists, nurses, doctors, construction workers, social workers, psychologists and therapists for children with special needs. It was normal to have about thirty volunteers on the ground between Dr. Victor Babes Hospital and Vidra on any given day.

Margaret says:

"Before very long the babies began to look happier. They were gaining weight, their hair was growing, they had shiny skin and were showing all the good results of proper nutrition, plenty of affection and attention and the availability of essential antibiotics. At the end of one year we could see an 80% drop in the mortality rate."

As the general environment began to look better, so did the children. The good nutrition and care was accompanied by the stimulation that is essential for growth and development. The introduction of toys cuddly soft animals, trikes and bikes and educational games and the creation of space to crawl, to walk to run and to play made a huge difference. The place became noisy. Noisy but alive!

After a while, it became obvious that the children who had been hospitalised were now enjoying better health than the abandoned children at the nearby orphanage "Camin Spital No. 7" for HIV/AIDS children at Vidra. One of the concerned Romanian doctors suggested an interchange of some children.

Margaret and Leonora could see that the bright newly refurbished pavilion in Dr. Victor Babes Hospital had become a real loving place for the children. They feared that it could be a big set-back to transfer them. When they went over to look at the orphanage they knew the only solution was to do there what they had already done at the hospital.

The orphanage was overcrowded, with up to 200 children locked up. They looked healthy enough but had no space to run around. They had no stimulation and the orphanage lacked all the facilities that had now been provided for the children at the Dr. Victor Babes Hospital.

Back in Ireland, the Romanian Children's Appeal turned to the Dublin Institute of Technology, Bolton Street, ESB, and FÁS for help. Before long, teams of volunteers arrived out for the reconstruction of Vidra orphanage. As they got to know the orphanage better, Sister Leonora and Margaret noticed that there were many children with physical and mental disability, some severely handicapped.

Blood Tests

Sister Leonora and Margaret set about organising blood tests for the children. They found they were severely lacking in zinc, copper and selenium. They brought this problem to the attention of Waterford Foods who organised research and developed a powdered milk product adding the specific substances which these children required.

"During the next six years many tons of essential supplies were transported to Romania," says Margaret.

"At this time we also started a vaccination programme for all the children and staff at Dr. Victor Babes hospital and at the Vidra orphanage, including Hepatitis A and B, MMR and polio.

"Funding from an EU project provided a training programme for all medical and para-medical staff at both centres.

"As the children grew older, new activities were incorporated. Aer Rianta provided sponsorship for there play-grounds where an activity programme could be organised. Today, the children are being helped to discover new skills and crafts like pottery, sewing, drama and music through this life skill project sponsored by CocaCola.

"RCA bought a small farm in Vidra, across the road from the orphanage. Today there are two schools built there, a house with office facilities, green houses, with tunnels for vegetables and flowers.

"Today, you can find the older children busy in the vegetable gardens, acquiring skills in horticulture. They are discovering new plants and also discovering the joy of growing up and being fully alive."

As the years passed, most of the Dublin based directors of the Romanian Children's Appeal retired. Today, the charity is run from Romania while a small office in Waterford provides parternership support and co-ordinates volunteers who still go out to work on specific projects.

Employed staff in Romania now include an engineer, social workers, psychologists, a public health doctor, teachers, care staff, and nurses specially trained to work with children who have disabilities.

With the health-care needs of these children well in hand, the attention of Margaret and Sister Leonora and their friends turned to educational needs. Back in 1995, schoolrooms were build in the new wing at Dr. Victor Babes hospital. The school was run as a private institution for a number of years.

"Development Cooperation Ireland has funded building of a primary and a secondary school and in the early years provided a minibus that enabled us to organise holidays for the children to the Black Sea and the mountains. This transport is used on a daily basis for outings into the city, to the cinema, circus, puppet shows, airport and for picnics in the parks.

"As decentralisation of orphanages is in progress, these children are now prepared to integrate into society. Those who have grown into their teens are now ready to move into supported environments where three or four children can live with foster parents.

In the course of their work, Margaret and Sister Leonora identified the vital need for an effective AIDS Awareness and Information Programme for young people in local communities and schools. Together with the Ministry of Education and funded by Development Cooperation Ireland, RCA has launched an AIDS Awareness campaign for ninety-one public schools. This programme is also supported by a voluntary testing and counselling clinic at Dr. Victor Babes Hospital, established by RCA. This centre is the main HIV testing centre in Bucharest. It is also a place where teenagers and young adults infected with HIV can drop in for support and counselling.

So, Sister Leonora makes plans for yet another extended visit to Bucharest to work with staff on the HIV/AIDS programmes.

"These fourteen years have been a huge spiritual experience," she reflects. "The right people seemed to come forward at the right time."

And Margaret adds:

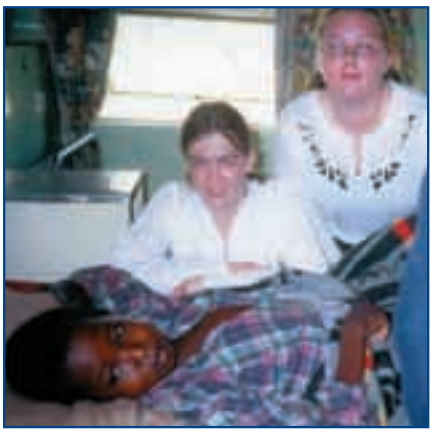
"We were very privileged to work together and to turn around a very tragic situation and give these children the chance to grow up to a normal and happy life."

DO IT YOUR WAY!

Some people do spectacular things to help MMM, but little things help too!

You don't have to do a parachute jump in order to help MMM! But that is exactly what Chris Hemsley courageously decided to do. To celebrate her 40th birthday, she asked her friends, instead of giving her a birthday gift, to sponsor her jump in support of the work of Sister Brigid Corrigan at the PASADA project for people with HIV/AIDS in Dar es Salaam. As she points out, reaching forty is a privilege not enjoyed by all!

You don't have to spend your Transition Year raising funds and taking them personally to Malawi! But that is what two seventeen-year-olds, Susan Trill and Olivia Nyland did. With the help of their families and school-friends, they raised over €15,000 and spent five weeks of their summer holidays doing volunteer work with MMM's in Malawi.



"You don't have to run a Casino at your local Hotel! But that is what Veronica Kirwan and Mary Sullivan did – at the Hollywood Ball organized by the Drogheda Ladies Committee, in support of MMM in Angola.

YOU DONT HAVE TO DO ANYTHING SPECTACULAR JUST WHATEVER YOU CAN. BIG OR SMALL, YOUR SUPPORT WILL BE MOST WELCOME AND WILL MAKE A DIFFERENCE!

MMM EDUCATION AND FORMATION FUND

As we plan for the future of MMM, we see that one of our greatest expenses is the formation and professional education of the young women who are joining MMM today. So we have established a special Education and Formation Fund which will be invested to meet these ongoing expenses.

Sister Maria José da Silva completed her M.A. in Pastoral Counselling at Loyola College, Baltimore.

Sister Esther Onokayeigho studied for her Master's in Midwifery Education at University College Dublin.

Sister Elizabeth Metebaghanfoh qualified in Business Administration at Northeastern University, Boston.

To Our Donors

Individual private donors and small Donor Groups who give us regular gifts or make Standing Orders provide the backbone for our work. To each of you we send our warmest thanks.

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

Also, we want to acknowledge the support of Governments, including Development Cooperation Ireland and the Embassies of the Governments of donor countries whose help in various important undertakings has been invaluable.

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

Our Promise

When a donor specifies a country, project or special need (*e.g. famine, AIDS*), 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

In USA, we are a Tax Exempt 501 (c) (3) Non-Profit Organization.

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