

Healing & Development

2007
EDITION

70 years
of mission

YEARBOOK OF THE
Medical Missionaries
of Mary

ANGOLA



BRAZIL



HONDURAS



NIGERIA



RWANDA



*Rooted and
Founded in Love*



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Volume 68 – 2007

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Marie Martin, to-day MMMs number 400 Sisters, who come from fourteen 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:

MMM Communications,

Rosemount, Booterstown,

Co. Dublin, Ireland

Tel: +353-1-2887180 • Fax: +353-1-2834626

E-mail: info@mmmworldwide.org

www.mmmworldwide.org

Charity Reg. Nos:

Ireland: CHY7150.

England: MMM Trust 293494

In USA we are a

Tax Exempt 501 © (3) organization

Editor: Sister Isabelle Smyth

Subscriptions: Sister Aileen Doggett

Designed by: Solographics, Dublin

Printed by: Genprint, Dublin

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ISSN: 1393-8967

PRICE €5 or \$5

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Leader's Letter

Dear Friends,

I am very happy to introduce our Yearbook for 2007, the year that marks the 70th anniversary of the foundation of the Medical Missionaries of Mary. It was on 4th April 1937 that Mother Mary Martin made her first profession of religious vows. As that date falls during Holy Week this year, we will mark our 70th Anniversary on the Sunday after Easter, Low Sunday, which falls on April 15th 2007.

In the pages that follow we reflect on the truly remarkable events that surrounded the birth of our Congregation. When we think about our roots, we do so in order to draw strength for the challenges of today and to prepare for those of tomorrow.

In the beginning, the most pressing need our Foundress saw was the problem faced by women in childbirth. As a young woman, she had trained as a midwife because the care of mothers and their infants was her special concern. This is still a major focus of our work. In some parts of Africa, the outcome of a prolonged obstructed labour can leave a woman with the terrible problem of vesico vaginal fistula. This requires difficult surgery to correct. In two dedicated units, one in Nigeria and one in Uganda, this problem is addressed and we are training local surgeons in the highly specialised techniques that are required.

As the decades unfolded, the needs around us put many new demands on our medical missionary service. Seeing the problems people faced in small towns and villages beyond the hospital gates, led us to place great emphasis on Primary Health Care from the early 1970s. In many places the local church was able to take over the mission hospitals, leaving us free to concentrate on the problems of community-based health care. By 1978, with the famous Declaration of Alma Ata, emphasis on Primary Health Care became official policy in the World Health Organization.

The 1980s brought the problem of HIV and AIDS. For the past twenty-five years we have put a great amount of energy into helping families and communities affected. Our response involves a wide range of services. Care of the ill, facing the economic impact in areas of great poverty, education for prevention of the spread of the disease, the loss of our own staff members, helping people to cope with grief, facing the enormous problem of orphans and child-headed households has put a great demand on our resources. The arrival of anti-retroviral drugs has provided hope for many, but brings its own problems in terms of monitoring, staff training and great concern about the long-term sustainability of treatment, as outlined by our sister-doctors in this Yearbook.

More recently, the problem of trafficking in persons has emerged. This worldwide issue is of great concern to missionaries everywhere and is something that needs urgent attention by governments and legislators as well as workers on the ground.

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.*

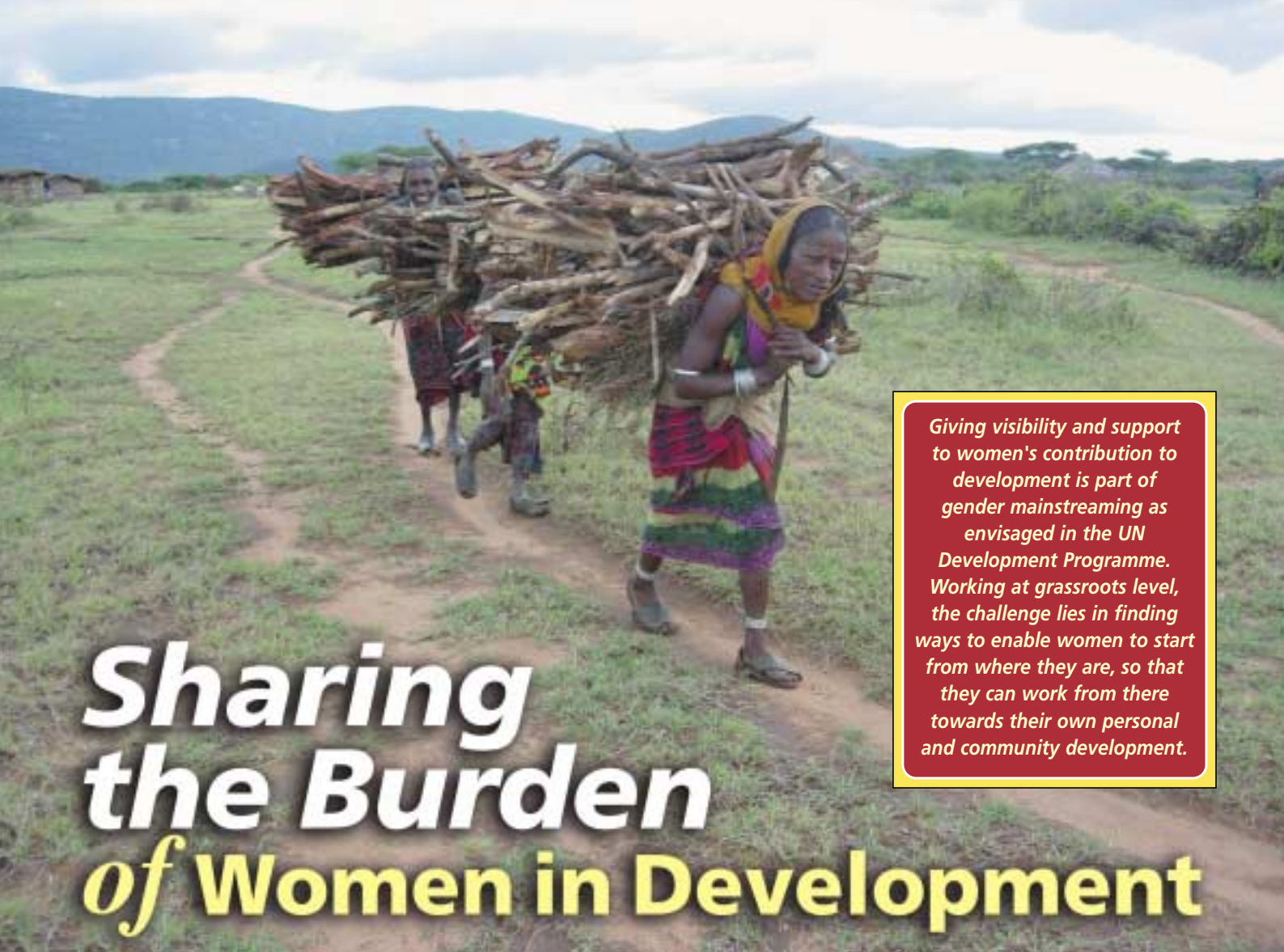
*Our belief in the inter-relatedness
of God's creation
urges us to embrace holistic healing
and to work for
reconciliation, justice and peace.*

Needless to say, we do not do any of our work alone. In every country we are blessed with wonderful local staff members and partners. As you can see from some of the contributors to this Yearbook, we also receive great support from lay people who join us from overseas to share in our work, bringing their professional expertise and energy to the task. The integration of lay personnel into our health-care teams and networking with other agencies in tackling the problems we face is of great value to us.

We are also supported by a large circle of friends of MMM who make regular financial contributions to keep us going. It is thanks to this wide network of individuals, small groups and donor agencies that we are able to provide a service that makes a difference to the lives of those we can reach. In all our communities around the world we remember you as we gather each evening in prayer.

Celebrating our 70th anniversary, we know that we could have achieved nothing without people like you working alongside us. As we give thanks for all that has been, we also thank God for the part you play in helping us to bring healing and development to people in need. May God bless and reward you.

Se Margaret Quinn
Congregational Leader



Sharing the Burden of Women in Development

Giving visibility and support to women's contribution to development is part of gender mainstreaming as envisaged in the UN Development Programme. Working at grassroots level, the challenge lies in finding ways to enable women to start from where they are, so that they can work from there towards their own personal and community development.

OUR COVER PICTURES front and back were taken on the shores of one of the large salt lakes at Singida town, which lies in the centre of Tanzania. Women harvest salt from the lake. The work of drying the salt on the rocks is very laborious. Then they sell a 5kg pail of it for a pittance.



Sister Catherine O'Grady says:

‘These women work terribly hard and earn very little. This is what drives many of them to avail of the truck drivers who stop overnight in Singida. Our town is a truck-stop en route from the ports of Tanga or Dar es Salaam to the landlocked countries beyond our western border, Congo, Rwanda and Burundi.

‘In prostitution, women can earn a lot of money quickly when they need school fees, uniforms and school books. But there is plenty of evidence to show that, given an opportunity, they would work at anything else. Our main work is in education around the prevention of HIV and caring for those already affected. But the issue of income generation is very pressing. We are hoping to provide some women with training for hairdressing, fish preparation, sewing, a small shop and a restaurant.’





In Kenya Sister Kathleen Crowley is involved in the Women's Development Programme of Lodwar Diocese. Basket-making has become quite an art and a source of income for many women.

'Here in Turkana, every bit of work in the home is a woman's chore', says Sister Kathleen. 'The women are the main bread-winners, but their own basic human needs are not met. Water is very scarce and they walk long distances to get it.'

None of the women in the programme can read or write. With their nomadic lifestyle it is difficult to address this problem. Our biggest hope is that their daughters will be allowed to go to school. Traditionally, the girl's role



is to help the mother in caring for the younger ones. The boys have preference when it comes to schooling. Having a little income of their own gives the women some status and enables them to see that their daughters could have a better life if they got a fair start.

'The basket-making has already brought some change to their lives', says Sister Kathleen. 'The doum palm is available in the desert. So is the bark and the stone from which they make the dyes they use. So there is no outlay.



It is wonderful to see the creative designs they come up with – finding new designs all the time.

'These women are badly off for money for food, or for treatment for their children who may be sick. They are willing to walk for two days with the baskets on their heads to bring them to us for sale. We pay each woman for the baskets she makes and she gets the cash in her hand. Then we send the baskets down country by truck to Nairobi, where they are marketed.

Continued overleaf

The Gospel story of the Visitation (Luke 1:26-56) tells us how Mary – in the excitement of learning that she is to become the mother of an infant son who is the long-awaited Messiah – heads off on a long journey.

Anyone who takes time to ponder this story can see that Mary was a young woman with a mind of her own. She was not easily daunted. Scholars think she probably covered between 80 and 100 miles through the hill country of Judea. Most of the journey from her home town of Nazareth in Galilee, would have been on foot.

Since the 6th century, tradition indicates that she travelled southwards to the little town of Ain Karim, about five miles west of Jerusalem. She had much to share with her older cousin, Elizabeth. And she knew her cousin could do with a helping hand for she too was pregnant, now six months on.

Although young, Mary had a good knowledge of the history of her people. But she also had a sense of the future. She knew that people in all generations to come would be talking about this. There were issues she would link to that very special encounter, as she and Elizabeth exchanged their news. The humble, she points out, were chosen in place of the powerful. The hungry were filled with good things, the rich

sent away empty-handed. What they celebrated would put a different value on things. The concepts Mary shared with Elizabeth were revolutionary then and now. We might wonder did they discuss this further during the final three months of Elizabeth's pregnancy – given how women chat about things?



One way or the other, this is a story that energizes MMMs as we go in haste over mountains and valleys far from home, doing our best to provide assistance to women who live in remote places or crowded slums, during their pregnancy and at the time of giving birth. Concern for families – and more recently, support for children made orphans from AIDS – has brought us into many branches of community health care and human development.

The Constitutions of MMM call this vocation '*an extraordinary adventure*'. On May 31 each year, the day the Church celebrates the Feast of the Visitation, we all renew our religious vows and pledge ourselves to continue the work in hand. We look upon the thousands of people all over the world who collaborate with us and support us in one way or another as our partners on this journey, without whom we could not continue our mission of healing and development.



Basket-making in Turkana

Some of the women who are particularly talented have become teachers of their craft. Sister Kathleen and her team take them from village to village to train others. This gives them a lot of satisfaction and status. They also become role models for the village girls, helping them to dream of a future life that is not all house chores and drudgery.

In Uganda Sister Rita Hand feels very excited about the way the Women's Development Group at Makondo have taken to the opportunities opened up for them. It is inspiring to see how committed and creative women can be once they get started on an income-generating scheme.

The bee-keeping initiative, which is very productive, is particularly popular with local women.

Sister Rita says:

'There is a good market locally for honey and of course there is also the benefit in terms of nutrition. We have helped the women to diversify the flowers in our local environment, which makes a richer harvest for the bees as well as enhancing the locality.



Consignment of new beehives arrives at Makondo Women's Development Project

In Brazil

Sister Brigid McDonagh

has been working with women's groups for the past thirty-seven years. Though now forced to give her Workshops from a wheelchair, she says she is greatly energized by the enthusiasm of the women who are working to improve their education, and improve the quality of life of their families and their neighbourhood.



Sister Brigid leads Women's Workshop

Sister Brigid says:

'It is hard to pack into a few words what is so touching about the lives, works, tears, fears, friendships, sufferings, journeys, conquests, planning, laughter, and women's prayer. Over the years as the groups developed, different Christian communities joined in collaboration. By 1991, preparation for each year's International Women's Day became a common focus. The theme chosen each year seemed to give birth to a further development in the succeeding year.

During these years one dream of many women emerged very strongly – that of

being able to read and write. Many returned to school. A woman named Zilda began studying from 4th grade. She finished University at the age of 71. Through the church's pastoral services to women, funds were solicited to help her fees. Her example gave courage to many others to follow.

There were other practical outcomes – as in 2002 when the theme involved Domestic Violence. Help including medical and legal services, protection and ongoing accompaniment, was organized as well as questioning government bodies'.

Sister Brigid believes that appropriate education and socialization regarding the problems faced by



Theatre is a great tool for raising awareness



women need to begin among the young. So, while the above themes were being worked through with the women in Workshops, the same themes were worked through on another level among children in groups aged 4-6, 7-8, and 9-11 years. That, she says, 'is a whole other story in itself'!

1991	WOMEN JOURNEYING TO LIBERATION
1992	CELEBRATING THE MARTHA AND MARY IN EACH ONE
1993	CELEBRATING DREAMS AND STRUGGLES OF MANY WOMEN
1994	A WOMAN HAS RIGHTS
1995	OUR CONQUESTS
1996	WITHOUT FEAR OF BEING WOMAN
1997	THE POWER THAT WE WANT
1998	A WOMAN'S PLACE IS EVERY PLACE
1999	WOMAN IS A BLESSING
2000	TENDERNESS AND BREAD
2001	WOMEN ASSESSING THEIR VICTORIES
2002	SAYING 'NO' TO VIOLENCE AGAINST WOMEN
2003	WOMAN AT ALL AGES
2004	WOMEN REREADING THE BIBLE
2005	I AM A WOMAN AND MY BODY IS SACRED
2006	WOMEN BREAKING BARRIERS



Fuel-efficient 'jiko' industry at Makondo

'When Sister Jackie returned to Uganda for her Final Vows after her mission assignment in Brazil, she brought us lots of ideas and know-how about herbal medicines. So now we have a demonstration herb garden, and provide Workshops on the uses of the different herbs. The women are very enthusiastic about this. They take seedlings home and many are now growing their own plants.'

Our Sisters at Makondo are also excited about the animal husbandry component of their income-generating programme. There are ground-rules that everyone must adhere to. These help members of the group to take responsibility. Workshops in organic farming have proved very popular, and help conserve soil fertility.

For Sister Rita, the most exciting of all is the women's project to make and sell fuel-efficient cooking stoves. The local name for the stove is a 'jiko'.

'The women collect the clay from the large ant-hills in this area. They mix it with water and then knead it together by walking on it barefoot. It is then shaped into moulds and fired in a kiln. As well as generating income for the women who started the project, they are now taking



their skills to surrounding villages, showing the women there how it is done and how to build a brick stove around the 'jiko'.

'At last we are seeing women freed from the burden of cooking the family meal on three stones. It also economizes on the amount of wood being cut down for burning.'

Moira Brehony is an Associate Member of MMM and Director of Mapambazuko Training Centre near Arusha in Tanzania. Since 1999 the Centre has been offering short training courses. Development topics include Proposal Writing, Project Planning and Management, Finance Management, Care of people with HIV/ AIDS etc.

Moira says: When I think of success, three women in particular come to mind:



Martha Lauwo, Moira Brehony and Martina Siara

Martha Lauwo is a beautiful woman who is the Manager of a project called Education for Life with the Pentecostal church. She has a demanding home life where she cares for her own family of three and a step-son who is mentally challenged. Martha always has a smile and a good word for people. She has attended several courses in Mapambazuko and as a result she has been able to secure and manage funding for her growing project with rural women and their families.

Martina Siara is from a middle income family in Arusha. In the past she has worked with the Arusha Archdiocese as a development worker. She is now the Manager of a girls' vocational training school.

Martina has also attended courses here with us. As a result, she has been able to manage an excellent programme which is fully funded by a Norwegian church group. Martina takes girls who

have not completed their schooling and are vulnerable to prostitution. She has saved many girls from a life on the streets.

Following a two-year training programme where each girl learns basic literacy skills, sewing, tailoring, baking and household management, Martina secures a work placement whereby the girls can get the confidence they need to take off on their own. Mapambazuko has provided the work experience for several girls all of whom have managed to secure full-time employment later.

Manda Ngoitika is a Maasai woman who comes from a remote area of Tanzania. She has been well educated – including a degree in Development Studies from the Kimmage Institute in Dublin.

When Manda returned from Ireland she was offered different jobs here in Arusha which were very appealing. But she declined and went back to her rural women in Loliundo.

Manda has helped to improve the lives of many women through her education and Income Generation programmes. She has several Maasai girls sponsored in secondary schools with the aim of training her own teachers who, in turn, will teach in the local schools and so offer secondary education locally.

Some of the major challenges for women in Tanzania are related to culture – especially in the Maasai tribe where girls are married off

very early to men they don't know. A man can have several wives and may also have a sexual relationship outside his wives. This in turn is conducive to the spread of HIV/AIDS.

In the centre here we have seen a conflict between culture and education. Young girls have been educated regarding the spread of HIV/AIDS. But they have to live in a culture where the lifestyle is conducive to acquiring the disease.

Women are also challenged through domestic violence which is prevalent in their culture. So much so it becomes an expectation of some women that they will be physically punished if they do 'wrong'.

Women need more and more encouragement to help them to succeed. They are the backbone of society and in many cases are also the breadwinners. Their workload is never done.

In Nigeria Sister Deirdre Twomey has worked as a consultant obstetrician and gynaecologist since 1958. During this time she has saved the lives of countless mothers and infants. She says their lives have deeply touched her. She continues to pass on her skills to many younger doctors now specialising in the same field. She says:

From my earliest days in Nigeria as a young doctor, one of my first impressions was the number of women dying in childbirth. I knew they did not need to die, something could be done about it. Maternal deaths were a great concern of mine even long before I specialised in obstetrics and gynaecology.

The second thing that concerned me was the way women who came to Gynae Clinics automatically bore the blame of infertility or sub-fertility. From the beginning I insisted that their husbands also come to the Clinic while we investigated the problem. In this way

a woman comes to realise that she is not the only one contributing to a fertile marriage. Lifting that psychological burden was such a relief for them.

Added to that, in more recent years, I have been insisting on every woman's right to know her HIV status. This has increased our work greatly, as it involves pre-test and post-test counselling, 'talks before talks' and a lot of education. But it is essential for women to know, and they in turn are now insisting that their husbands also go for testing.

Many of the women we see have never been to school, coming from outlying villages where life is still very difficult. A pregnant woman's husband may be away from home a lot while trading, or travelling as a driver. There may be



Sister Deirdre with Emmanuel, Bernadette and baby Chidinma

no easy means of transport from her dwelling to the main road. Hence the importance of well-trained traditional birth attendants.

This year a woman called Mgbeke, aged about 25, arrived at our Hospital very ill with eclampsia. She had been transported for the first few kilometres from her village to the main road in a

In Malawi Sister Mary Doonan is involved in women's development activities that generate income. This also develops the women's self-esteem. They discover their creative capacity. This, in turn, leads them to realize they have a story that is worth telling.

In our MMM community, as we reflected on the needs around us, it became more and more obvious to us that the HIV/AIDS situation was placing huge demands on women:

- Poverty increased in many families
- Home nursing care had to be provided
- Other sick family and community members had to be visited
- Attending funerals and cooking at them was a big demand
- Care of orphans.

At the same time:

- Many women feared becoming infected with HIV from unfaithful husbands
- Women could not talk about HIV/AIDS with their husbands
- There was a high incidence of domestic violence which most women feared to talk about
- Women worried about care for their children if they died from AIDS.

We could see the women needed a 'safe place' where they could openly share and



Anastasia Kangulu, Home Craft trainer

discuss their situation, find support among themselves and hopefully some solutions to their problems. This would include providing them with some skills for income generation.

In 2000 we commenced our Women's Development Project in Mtsiriza Township, later expanding to other villages. Although we initiated the Group using Catholic Parish structures, the Group quickly became an Inter Faith Group. Then in 2005 we were asked to go to an already established Widows' group

at Kawale, across town to help these women form a Bereavement Support Group among them and help the orphans. Somehow they had heard we had been doing this in Mtsiriza. We also help them with handcraft skills.

Slowly but surely we try to move along with the women at their pace.

- Using stories of women in Scripture we have been able to create the 'safe space' that has allowed many women to share stories and thus gradually break the silence around HIV/AIDS, domestic violence, child abuse and other issues they previously feared to talk about openly.
- At times some women have been able to seek and get assistance from the Parish Justice and Peace Group, e.g. domestic violence situations or when denied vouchers for fertilizer etc.
- In 2004/2005 we conducted Gender Workshops, followed by Stepping Stones Workshops. Most women participated with their husbands in the Stepping Stones Workshop and many for the first time were able to discuss together as couples HIV/AIDS and other relational family issues. This has proved very helpful to men as well as women. Trócaire funded these Workshops and enabled us work at a pace decided by the women.

wheelbarrow, which had been rigged up with pillows and cushions. As she was unconscious, they could not bring her by bicycle. Unfortunately, as her condition was so far advanced by the time they reached us, we were unable to save her life. These are the really heart-breaking moments.

On the other hand, we have happy stories too! Bernadette and Emmanuel had been married seven years when I met them. Bernadette had suffered three miscarriages and they had no living child. We removed fibroids after which she soon became pregnant again. She was obliged to have complete bedrest throughout her pregnancy. She prayed all the way through those months.

Then, on April 21 2006, she delivered a healthy baby daughter. They called her Chidinma, which in their language means 'God is good'. On returning to work Bernadette was promoted to the position of Head of Human Resources. 'It is all joy now', she told me.

Sister Blandina Ryan has been greatly preoccupied by the problem of young unemployed women being picked up and trafficked abroad for sex work. When our community in Nigeria reflected on this problem, they felt the best form of prevention would be the creation of Vocational Training. It took a lot of planning and fund-raising before the Mother Mary Martin Centre was eventually constructed on the outskirts of Benin city.



Sister Blandina is very proud of the first group of graduates from the Computer Training Course at the new Vocational Centre. The computer laboratory has ten systems, powered by generator because of the unstable local supply of electricity. The first students who completed their four-month course graduated at the end of August 2006.



The Fashion Design and Tailoring Programme caters for ten students. But it is envisaged that more equipment will be needed to cater for the growing popularity of these courses. Further courses in hairdressing, catering, tie-dye and bead-making are also in the pipeline.



Women's Craft Display in Mtsiriza Township

clothes for themselves and their children, and banners for the Church etc. From time to time they can sell some of their crafts. Being creative is very good therapy. It is amusing now to see some women knit even as they walk!

- Some sessions on bereavement have contributed to the women now wanting to break cultural taboos and talk with children re HIV/AIDS and death. We are about to embark on our Memory Book for Africa project. This will be followed by women working with orphans on their own Memory Books. This facilitates children telling their own stories.
- Many women participate in literacy classes and are so proud when they can sign their name, read notices and help their children in primary school with their homework. It has also made it easier to use teaching aids when working with the women.
- All the women in our groups have learned new handcraft skills. They are extremely proud to be able to make

- Some women have been to the Home Craft Training School and are now able to share their skills with other women and orphans.

- A Mosquito Net Project whereby the women can purchase nets at cost price has reduced considerably the prevalence of malaria in the area.
- Body Mapping and learning about their bodies has also proved successful. Now women become more aware of when they or their children need to go to the hospital and how to look for their rights at the hospital.
- In collaboration with the TB Equity Project we have been able via the Women's Development Project and Home Based Care Programme

to initiate a TB DOT Programme that is working out extremely well. There is a very high incidence of TB in the Township but because of poverty many did not access free treatment at the Government Hospital. Now that the TB programme has come to the Township many are accessing treatment.

- Following an intensive educational programme on Voluntary Testing and Counselling and Antiretroviral Therapy (VCT/ART) conducted in conjunction with the home based care, we now have a weekly VCT/ART Clinic in the Township and many are availing of this service. We provide food supplements for those on ART who require assistance.

Women play an active part in distributing mosquito nets to help prevent malaria.



A Long Day in the Mountains

THE TRUCK CARRYING THE HEALTH TEAM heads out of town at 7 a.m. It will be two hours, at least, before they arrive at the little mountain church under the ceiba tree. Mass is a real celebration. It is a big day for the community having Fr. Enemecio Del Cid with them. The women have prepared a communal lunch, which will be taken outdoors.



But first comes the health education. There are loads of issues to be worked through by the seventeen health committees around this vast parish. AIDS is one of them. Water-borne diseases another. Lack of water. Lack of a sewerage infrastructure. Domestic violence including abuse of children.

Sister Renee says: 'We do a lot of group work to try to improve self-esteem. We believe this contributes to improved health in the community. We teach people how to do reflexology and massage. People love this. They tell us it helps them to cope with the huge amount of stress in their lives.

'We give Workshops on self-esteem, adolescent psychology, HIV/AIDS, domestic violence, pastoral care of the sick, natural medicines and management of home pharmacies. We use visualization, helping the group to get in touch with their inner wisdom figure, helping them to realise their gifts. We make paper cut-outs of fruits. People can write on these the gifts they bring to their community. Then we put all the fruits on a Tree. This helps to build awareness and respect in the community.'



By 3 p.m. it is time for the team to begin packing up the truck for the long trek back to Choloma. You need to get back before darkness falls. With drugs and gangs, Choloma is a dangerous place to live. There the same issues have to be faced as those discussed in the mountains, only somehow, in the urban context the problem can be even more difficult to overcome.





Front row: Sisters Joanne Bierl, Rosalinda Gonzales and Renee Duignan (Choloma Community)

Back: Sisters Rita Higgins and Bernadette Heneghan (Marcala Community)



IN MARCALA – a five-hour journey south-west of Choloma – Sisters Rita and Bernadette are also dealing with issues related to self-esteem. They tell us:

We find the children timid and shy, they lack recognition and stimulation and many live with violence in the home, often due to alcoholism. In the more remote sectors of the parish we bring health education including first aid and complementary therapies, and try to address environmental and gender issues.

The focus of our children's programme is to help them develop their creative and imaginative skills. This helps them build their self-esteem and find their voice.

Progress is slow and difficult to measure, yet we marvel each time a little girl struggles to overcome her shyness and tentatively expresses an opinion or participates in an activity.

It is the same with adult groups. Though the health issues are important and relevant in themselves, they are also a vehicle

through which a woman's confidence and self-esteem may be nurtured. Though shy and self-conscious in the beginning, once we get discussing the health problems faced by the community, the level of trust increases, experiences are shared and solidarity is fostered.



AIDS - The Challenge Now,



Sister Brigid Corrigan is one of our most senior Consultants in the field of HIV and AIDS. She writes:

Back in 1998, Dr Peter Selwyn, author of *Surviving the Fall* said: 'We began to have the uneasy feeling of never quite being able to catch up with the AIDS epidemic: as soon as we responded effectively in one area, a new crisis emerged in another.'

I think these words are as true today as in 1998.

Even in this anti-retroviral era we face an uncertain future. Certainly, anti-retroviral therapy (ART) has improved the quality of life for an enormous number of people. For a physician like me there is great delight in the ability to give 'new life' to so many adults and children suffering from HIV and AIDS. Nevertheless the challenges are very real. To mention just a few, there is the emerging resistance to available drugs, the problem of effectively preventing mother-to-child transmission and of being ever creative in our prevention campaigns.

I am often asked by young clinicians working with me 'What did you do before ART?' To them it is like the pre-antibiotic years were to many of us in our early medical careers. But the fact is that we did a lot before ART. Our quality of care, compassion, love and understanding of our patients gave many the will to cope with HIV/AIDS.

That is the reason why many people are still with us today and have lived to avail of ART. We learned about being present to the patients – even when there was little to offer. This meant the whole range of palliative care became our domain as we fought to give quality of life for the remaining months or years of many of our patients.

My fear would be that in the race to get as many people as possible on to ART we may lose that which we learned in our most impoverished years. In the scramble to write prescriptions for ARVs will we have the time to really listen as we did before ART?

We must take a balanced approach to HIV/AIDS. It is clear that even the best ART programme in the world will not be able to reach everyone in need at the rate at which the HIV is still spreading.

That means prevention campaigns must be maintained and strengthened. With the best evidence – and without apology – these should be based on the need for risk avoidance – over and above risk reduction. This is highly relevant and urgent in many of the countries where we are working.



Sister Felicia Muoneke working in Nigeria, says the ignorance that still exists among the people about HIV and AIDS does not match the many organizations springing up every day to provide services for people affected or infected with the disease. She says: 'The majority who claim to be aware of it still do not know the common basic facts about the disease. This is why there are still a lot of fears, myths and false beliefs related to issues of HIV and AIDS. Discrimination and stigma is

still being perpetuated against people living with HIV and AIDS. Therefore the rate of denial is still high.

The gender inequality associated with the disease is a big concern. Women are very disadvantaged in every way. They may be thrown out of the house or left to die miserable deaths. This energizes me to strategize on how to help women cope with or prevent these situations.

But there are achievements. There is an enormous change in attitude among medical personnel towards People Living With HIV/AIDS (PLWHAs). It is also encouraging to see that the youth are becoming aware of the consequences and are anxious to be included in any campaign against the scourge. Good hearted lawyers are beginning to offer their services free of charge to defend the rights of PLWHAs.



Sister Maria Borda writing from Tanzania, says:

'I saw the first patient with AIDS in 1986. He died within two weeks of coming to hospital. We have come a long way since then. Yesterday I was counselling a patient, who is in a leadership role in his religious group. He has already improved on supportive treatment and is starting ART tomorrow. I could genuinely feel enthusiastic about the possibilities for his future. I hope that he

did too. He seems to be reorganising his priorities in life. There is such a crying need for people in leadership positions to understand what People Living With HIV/AIDS (PLWHAs) have to go through, and not be afraid to talk to them about it.

Obviously, prevention is a far better option than treatment. Even in these rural areas, access to TV programmes of varying quality, and to pornography via Internet and circulating CD clips, reinforce an attitude that unlimited sex is something worth aspiring towards. Sadly, this cannot be explained just by lack of education, because I have found it also among professionals. The need for behavioural change and for change in the priority of values, remains a very real concern.



Sister Marian Scena also works in Tanzania at the Faraja Center in the town of Singida. She says:

'After many years doing Hospital-based medicine, I took time out to train as an AIDS Counsellor and now I do counselling as well as medical care, home-based care and some administration.

What worries me most is the apparent pressure by donors and government to get as many people on ARVs as are eligible. Many people on ARVs lack an

adequate diet. Also I think the Adherence Counselling isn't adequate and the medical follow-up of clients on ARVs needs to be improved. Thus I think our holistic service here at the Faraja Center is important as we try to complement what is lacking.

A good thing we find is that people are becoming more open to knowing their sero-status but there is still much stigma. We need to learn more about how to empower people to help themselves as much as they are able. It is difficult not to let people become dependent on us and look to us to fulfill all their needs. The trust they have in our services provides us with the stimulus to keep going. But it is really difficult to accept that we cannot help everyone.



Sister Cecily Bourdillon is the doctor responsible for the Primary Health Care programme at Chipini in Malawi. She writes:

In 1992, our first Home-based Care Volunteers were trained to assist families in caring for their sick and dying members. The volunteer was trained in the basic care of a bed-ridden patient and passed on the knowledge and skills to the members of the family. They supported the patients and family with

regular visits and helped them to prepare for death. They also took care of the ever-increasing number of orphans in the village, ensuring that they went to school, had the necessary school uniform and materials, and other necessities such as mats, blankets, and soap.

The introduction of Anti Retroviral Therapy (ART) in the Chipini Area has changed a lot of this. Patients are referred to a Group Counselling session with a relative or friend present, at which they learn how ART works, possible side-effects and the rules they must keep if they are to benefit from ART – the most important one being that they must take two tablets every day for the rest of their life. Many of those taking ART have now returned to work and are living normal lives again.

What Our Doctors Say...

However, both patients and carers have many disappointments. Patients are still prone to opportunistic infections which, if not treated promptly, are often fatal. Prompt treatment is not always possible and never easy because of distances to travel. The lack of transport – only a bicycle which is not the best for a very ill person – the unavailability of the required drugs to treat opportunistic infections and their cost. Some of the side effects of the drugs can be debilitating and even fatal. If nutrition is inadequate, as is so often the case since the sick person has been unable to cultivate the land for a long time, any setback is disastrous. Our challenge is to persuade our young people that prevention is better than cure; a way of life that fosters love, self control, respect and responsibility to enable them to abstain from sexual activity before marriage and be faithful in marriage is the key to a life free from HIV and its consequences.



Sister Martine Makanga is a surgeon working at Rwanda's University Hospital in Butare. She had just finished a ten-hour session in the Operating Room when she took our call for her opinion on the challenge presented by AIDS now. She told us:

The service of surgery is a busy one. Right now we have 124 patients, both children and adults. Of these, 85% are in Traumatology due to road accidents and violence – people attacked or beaten up, or injured by grenade, gunshot, machetes. The rest are neglected osteomyelitis, tumours, paediatric surgery. We have a lot of neonatal congenital malformation and poly-malformation. Regarding HIV, many of our patients are known to be sero-positive but many discover their status during their stay in hospital.

The good thing is that the tests for CD4 count and anti-retroviral treatment are free. But the problem is the nutritional status of most of our patients. While in hospital they have to provide their own food. For many, their families find it hard to bring food every day and to care for them as they need. Most HIV patients stay longer in hospital or have several hospitalisations. Because of immunodepression, their healing process is lengthened. Those with tumours come at a late stage for palliative surgery. What makes me sad is the lack of drugs for efficient chronic pain control and the fact that there is no Palliative Care Programme in Rwanda as yet.



Sister Maura O'Donohue has wide experience as a Consultant on HIV/AIDS – a job which has taken her to dozens of countries. She says: My biggest concern at this point is the level of training provided to Counsellors. Twenty-five years ago we were campaigning to ensure that everyone who was to be tested for HIV would have both pre-test and post-test counselling. Counsellors were given minimal training. Typically, it was a course of two weeks' duration at best.

During this time they had to learn all the basic facts about HIV/AIDS, how to communicate these to patients, how to explain the implications and complications not only of HIV and AIDS but also the testing procedure. Counsellors are faced with going through test results with somebody who is HIV positive and sometimes also with their spouse, parents or significant other. They are often involved in dealing with preparation for bereavement or actual bereavement, counselling children, as well as legal issues. Very often they lack proper facilities in which to do this highly confidential work.

It concerns me greatly that the introduction internationally of Voluntary Counselling and Testing (VCT) is often seen as a means for obtaining a better statistical overview of the extent of the pandemic rather than a means to meet the problems of those at risk.

Our Counsellors provide an essential service in the chain of response to HIV and AIDS. In most countries there is nobody responsible to oversee their work and provide them with support and further in-service training. This would not be accepted in any other profession.

It is urgent that appropriate training be provided in Counselling Supervision. There are some excellent courses available in 'distance learning' modules. Funding Agencies should be putting money into this service in every country.



Sister Carla Simmons is the doctor responsible for the Mobile HIV/AIDS Programme based in Masaka in Uganda. She tells us:

My biggest question at this time is: With the introduction of anti-retroviral drugs (ARVs) what will be the effect in five years' time? Governments and Ministries of Health have been so eager to make ARVs available. But in my opinion, not enough has been done in the education of patients about these medications. The fact is that one must take them at the very same time every day, never missing a dose and that they have to be taken for the rest of one's life. Follow-up is essential and in many places it is not being done. In five years' time, I fear that the situation could be worse than it is now. Because of ARVs people are becoming less careful about risky behaviour and end up passing on HIV that is resistant to available drugs. Here at Kitovu Mobile we are in the excellent position of knowing our patients and seeing them every two weeks at our Centres. This makes follow-up much easier. But it has added to our workload. We have 750 patients on ART with a staff of one Doctor, two Nurses and two HIV Aides managing the ARV programme.

Another concern that I have – since palliative care is my passion – is seeing patients who have a terminal condition, for example cancer of the cervix, started on ARVs. Most patients do not understand that the ARVs are not going to change their terminal condition. And as I see it, they only prolong the suffering of such a patient, not to mention being a waste of valuable resources. This sounds very negative! But to be positive, I have seen numerous people with HIV given a new lease of life and added precious years in which they can raise their children. This alone makes our work worthwhile.

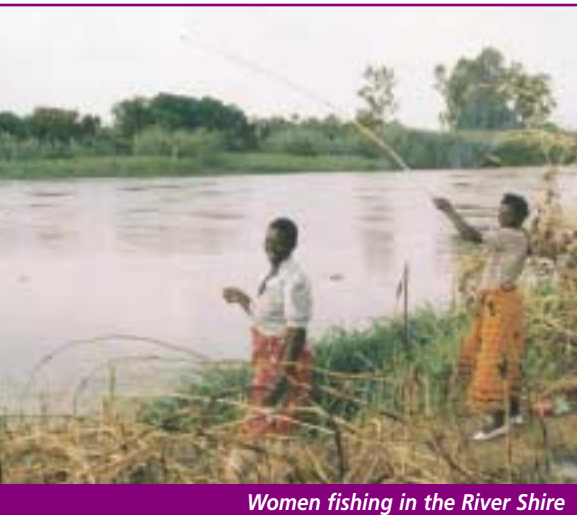


Sister Carol Breslin has recently been awarded a Certificate of Appreciation by the Minister for Health in Ethiopia for the work carried out over the past ten years at the MMM Counselling and Social Services Centre in Addis Ababa, where she is Medical Director. She says much has been done in Ethiopia to make anti-retroviral drugs available at hospitals and health centres for treatment and prevention of HIV. She says:

We should start to see greatly improved health for people living with the virus and the reduction of viral transmission by at least one important route. Equipment and staff training have been provided.

My biggest concern is the issue of sustainability. Funds have not been given for maintaining equipment, for transport for clients to health institutions, for extra staff salaries, for the expensive tests needed to assess eligibility, and other costs necessary for people to benefit. I want to avoid dependency attitudes and I feel that programmes need to be assessed regularly to decide what can be supported at a local level.

I have a problem with the fanfare claiming that millions of people have been put on ARVs, pointing out how much money has been given to capital expenditure in setting up services – while turning a blind eye to the hidden costs of providing them and expecting that local organizations will find the money for the hidden costs.



Women fishing in the River Shire

Anthony Hannon has spent two years working with MMM in Malawi. He sees



Anthony Hannon

ENDLESS possibilities

ONE OFTEN GETS THE IMPRESSION that an African landscape is difficult and barren with dry river beds and a hot glaring sun. This does not apply here in Chipini. The resources are available in Malawi to feed herself and more. The potential here in Malawi is enormous. It just needs to be realized.

Our project at Chipini, funded by Trócaire, aims to ensure sustainable food security with the people. The plan is to achieve this goal through encouraging farmers to grow Drought Resistant Crops like sorghum, advocating sustainable agricultural practices, and teaching farmers improved irrigation techniques.

There are many challenges that are limiting the ability of farmers in Chipini to realize the potential of the land. Arguably the most worrisome is global warming. This combined with – but to a lesser extent – local deforestation, is resulting in rainfall coming erratically and unpredictably. Knowing when, where and what to plant during the rainy season is a lottery.

Maize is the staple food. However it needs a lot of rainfall, particularly at critical times of the plant's life. If there is a dry spell of one or two weeks the harvest will be a disaster. It is losing its suitability. That is why the Sisters initiated this project. This year farmers planted a variety of crops that can survive during dry spells. While the maize crop was only fair, these Drought Resistant Crops performed well and reaped big yields.

Unfair Trade

A second challenge is international trade. Cotton is the main cash crop grown in Chipini. This year 1 kg of cotton is selling at \$0.20. This is 'peanuts'. Subsidies in the US are having a direct and very negative effect in Chipini. Farmers need money to pay school fees, hospital bills, basic household items, etc. Money from cotton is not enough. Too many farmers have little choice but to sell their maize and other foodstuffs to meet demands.

Aid can be very beneficial on the local level. But with global warming and unjustifiable trade laws in mind, aid is hypocritical. The often perceived *goodness* of aid needs to be critically challenged. It is like a small bandage covering open wounds. Theoretically people should be in control of their own development. With the industrialized nations largely

Treadle Pump



being responsible for accelerating global warming, and unfair trade laws passed in the self interest of Europe and America, Africa and Africans continue to be exploited and abused. Selling cotton for 'peanuts' seriously restricts the Chipini farmer's ability to be in control of his/her own development.

Corruption is another major inhibitor to development. Where it exists, projects will have little impact on the lives of those intended to benefit. Corruption also breeds a lack of trust. Projects involving groups or clubs are very difficult to implement successfully due to this lack of trust within the



with irrigation

communities. While it can be understandable that corruption occurs, the passive attitude in which it is accepted and its wider implications within society are having very negative and destructive effects. People are again being abused and exploited by those with power within the society.

Lack of education and HIV/AIDS are two further challenges that need to be urgently addressed if the hand-to-mouth existence that is a reality for too many people is to be conquered.

Cultural Values

Malawians, however, have something that we in the West have lost. There is a strong connection with the past and their ancestors. It is a spiritual society. People live their history through how they live, and their various cultural traditions and ceremonies that continue to be performed. It is not as scientific or rationalized as it is in the West.

At least in the rural communities the bombardment from advertisements and a 'better way of living' does not exist. There is a certain degree of contentment with what people have. This, I believe, has its value and it is something we can learn from. It is, however, in danger from Western influences and what it is to be developed or civilized. In some ways I get the impression that it is a society in transition.

Child rape and divorce, with fathers abandoning their wives and children, is very common. Certain cultural traditions are, I believe, outdated and are abused by men in particular while women and children are oppressed. Society, though, has not lost its roots. What is required is a common ground where the cultural traditions and ways of living continue, but where there is genuine respect for women and children. The two do not necessarily need to be incompatible.



Agriculturalists assess the topology of the River Shire

Endless Possibilities

In the Agriculture project set up by the Sisters, much progress has been made in the last two years. The River Shire, the biggest river in Malawi, borders the catchment area. With irrigation the possibilities are practically endless. With erratic rainfall becoming the norm, irrigation farming is becoming more and more important to achieving food security.

However, inputs for pumping water – like engine pumps – are expensive and are difficult to sustain. Treadle pumps, manual machines used to pump water, have been distributed to over 150 farmers. The treadle pump is a useful machine that can, if used effectively, be very beneficial to a household. However it can only irrigate a relatively small area of land and is labour intensive. It is important therefore to identify more sustainable and beneficial means of irrigation.

Our aim this year is to divert water from the River Shire by gravity. The topology of the land shows that the level of the river is higher than the outlying land. In fact, in parts it is gradually slanting away. It is planned therefore, to divert the water using underground pipes until the water flows freely on the surface of the land. From there the water will be channeled to irrigate the crops. We also have plans to pump water using a windmill. This will pump water to a reservoir so that the water can then be used to irrigate. If these two projects are successful – and we have very high hopes that they will be – it will mean that farmers will not need expensive inputs like engines or treadle pumps to irrigate their land. This will be a great benefit to irrigation farming in Chipini.



Simple Irrigation

International Solidarity

Malawi is a beautiful country, blessed with ample water, land and sunshine. Exploitation and abuse of the people, both nationally and internationally, needs to be more seriously reflected upon and changed. At national level, it is up to the people to change the situation for themselves. This requires international solidarity. Deep down people know they are oppressed. If they can channel this rage into a positive force it could go a long way towards changing the situation for the better.

Internationally in terms of trade and climate, we now have a globalised world. Yet the political nature of our world remains national at best. Actions taken in the 'National Interest' that have a direct and negative impact elsewhere cannot continue. While it maybe difficult to conceive, I believe a type of international parliament is required so that our political world catches up with the reality of our times.



Clodagh Donlon and her mum Elizabeth, family of Sister M. Damien Corcoran

One hundred and forty-five reasons



The McDonagh Family, relatives of Sister M. Kevin



The Gunning Family, relatives of Sister Ann Regis, pictured with Sisters M. Vincent Ryan and Veronica Keaney



Anne Marie O'Donnell, niece of Sister Magdalena Jennings, came from Lancashire, and is pictured here with MMM Associate Phyllis Rooney



Sister M. Jude Walsh pictured with Anne and Eamonn Kelly, friends of Sister M. Immaculata Nichols

THE LIST OF EVENTS HELD at our Motherhouse each year is breath-taking – retreats, funerals, jubilees, as well as arrivals and departures to and from overseas missions. Among these events, the day when families of our deceased Sisters are welcomed for a Mass of remembrance is among the most touching.

Sister Bernadette Freyne told the gathered assembly that this year we celebrate the lives of one hundred and forty five MMMs who have been called to their Eternal Reward. In communion with them, we celebrate their achievements. But their passing, like the death of all our loved ones, does not leave us without grief. At the conclusion of Mass she read a reflection by Cardinal Basil Hume on the pain of loss and the hope that sustains us.

The Mass, held in Our Lady of Lourdes Church, Drogheda, was concelebrated by Fr. Richie Goode OSA and Fr. Pat Kelly SPS, along with Bishop Cristopher Jones, two of whose sisters became MMMs. Sister Mary is still with us. Sister Christine died on October 30, 1997.

We welcomed over 200 family members of Sisters, some of whom travelled from the UK and all parts of Ireland for the celebration. Memories were shared and bonds strenghtened with mutual support. It was a lovely occasion.



Paul O'Connor, John and Annette McGilligan, Brigid O'Connor, Marian Hargan and Patricia O'Connor, family of Sister M. Evangelist



Barbara McLoughlin, niece of Sister Julie



Sally Fay, niece of Sister Eithne



Mary McCormack, sister of Sister Rose Donegan, with her daughter, Mary Smith

to celebrate



Twelve candles were lit by different family members during the reading of the names of Sisters whose anniversaries occur in each of the twelve calendar months



Marie O'Neill, grand-niece of Sister Mary O'Neill pictured below with her granny, Breda



GRIEF CANNOT BE SHARED, BECAUSE IT IS MINE ALONE

Grief is a dying within me, a great emptiness, a frightening void.

It is loneliness, a sickening sorrow at night, an awakening, a terrible dread.

Another's words do not help.

A reasoned argument explains little for having tried too much.

Silence is the best response to another's grief.

Not the silence that is a pause in speech, awkward and unwanted,

but one that unites heart to heart.

Love, speaking in silence, is the way into the void of another's grief.

The best of all loves comes silently, and slowly too,

to soften the pain of grief, and begin to dispel the sadness.

It is the love of God, warm and true, which will touch the grieving heart and heal it.

He looks at the grieving person and has pity,

for grief is a great pain.

He came among us to learn about grief, and much else too,

This Man of Sorrows

He knows.

He understands

Grief will yield to peace — in time.

Cardinal Basil Hume, OSB



Sister Bernadette Freyne



Nephew of Sister M. Immaculata Nichols, Damien Owens with his wife Deirdre, eldest daughter Clara and twins Hilary and Vivienne

A new feature on our website is the section of tributes to our Deceased Sisters. You can search there by name or by date of death to find a Sister you knew. There is space for you to add your own tribute, or memory, or anecdote, about the times you shared. Even if you did not know any Sister personally, you will find inspiration while browsing through this section of our website and seeing the dedication and love they brought to their years on earth.



Pauline McAlinden with Oisín and baby Aileen, family of Sister M. Joannes Meenan



Michael O'Flaherty, brother of Sister Eileen, with his wife Mary

The Power of Silence

By Sister Radegunda Shayo



Sister Radegunda, from Tanzania on mission in Republic of Benin



IN ZAFFE – LIKE IN MOST AFRICAN VILLAGES – women do a lot to keep their families going. They care for the children, do most of the farming and house-keeping. These are regarded as minor chores. No one would think of affirming a woman who gathered enough firewood to cook all their meals throughout the rainy season, keep her house clean, or make sure that there is always enough water in the big water jars outside the house for drinking, cooking and washing.

In village gatherings, women are supposed to listen rather than talk – even if the matter concerns them as women. In a mixed meeting, one could easily count the number of women who have the courage to stand and give their point of view.

One woman we know had a burning issue and decided to gather the villagers. She decided to separate men and women, each group meeting on a separate day. The outcome of this was breathtaking! She could hear from women things that she would never hear if she had the two groups together.

Most of them opened up, telling of their painful relationships with their marriage partners, all because they are not given a chance to give their opinions nor make decisions.

ASTELLE'S STORY ...

ASTELLE HAD NEVER BEEN TO SCHOOL. Her younger brothers were sent to school but Astelle was expected to stay at home to help her mother with farming and other daily chores.

A Good Samaritan met her last month and because of her good character offered her a job as a house-girl so that she could earn some money. This person was even ready to go as far as starting Astelle in some kind of apprenticeship to better her future. She was quite excited and was looking forward to seeing a little bit of her country beyond the village where she has lived for the past twenty years.

Astelle's parents were consulted so that they could give their consent. The mother was seen first as she happened to be in the house while her husband had gone to farm. Her response was simple and direct – 'Astelle is going to get married to a young man called Idosu who is her age mate'.

Apparently, when Astelle was a baby, Idosu's grandmother saw her and said that she would be her grandson's wife. Since the old woman is now dead, her wishes have to be respected!

The Good Samaritan asked to see her father but her mother insisted that nothing would change even if the father were there.

Astelle was very disappointed. Trying to sympathize with her, I asked whether she really loved this young man who is a secondary school student now. She broke into tears, which

grew into a painful cry. When she was calm she explained how she does not like the man and that even the wine his parents brought to her parents was not yet taken.

In this culture, when a young man wants to propose to a girl, his people bring a bottle of wine to the girl's family. Her parents then ask her whether they should drink the wine. If she says 'yes' it means she accepts the boy, otherwise the wine is returned to the boy's family.

Astelle told me she gave no response to her parents when she was asked, so the wine was kept somewhere in her father's house.

I could not understand why she did not respond with a plain 'no'. It was then I discovered that a girl cannot say no to her parents, so she used silence to say it all. But no one knows what is going to happen next – especially when the wine is still there.

Astelle is only one among many girls in similar situations. Some of them have come to believe that as young women the only thing to look forward to is getting married and having babies, whether happy or not. They end up suffering a lot because they have nothing to hold onto. They totally depend on their partners for everything.

Is there a direct solution to this problem? Your contribution to this question will be appreciated and it will be highly valued. It could be an important thread in the weaving of our strands in the male dominated society.

Combating the Traffic in Human Persons

by Sister Mary Howard

MARCH 25 2007 marks the bi-centenary of the Anti-Slave Trade Act in the UK. The occasion will be used to help highlight the need to abolish all forms of slavery. Concerned people are asking the question: What about the trade in human traffic today? What is being done at both Government and grassroots level to halt this modern-day slavery?

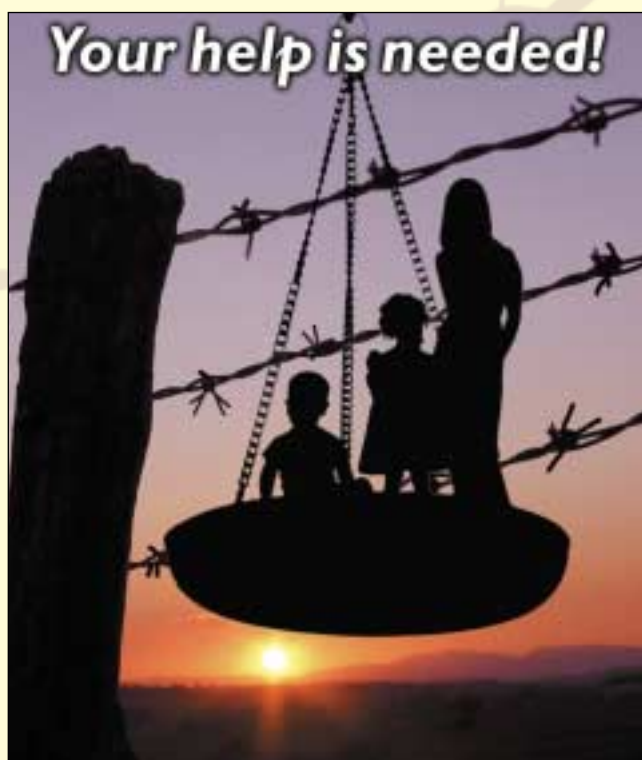
In January 2006, the Home Office and the Scottish Executive issued a joint publication 'Tackling Human Trafficking – Consultation on Proposals for a UK Action Plan'. A one-day Workshop, entitled 'Not for Sale' was organised by an ecumenical group called CHASTE (*Churches Alert to Sex Trafficking across Europe*) to discuss a response to this important Consultation. It was clear that co-operation, collaboration and networking between various bodies are essential for success in eliminating this modern-day slavery.

The UK Conference of Religious (COR) set up an Inter-Congregational Working Party to research the problem and to see what could be done to alleviate this great abuse of human rights. Within the Working Party they established three small highly focussed groups:

- (i) A Hands-on Group to set up a new company limited by guarantee and a new Inter-Congregational Charity which is focussed on helping women, children and young men to escape sex-trafficking. Their work is associated with opening safe houses for the victims and they will work closely with the police and immigration authorities.

- (ii) A Fund-raising Group.
- (iii) An Awareness Raising and Campaign Group.

Because of their vulnerability and the trauma they have experienced, the victims require sufficient time in which to assess their situation and future. The priority is the provision of safe houses, where the women could begin to live a new life, free from abuse and violence. There they can receive



counselling, and necessary professional help, including immigration advice. One such safe house opened on 15 August 2006 with plans for two more by the end of the year.

Houses have been donated, but with the need to provide running costs for them for the next three years, fund-raising has been the most challenging aspect of the initiative. Applications have been made

to the National Lottery, Trusts, Local Councils, The Home Office, Churches etc. The Government has also been asked for a slice of the confiscated assets of the traffickers, though we cannot hold our breath while the legislation that would require is enacted.

A new Charity called 'The Medaille Trust' limited by guarantee has been formed. The St. John of God Care Services have taken responsibility for recruitment, training and management of staff, the care standards and the maintenance of the properties.

The Awareness Raising group based with the Chigwell Justice and Peace Group (Sisters of the Sacred Hearts of Jesus and Mary) has been very active. They aim to:

- Raise awareness among the general public.
- Address the factors creating demand.
- Campaign for Government recognition of responsibility towards survivors in terms of safe accommodation, specialist support and finance.
- Urge the Government to sign up to the Council of Europe Convention and commit to these measures.
- Highlight root causes, in particular the relationship between poverty, injustice related to gender, denial of human rights and trafficking.

We are living in an era when no single group can solve the problems of our time. The Conference of Religious, in initiating this collaborative ministry, is following a great tradition in which religious

congregations throughout the ages have responded to the most marginalized people of their day. The programme is evolving rapidly and it is hoped that through the global nature of the Religious Network, help can be brought to the most vulnerable.

The Global Day of Prayer for trafficked persons has been planned for 2 February 2007.

Irish Nursing students find there's **much to learn** in Uganda

by Alvin McEvoy



Kate Murphy and Ciara Dunne at Child Welfare Clinic, are joined by Shona Power when meeting Sister Helen Ahern's education programme for street children.

THE TRAIL had diminished to a more barren track. Banana trees and bushes scraped along the sides of the jeep. Long straggly leaves edged in through the windows. Jolting along through this stubborn terrain, bumping our heads on the roof, we made several turns and passed scattered mud-brick houses, children spilling out to wave to us along our path.

Eventually, we came to a halt – several houses preventing our progress. Leaving our vehicle, we trekked further down a man-trodden path. The community leader and healthcare workers invited us to observe one poor family's plight. A man lying on a threadbare blanket raised his head towards us. Through interpretation, we discovered his story – so similar to other tales that we heard on our visit. He had contracted HIV. His wife left him taking their newborn baby, leaving behind their two older sons, aged four and six, with their grandmother caring for them all. She was living under a tree, while the man lived in a house with no windows or door, no amenities and half-covered by a corrugated roof.

He had a large open fungating wound in his groin. The smell of infection circulated within the room. Ravaged by the illness, he was unable to move

or seek help. The villagers had contacted the community leader who arranged the visit through the Sisters' mobile health service.

This is one example of the Sisters' work in Uganda. This home visit assessed the man's health and social status. The medical team organised a new roof to be built, medication and food supplies for this family.

Dundalk Institute of Technology in conjunction with the Medical Missionaries of Mary planned this life changing experience for nine youngish people. The School of Nursing, Midwifery and Science within DkIT, had planned for this visit to two of the Primary Health Care Services by the Medical Missionaries of Mary in Uganda at Masaka and Makondo. This is part of a new initiative between the Institute and the overseas healthcare facilities of the Medical Missionaries of Mary.

Six students and three staff members were chosen to participate in this fusion of cultures. The students were Orla McEntee (Monaghan), Rachel Heffernan (Limerick), Stephen McGrane (Carlingford), Kate Murphy (Meath), Ciara Dunne (Skerries) and Shona Power (Kilkenny). The students were accompanied by staff members; Nicola Larkin (Blackrock), Mark

Cunningham (Newry) and Alvin McEvoy (Dundalk). As I write, four more students and three staff members will be involved in another visit to East Africa, this time to Arusha, Tanzania. They will be involved in a further service administered by the MMMs. This trip will mainly focus on psychiatric and special needs services provided by the Sisters there.

The group visited other important aspects of the Sisters' health and educational initiatives. These programmes spanned urban and rural areas. Members of the group were involved in observing the intricate details of Primary Health Care within the sparsely scattered villages, that were visited periodically by mobile health and counselling teams.

Some of the services we saw in Uganda were centralised in Masaka, a large town 80 km south of the capital, Kampala. At Makondo, 50 kms west of Masaka town, we observed rural services including a medical clinic, vaccination clinic, community home-based care team and an orphans' programme. All these services were directed and monitored by the Sisters.

These services greatly enhanced the lives of the local people of different ages who have many life-threatening

illnesses. As well as the fine services provided at Kitovu Hospital in Masaka, the mobile health services provide a vital lifeline to isolated villagers and communities, deep in the Ugandan countryside. Wherever the team arrived at a person's home or community meeting point, there was immense gratitude and praise. One of the most indelible memories the team would have is of the Ugandan people's fortitude in such grave times of poverty, hunger, drought and ill health.

Some members of the group had opportunities to work closely with the

Sisters in other works – like visiting a women's prison, experiencing palliative care home visits, and taking part in a street childrens' education programme, assessment of children with special needs and the food programme to fight malnutrition.

The street childrens' programme offered some hope and security to the many young boys and girls living in Masaka's streets. They receive several hours of positive attention, a hot meal, a wash and counselling. The boys, aged eight to twelve years, were wonderful young people, looking for

some hope. You could see their individual characters leaping out at you. The long-term goals of the Sisters are to enable these children to escape from their present predicament and develop. This is enabled through primary and secondary education.

The group wishes to thank all the staff in Masaka and Makondo for their kindness, flexibility and for the tremendous work ethic they displayed.

Alvin McEvoy is a Nurse Tutor at the Dundalk Institute of Technology

WILLIE ROCHE works at the Great Island Power Generating Station in Wexford. When he was first asked to take on the upgrading of the electrical installation at Kitovu Hospital in Uganda he was given a one-day briefing on Uganda and a two-day course in project planning.

He recalls: 'I discovered from the briefing that the Ugandan Electricity Board (UEB) could only supply electricity to the hospital for twelve hours most days, usually during daylight hours so the operation of a backup diesel generator was essential for the hospital to function. The hospital is located close to the Equator and as such has twelve hours of daylight and twelve hours of darkness 365 days a year so the backup diesel generator is very important'.

Before long he was bumping along the main highway towards Masaka, that lies on the route from Kampala to the Rwandan border. By now he knew that the hospital has a

It turned out to be a Ten-Year Task!



Sisters Anatolia and Cabrini, Daughters of Mary, who now run Kitovu Hospital, pictured with Henry Lumbega and Willie Roche



Sister Maura Lynch was very surprised when she received an invitation to be present at the Annual General Meeting of the Association of Surgeons of Uganda to be presented with the 'Fellow Award'. The plaque was presented by Lord Justice Geoffrey Kiyabwire of the Uganda High Court. The Award was 'in recognition of your exemplary

service to the development of surgery in Uganda'.

Sister Maura is the first woman to receive this well-deserved Award. She says:

'I am particularly pleased to be able to represent women in medicine in this way. Among those I have trained there are many women surgeons and it is great to see the contribution they are making.

'The most touching moment was when Justice Kiyabwire asked those in the audience who had been my students to stand up. About ten or twelve men and women rose to their feet and they gave me a great acknowledgement. They are now working in many different parts of Uganda. Over lunch we had a lovely reunion when they recalled their days with us at Kitovu Hospital.'

capacity of 250 beds with services which include casualty, surgical, maternity and paediatric departments. It also provides treatment facilities for HIV/AIDS and malaria patients.

He carried out an initial inspection of the earthing system. This was of great concern to the hospital management, as personnel were receiving electric shocks from equipment throughout the hospital complex.

'Following a number of tests I discovered that some earth rods had rusted out and some earth cables were broken. The other problem I had to try and resolve was to balance the loads over the three-phase system, as I found two phases carrying most of the load.

'I prepared and completed a work programme with the help of the hospital electrician, Mr Henry Lumbega, to repair the earth system and to redistribute the loads at the hospital over the three-phase system.

'Before leaving for home after four weeks I made a number of recommendations in a report to the Hospital Board of Management which included:

- The employment of a maintenance team to include the hospital electrician, a trainee electrician, plumber/welder and a general worker to plaster and paint.

Continued overleaf

- Installation of a new 415V Distribution Board.
- Installation of a 10 KVA Generator at the Theatre Block for emergency medical operations.
- Installation of a 40 KVA Generator as a backup to the 115 KVA Main Generator.
- Provide training in good electrical installation practice.'

A few months later he was back at the hospital to instal a new 415V Distribution Board which enabled sections of the Hospital to be isolated for work, load shedding and to balance the load over the three-phase system. The €8,000 cost of the Distribution Board was funded from Ireland by Electric Aid.

He was delighted to see that the new maintenance team was operational at this time and great experience was gained by the team in the construction and commissioning of the 415V Distribution Board.

Two years later he was in Uganda again. This time he installed the 10 KVA generator in the Theatre Block and supervised the rewiring of the building. This work also gave the maintenance team some good experience.

The work cost €9,000 which was raised by a number of fund-raising events in both Wexford and Dublin. This small generator became the only back-up supply when the main diesel generator was out of service for twelve weeks while awaiting spare parts.

As the world entered a new millennium, Willie was still planning further work for Kitovu Hospital. In September 2001 he returned to Uganda with light fittings supplied by a local electrical wholesaler. He set about a programme of replacing existing light fittings with low energy fittings which resulted in a saving of €3,500 per year on UEB bills and on diesel for the generator.

With great satisfaction he says: 'The final recommendation was completed when I installed a 40 KVA generator costing €15,000. Once again Electric Aid donated €8,000 and the remaining €7,000 was raised from fund-raising events. The 40 KVA is run during the day when the demand is lower and the 115 KVA run in the

Christmas *at St. Kizito's*



As soon as the September term at St. Kizito's Nursery School is under way, all thoughts turn to the Christmas Nativity Play. As weeks turn into months, casting and rehearsing occupies everyone's attention!

Sister Celine says: 'Every year the costumes are the same and the story is the same but the actors are different!'

When the great day arrives, everyone processes from St. Kizito's, across the road to the Out-patient Department at the Health Centre. Patients and



proud relatives and guardians come from far and near to enjoy this annual drama.

Everyone enjoys watching the children perform their chosen party-piece, as well as the Nativity Play which is at the centre of the event.

evening. This has provided a saving in diesel costs of €350 a month.

'Before returning home I was asked to undertake site visits to evaluate a lighting system for the hospital's wards at night fed by a solar panel inverter. The lighting system was installed by the maintenance team in January 2005

in two wards and when funding becomes available it will be extended to all wards.

'Apart from the great deal of satisfaction I gained from this project, I felt that I was privileged to be able to make a contribution in an area where help and advice were sorely needed.'

Hope on the Rampage



Vera Grant

Then there was the question of how the relationship between Associate MMMs in a particular country can be strengthened – is there some way to become more of a ‘community’?

Toni Cameron, the delegate for Ireland says:

‘Before the meeting took place I expressed my doubts about what on earth we would talk about for three days. By the middle of the second day I doubted whether we’d get through all we now had on the agenda’. But, she concluded: ‘The one central and burning question was how best to live our lives in partnership with MMM, spreading the healing charism of Christ?’

In USA, one of the first Associate Members, Anne Marie Kenny, says: ‘it is not so much about the big things, but all of the little things we do’.

In Tanzania, the Associates meet every two months. As well as the spiritual life and socialization which strengthens a sense of belonging, they see their role as assisting the work of MMM through co-operation and prayer, and being resource persons in various ways.

Meanwhile, in Angola, things are stirring. At Tchulu, where MMM Sisters staffed the hospital for fifty years, there is great interest in forming a group of Associates. The nearest MMM Sisters are 270 km away, in Lubango. But graduates of the nursing school at Tchulu living now in Lubango and elsewhere are also involved in the orientation process to get things moving towards an active and committed group of Associate MMMs in the foreseeable future.



Dymrna Tsafu, Tanzania

(Above)
International
Delegate
Meeting at
Drogheda,
2006.

‘Hope on the Rampage’ is how Sister Jean Eason described the first international meeting of Associate Members of MMM held at our Motherhouse in Drogheda, Ireland. ‘They saw the world coming alive with possibilities, and envisioned the contribution that they can make to that world as Associate MMMs’, she said.

The meeting, which included delegates from Tanzania, Ireland, USA and Scotland, outlined the primary task as evaluating and updating the Guidelines covering Associate members in the light of lived experience. At the end of

three days, a new draft of the Guidelines for the Associate Movement was produced. This was seen as ‘a work in progress’.

Phyllis Rooney acted as Secretary to the meeting, which was described as ‘hard, slogging work’.

Important questions were faced. ‘How do we maintain a balance between our primary vocation and our calling as Associate Members of MMM? How do we keep a balance between the spiritual and the practical, between prayer and work as in the Rule of St. Benedict?’

The question of creative partnership between Associate Members and MMM Sisters was also a topic of reflection. Could or should the Associate Members adopt a specific MMM mission, so that both might mutually benefit?



Toni Cameron and Phyllis Rooney



Sister Rita Hand with Mette Nygard (left), Moya, Seamus and Paul Hand, with baby Ava and her mum Anne



Golden Jubilees

AT OUR MOTHERHOUSE



Sister Ann O'Gorman with her brother Fr. Pat, sister Marie, friend Kath Smit and cousin Ann Austin



Sister Pauline Dean with her family Lily, Charlotte, Zack, Rose, Gordon and (right) brother Geoffrey and sister Helen



Sister Philomena Rooney's family, Sr. Margaret Anne McKeown and Eileen Murray (nieces) Teresa Devlin (sister), Michael Devlin and Sean McKeown (nephews)





Sister M. Bernard McCarroll with Tom Carburry (nephew), Margaret McCarroll (sister), Anne Conlon (friend), Roy Christe and Eddy McCatee (brothers-in-law). Right: Katie, Peter and Sarah Rafferty with their mum and dad Margaret and Tommy and their granny Anne who is Sister M. Bernard's sister



During Mass the six Jubilarians renewed their religious vows



Sister Lelia Cleary's family Mairead (niece), James (brother), Mollie (sister-in-law), Anne Brassil (sister), Maretta O'Hehir (cousin), and Frances Arthur (sister)



THOSE WHO BELONG TO THE JUBILEE GROUP BUT COULDN'T BE THERE



Sister Brigid Corrigan



Sister Brigid McDonagh



Sister Therese Quinn



Sister Lua McDermott



Sister
Veronica Akpan
called 16 August 2001



Sister
Maeve Powell
called 22 February 1997

THOSE WHO BELONG TO THE JUBILEE GROUP BUT HAVE BEEN CALLED TO THEIR ETERNAL REWARD



Sister
Maria Glancy
called 27 September 1999



Sister
Sybil Magan
called 14 July 1983



Sister
Gabrielle McClenaghan
called 15 November 1957

How is the **New Dawn** in Angola?

by Sister Cecilia Asuzu



Sisters Brigid Archbold and Cecilia Asuzu with Fr. Joe Poole, CSSp

PEOPLE OFTEN ASK US 'how is Angola since the end of the war'? The country has been at peace since April 4, 2002. I cannot answer for the whole of Angola, which is a vast country. From my experience here in the city of Lubango, I would say that some things have changed for the better.

The guns are silent – for which we thank God. People can move around with fewer fears – that is those who have not lost their limbs from the countless mines planted during the war.

With the arrival of mobile phones, communications have improved – even if costly due to lack of competition.

Families who were scattered because of the war have come together again. There is freedom of worship.

The Government has a lot of plans. We hear about them on radio and TV and we wait to see the evidence. But so far the roads have not improved and children still study under the trees for classrooms. The electricity supply has certainly not improved. Sometimes we go more than twenty-four hours without it and sometimes we have it for perhaps one hour in twenty-four.

In spite of this situation, the people appear happy and as cheerful as the

African sunshine which radiates warmth. Hope is the last virtue to die and people keep struggling in hope. We are people of faith and our Churches are full to overflowing with new churches forming and more chapels being built in the outreaches.

Praying together on Sundays is the weekly social event. We express ourselves and pray better singing. The experience of praying in a packed Church with everybody singing, clapping and swaying with the music is liberating.

It is said that stress is in the tissues. The singing, clapping and swaying helps shake off some of the stress.



Sister Opportuna Cypriani, a native of Tanzania, has spent sixteen years on mission in Angola.



At our parish, the people say Morning Prayer together at 5.45 a.m. every day, led by a different group each day. We sing the Psalms. We meet the young, the old, Sisters, civil servants and retired people. For some people, this is their contact with the world. This is what keeps them going. What a nice way to begin the day! We are kept going here by our faith, hope and togetherness in prayer and worship.

Our work here involves a lot of listening. This may be while distributing food to the displaced elderly, at AIDS awareness sessions, at sewing classes, at reflexology sessions or just speaking with people who come to our door looking for help or advice.

The story of stress and the inability to make ends meet is constant.

The elderly have nobody to care for them because the children are gone away to try to make a living.

A young woman with four children, abandoned by her husband comes to us looking for a solution about how to make ends meet. We suggest helping her start some self-reliant project – petty trading. She had tried that. She says: ‘You buy a 50kg bag of something like rice, sugar or salt to sell in kilos.

Sitting for a whole day under whatever shelter you can find, you sell one or two kilos when you are lucky. That is just enough profit to buy food for the children for that day. By the time you finish selling the bag of whatever, you have used up the money and have nothing to buy more and nothing to feed the children with the next day.’

A civil servant is stressed out because he has so many irons in the fire. To



educate his children and live a reasonable lifestyle he works hard at his job and is also studying to upgrade himself. He accepts odd jobs in the construction business and also runs a shop.

A mother with her two children, aged 11 and 12 years, went out in the evening after school to look for something to eat. In their anxiety, the mother went one way, and the children another. By 7p.m. it had grown completely dark. Someone told the two lost children to knock at our gate and explain what had happened. It was dangerous to be out in the city after that hour so we gave them food and a comfortable night. At daylight, we took them out and helped them find their way home – to be reunited with their parents who had passed a very stressful night. Our days are filled with many stories like the one above.



A Journey that calls for honesty

WHEN EIGHT YOUNG women chose to commit themselves for life as Medical Missionaries of Mary, they were offered the opportunity to prepare for this big step with an intensive three-month period of preparation. Sister Siobhan Corkery tells us about the programme they followed at the newly-built Mother Mary Martin Centre, in the city of Benin, Nigeria. She says it is a journey that calls for honesty.

‘First of all we took eight days to review the work of human development. This was an intense process in which participants had the opportunity to look at their own personal journey from childhood, reflect on it, share with others about it, and see ways in which they could move forward.

‘They were just fantastic in the way they entered into this. It was impressive to see how each one was really dedicated to coming to terms with her personal story and to move forward.

‘From there we went on to make a deeper study of religious vows, their implications and relevance for the modern world. We also covered subjects like community life, multi-cultural living, theology of mission, liberation theology, gender issues, conflict, trauma and stress.

‘Participants had an eight-day retreat. The programme also included the MMM Heritage Pilgrimage, in which we traced the steps of our foundress, Marie Martin during her first years in Nigeria as a lay missionary from 1921-1924.’

Heritage Pilgrimage

by Sister Gladys Nkeka Dimaku

ON 25 MARCH, which marks the birthday of our Foundress, Mother Mary Martin we began our Heritage Pilgrimage and believed that her spirit was with us. A journey of a thousand miles starts with one step. So it was for us when we embarked on this journey to trace our roots.

We started off from Benin at 6.00 am with an opening prayer. At Agbor we had a ‘blow out’ of the back tyre but thanks to the skill of our driver, Jacob, no one was hurt. We got a new tyre in Asaba town. In spite of the delay we did not get caught in traffic at Onitsha.

We made a brief stop on the Owerri-Aba road where we had our ‘hospitality break’ at about 11.15 am. Just two hours later we arrived at the MMM community in Urua Akpan.

We found two of our postulants, Catherine and Evelyn, busily working in the garden, picking palm fruits, with Sisters Catherine Therese and Brigid who treated us to a beautiful lunch.

At about 3.30 pm it was time to say our goodbyes and continue our journey to Itam, just stopping at Raffia City on the way.

At 4.45 pm we were in Itam where we got a true MMM welcome from Sister Lucy and community. What a treat to have a nice warm shower after such a long journey!

Next morning we had Mass at 6.30. Then the heavens opened! While it rained cats and dogs outside, we had a brief meeting with Sister Maura Ramsbottom, who told us all about the places we would visit later in Calabar.





*Sister Celine
Efonye Anikwem*

Maura shared with us a brief history of Mother Charles Magdalen Walker who had lived with our foundress, Mother Mary Martin, for some time in Nigeria. Born in England, Mother Charles belonged to the Religious Sisters of Charity and got special permission from Rome to come to Africa. She became the foundress of the Handmaids of the Holy Child Jesus. Later, the Holy Child Sisters continued the formation of the young Nigerian congregation. Mother

Charles returned to her own congregation and was missioned to Zambia where she died on February 27, 1966.

With this background we set off for Calabar. We prayed and sang lots of MMM hymns in honour of Mother Mary. We called at the St. Patrick's mission at Ikot Ansa where we met Frs. Jimmy Kelleher and Dermot Nolan SPS. They provided us with a guide – Mr. Dodo – who accompanied us for the rest of the day.

Our first stop was to visit the Handmaids of the Holy Child Jesus in Calabar, where we met their provincial superior Sister Anthonia Essien and Sister Ligouri. After refreshments with them, we visited the grave where the remains of Mother Charles Magdalen Walker are laid to rest. Her remains had been exhumed from Chikumi Mission, Zambia in 1981 and brought back to Calabar on the occasion of the Golden Jubilee of the Handmaids of the Holy Child Jesus. *Continued overleaf*

Sister Maura read an extract from Mother Charles Walker's biography by Colm Cooke 'The Nun of Calabar', which outlined her relationship with our foundress Mother Mary Martin. We paid respect to the four foundation members of the Handmaids who were buried in the graveyard beside the church. They had had their formation with the first members of MMM in Ifuho. From there we went to the Cathedral close to where Mother Mary lived and worked when she first arrived. Again we read some of her letters to her mother dated 29th April, 1922 and 19th July, 1922. As we were reading, along came Mrs. Mary James Edet whose mother trained at the



At Calabar, Mrs. Mary James Edet greets Sister Maura Ramsbottom

International Team of Facilitators



The fact that the facilitators for this three-month intensive programme were drawn from three different Continents was a big plus.

Sister Rose Mogun is the member of our Central Leadership Team with responsibility for co-ordinating MMM work in West Africa. This was her third time leading the three-month period of intensive preparation for Final Vows.

Sister Siobhan Corkery is no stranger to Nigeria, having worked for many years there before taking up later assignments in Rwanda and then in Brazil. She is currently the member of our Central Leadership Team with responsibility for co-ordinating our work in the Americas.

Brazilian MMM, **Sister Maria José da Silva**, says it was a very special time for her to be close to the roots of her Afro-Brazilian origins, so many generations after her ancestors were sold into slavery. (See also page 35)

MMM hospital in Anua and knew early members of MMM, Sister M. Oliver Murphy and Sister M. Patrick Leydon. We called at the Museum just to help us understand the history of Calabar and then relate it to the time when Mother Mary first came to Nigeria.

I was touched to see the different chains used during the Slave Trade. One very moving scene was the image of a woman working in the sugar cane farm. Her mouth was chained so that she wouldn't eat from the farm.

We saw the gallery for missionaries and saw a brief write-up on Bishop Moynagh, SPS. Since Mother Mary's picture was not there we asked the Director if we could send one. He was very welcoming and encouraged us to send it in before August 2006.

The last scene was the prison cell where the early traditional leaders were kept from all over the country – those who refused the colonial masters' demands. These included Oba Akinsuwa of Benin, King Jaja of Ipopo and Bishop Ajayi Crowder.

We then went to the sea port, to the very spot where our Foundress, the young Marie Martin, arrived in 1921 –



SENIOR MOMENT!

This rare picture captures our five senior Nigerian MMM Sisters – who had never been together in the same place since they completed their Novitiate formation more than forty years ago! One of them (guess which one?) celebrated her 75th birthday, which called for a celebration and thanksgiving. It just happened that all of them were in their home country at the time, and so managed a once-in-a-lifetime reunion. L-R: Sisters Agnes Maria Essien, Therese Jane Ogu, Cecilia Asuzu, Grace Ahanonu, Catherine Therese Onyeugo.



Sister Florence Nwanyieze Njoku



Sister Rosemary Nkeiruka Akpa



not knowing what the future would be. Being there brought back memories of my first day starting postulancy. I took my first steps in my own country. Thinking about Marie Martin, who many years later became known as Mother Mary Martin, I was struck by the courage she had taking these first steps into an environment and culture very different from her own.

We took photographs to remind us of the experience. Sister Maura told us that the place has changed a lot because of development and recently added tourist attractions. It seems the last time Maura was there the place was full of petty traders and now there was no sign of anyone other than construction workers.

The next day, Thursday, once again we had Mass at 6.30 am and after breakfast we went to visit Nwaniba, where Mother Mary travelled by boat from Calabar. We took photos there and then travelled for an hour by road to St. Michael's Church which was built in 1919 and where Mother Mary took a short break in December 1921.

Our next stop was at Anua. At the graveyard, beside the parish church, we prayed for the dead. Seeing the

headstone of Dr. Dunleavy who died while taking care of Mother Mary made the experience of what happened very real for us. Hearing about his unexpected death on 9 March 1937, I marvelled at how the early Sisters coped at the time.

At St. Luke's Hospital, Sister Ann Ward showed us around. It was amazing to see the room where Mother Mary lay ill, before she made her religious profession. As we listened to the diary of those days being read, it really put us in the picture of all that happened in those early months of 1937, as MMM was brought to birth. I marvelled at Mother Mary's humility and the courage of our founding Sisters.

Our next trip was to the Handmaid Sisters in Ifuho. One could still see the bullet holes in the wall as a result of the Biafran war. We went up to see the building where our foundation Sisters and the Handmaids of the Holy Child Jesus had their formation with Mother M. Bernard. We read a letter that Mother Mary wrote to our Sisters before their first profession promising to send them more companions.

At the Bishop's house in Ikot Ekpene, we were given what seemed like a presidential reception from Bishop Camillus Etouido, and many gifts to carry home with us.

In the evening the sisters at Itam invited us to a party. It was wonderful to get together with them. Sister Ann Ward told us that the painting of the Mother and Child on the wall was carried by Mother Mary and her first companions who came to Africa by sea back in December 1936.

Our Pilgrimage was nearly complete, but en route back to Benin there was yet one more important stop, at the Benedictine Monastery at Ewu, a foundation made from Glenstal – so closely associated with the early days of the foundation of MMM.

It was my first time to visit Ewu and I was really surprised by how large it was and the various ministries in which the monks are involved. We had a tour round the compound. We visited the grave where two of their priests were laid to rest – they both died in our hospital in Ibadan the same year. We saw the Pax Herbal Clinic, the bakery, retreat centre, candle factory, fish pond and poultry. The brothers said that it was MMMs that gave them the idea of starting the herbal clinic and introduced them to marmalade making. In the chapel, Sister Maura told us that the crucifix in there is the twin of the one we have in our MMM oratory in Benin. The monks gave it to us as a gift when we opened the house.

Finally, we were invited to meet the whole community in the cloister since they consider us their sisters. We had a real Benedictine hospitality break with them and then joined them for prayer before leaving for home.

Thank you, Lord, for the gift of storytelling and all that I have learnt on this Heritage Pilgrimage about the early days of MMM.



Sister Ngozi Rufina
Chukwunenye



Sister Anastasia
Mfon Essien



Sister Jacqueline
Nalubega



Sister Saratu
Benjamin



Sister Gladys
Nkeka Dimaku

Celebrating Memorial EVENTS



by Sister Maura Ramsbottom

THE WORDS OF JESUS AT THE LAST SUPPER, 'Do this in memory of me', can have deep meaning far beyond the eucharistic context in which they were first spoken. Our memorial acts are not only about the past. They reveal the deeper meaning of the present and beckon us into the future.

Our Heritage Pilgrimage in south-east Nigeria, for example, is one of those memorial events that is designed for something far greater than conveying information. The message is in the experience. Being open to that experience can throw light on the past while raising questions about the future.

When we remember and attempt to discover more about the past, we do so in order to add value to the present.

Calabar is full of memories for MMM, because it was there that our foundress, Marie Martin as she was then known, was stationed during her first missionary experience from 1921 to 1924. At the Cathedral compound in Calabar, the Sacred Heart Nursery School stands today on the site of the house where she lived during that time. While there, we read a very moving quotation from one of her letters:

'The more my life is like that of Jesus the happier I am. He suffered as no one else could suffer and died a complete failure. I am ready to face this for Him, or if it is His will bring this

work to a successful end. I am His to use as He wills and I am radiantly happy serving Him through everything.'

Our visit to Calabar throws light on an important aspect of what would be called 'networking' today. Our very first stop, at the mission of the St. Patrick's Fathers at Ikot Ansa, recalls the close relationship between the St. Patrick's Missionaries and MMM. It was Monsignor Joseph Moynagh and Fr. Whitney, Founder of St. Patrick's Missionaries, who played an indispensable role in making possible the first journey of the future MMM Sisters to Nigeria in December 1936.

Going back 15 years before that, the inter-twining influence of three Congregations is particularly notable – the Religious Sisters of Charity, the Holy Child Sisters and the Medical Missionaries of Mary. Mother Charles Magdalen Walker, who belonged to the Religious Sisters of Charity, got permission to come out to Nigeria in October 1923 when Marie Martin was already two years in Calabar working as a lay missionary. They worked together and some of the young

women they were educating became the nucleus of the Handmaids of the Holy Child Jesus.

Nowadays, the port city of Calabar is undergoing a great deal of development and reconstruction. The face of the city is changing. This is also true of another landmark on our Heritage Pilgrimage – the landing stage at Ifiayong on the Cross River. As we stood there this year and observed the construction work taking place, I realised that this would probably be the last time we would experience Ifiayong as our Foundress saw it. The same type of small wooden boat she used is still plying between Calabar and Ifiayong, still taking five hours to cover the 50 km distance, as it did when Marie Martin made her memorable journey along that route in December 1921, to the village of Nwaniba, and from there inland to Nsukara.

The new hotel and golf course just ten minutes away are signs of the tourism that is being encouraged in this picturesque spot on the Cross River. It cannot be long before more modern vessels will bring the tourists and the traders.

The continuity in the network I mentioned above is also found by looking back at the historical occupancy of various buildings.

Take, for example, the house known as St. Therese's, on the compound of St. Luke's Hospital in Anua. It was there that Mother Charles Magdalen Walker opened a bush school back in the 1920s. This was subsequently occupied by the Holy Child Sisters, who lived there while supervising some clinics in addition to their commitment to education. Then, when our Foundress arrived back in Nigeria in 1937, she occupied this house, along with Sister M. Magdalen and Sister M. Joseph before they began their novitiate. While there, she fell ill, and was moved to the Braithwaite Memorial Hospital in Port Harcourt.

Four years ago we actually visited the ward where Mother Mary was a patient and where she made her profession of vows. But due to reconstruction at the Hospital, this year we could only recover a brick from the original building.

However, we can still visit the room she occupied in St. Therese's at Anua, and reflect on all the history its walls contain. As we stood in the room where Mother Mary had lain ill, we read an extract from the Anua Diaries that capture the dramatic and worrying days of March 1937.

– See box below.

Again, our visit to Ifuoho brought us to the actual building where Sister M. Magdalen and Sister M. Joseph lived and completed their novitiate, after Mother Mary Martin had to return to Ireland due to ill-health. While there, we read an extract from the letter she wrote to her first two companions, then Novices on the eve of their first profession. She wanted them to be happy, to celebrate the great day of their profession of vows with the cake she was arranging to send. She also asked them to point out to her anything about the Constitutions of MMM that they see may need changing, so that the Congregation might grow:

'I want you to be very open and frank with me how things are working out with you, your difficulties and points that may not suit in the Constitutions. It is through this unity of spirit we shall grow into a fine Congregation and the Constitutions for MMM will be drawn up...'

Perhaps the greatest lesson she left us is her willingness to let the spirit among us grow by listening to each other, to events and to circumstances.

Continued overleaf



Sister Ann Ward shows the visitors the room where Mother Mary lay ill in 1937

Wednesday, March 3, 1937: Mother Mary got a heart attack at 11 pm Miss Powell and Miss D'Arcy (two nurses from Ireland helping in the mission hospital) and Doctor Dunleavy were called. During the night, at Mother's own wish, Monsignor Moynagh was sent for and he came and gave her the last Sacraments. She feared she was dying and said good-bye to the Sisters. She was happy and at peace.

Thursday, March 4, 1937: Mother Mary feeling a little better today. Doctor Dunleavy came to see her. He himself was not feeling well and went to bed after doing the Dispensary.

Friday, March 5, 1937: His Excellency Archbishop Riberi came to visit Mother Mary and gave her great hopes of an early reply from Rome. Doctor Dunleavy very ill. Nurse D'Arcy stayed up with him all night.

Saturday, March 6, 1937: His Excellency Archbishop Riberi left this morning. Monsignor Moynagh went with him as far as Emekuku and brought back Doctor Noeth, a German mission doctor, to see Mother Mary and Doctor Dunleavy.

Sunday, March 7, 1937: Doctor Noeth advised sending Doctor Dunleavy to the Government Hospital at Port Harcourt. He was taken there that same day.

Tuesday, March 9, 1937: We got a terrible shock today when news came from Port Harcourt that Doctor Dunleavy had died. R.I.P. The remains were taken from Port Harcourt to Anua.

Wednesday, March 10, 1937: Solemn Requiem Mass at 8 am for Doctor Dunleavy and the funeral took place afterwards. He was buried in the mission compound.

Sunday, March 14, 1937: Mother Mary running a temperature of 102 today and feeling very weak.

Monday, March 15, 1937: Mother Mary very ill today, still running a high temperature.

Tuesday, March 16, 1937: Mother Mary still very ill. We wired Doctor Noeth to come, which he did in the evening. He gave us good hope.

Wednesday, March 17, 1937 (St. Patrick's Day) Mother Mary was very poorly today and Doctor Noeth had to return to his mission hospital.

Monday, March 22, 1937: Monsignor Moynagh wired for Doctor Noeth again although Mother Mary is feeling a bit better but very weak.

Tuesday, March 23, 1937: Doctor Noeth came today and arranged for Mother to go to the

Government Hospital in Port Harcourt on Thursday. He advises she goes home.

Thursday, March 25, 1937: Holy Thursday and Feast of the Annunciation. Father McGettrick came over about 5.15 a.m. and brought Mother Mary Holy Communion.

Continued overleaf



Gravestone of Dr. Patrick Dunleavy

Our final stop on this Heritage Pilgrimage was at the Benedictine Monastery at Ewu, founded in 1975 from Glenstal in Ireland, where Sisters M. Magdalen and Sister M. Joseph received their initial Formation as MMMs. Once again, the mysterious inter-twining of the events of history and their place in the plan of God bears much reflection.

Ewu is a good place to recall the early days of our Foundress – days of searching and discernment. In 1924, in obedience to the direction of Bishop Joseph Shanahan, she left Nigeria and entered the Novitiate of the newly-founded Missionary Sisters of the Holy Rosary. She found it very painful to leave Africa and always spoke of that as a great personal sacrifice. She knew that was not her calling.

The years of discernment that followed took her in 1934 to Glenstal where she and her early companions assisted the monks in the management of the newly-opened school. In return they received spiritual formation according to the spirit of St. Benedict, on whose Rule she later developed the Constitutions of MMM.

In 1936, with the publication in Rome of the *Decretum Laudis* permitting women religious to become engaged in surgery and obstetrics, the time had come for her to leave Glenstal. As she prepared to return to Nigeria she wrote to the monks:

'I have been thinking very much and praying about the sacrifice of leaving here, but ...

'God gave me the consolation to see that He can give me all back if I do His will and refuse Him nothing as He is giving me back Africa and the place I sacrificed for an act of obedience. When we are formed and erected into religious and you still need help and we can give what you require, He will arrange for us to get back to Glenstal. If it is not His will, neither of us would wish it.'

Remembering our past can allow the doors of the present to swing open on new hinges where we are challenged again. As the contemporary Nigerian writer, Ben Okri, says:

*'To see anew is not enough, we must also create our new lives every day with will and light and love'**

*Songs of Enchantment, London 1993.

He came back later with a car and they set out for Port Harcourt, the future Sister M. Magdalen going with them. Doctor Noeth joined them en route at Aba. When the hospital doctor, Doctor Braithwaite, saw the patient he said she must go home on the next boat.

Friday, March 26, 1937: Good Friday: We went to the ceremonies in the mission. All is so quiet and still after the anxious events of the last few weeks. We are wondering how Mother Mary is today.

Saturday, March 27, 1937: Holy Saturday: Monsignor Moynagh came from Calabar. He was very anxious about Mother and said he would consult Archbishop Riberi who was in Onitsha about cabling Rome regarding the petitions. The whole suspense and anxiety is caused by the fact that she would have to leave for home before the reply came. Monsignor said he would not take the responsibility of keeping her if the doctors advised against it.

Monday, March 29, 1937: Easter Monday: We are still in suspense, no news of Mother, no news from Rome. The hospital and dispensary are closed, everything very still and quiet.

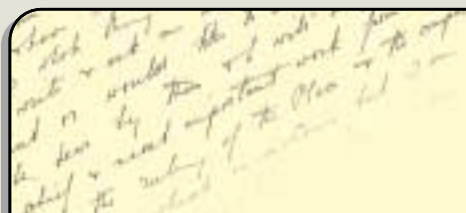
Then came great news and jubilation. The reply from Rome has come to Monsignor Moynagh, all petitions are granted. Laus Deo. The Congregation was to be canonically erected, Mother Mary professed, and her two companions to do six months canonical Novitiate.

Wednesday, March 31, 1937: Easter Wednesday: A wire came from Mother Mary today to say she had received good news from Monsignor Moynagh. We recited the Magnificat and Te Deum.

Friday, April 2, 1937: Easter Friday: Monsignor Moynagh arrived from Calabar today. He was very happy over the good news from Rome. He said he could not give any decision on anything until he saw Mother Mary. He was going to Port Harcourt next day and was anxious for her Profession straight away. We said it might be possible that we should not be there owing to the difficulty of transport and accommodation.

Saturday, April 3, 1937: Easter Saturday: Monsignor Moynagh, Father Cullen, Mother M. Fidelis and Mother M. Bernard of the Society of the Holy Child, went to Port Harcourt today.

Sunday, April 4, 1937: Low Sunday: Mother Mary was professed today in Port Harcourt Hospital. MMM is canonically erected. Te Deum laudamus.



Catholic Medical Mission
European Hospital
Port Harcourt
Southern Nigeria
6 April 1937

My dearest Mother,

With joy I write to tell you the good news. MMM has been erected and I was professed on Low Sunday. The infant society was born in a hospital. By kind permission of Dr. Braithwaite, Monsignor Moynagh had Mass and the beautiful little ceremony. Nothing could have pleased me more, it was so hidden and simple. I took for my name Sister Mary of the Incarnation. Miss O'Rourke and Miss Moynagh have been asked to make great acts of detachment for they were not present at the ceremony. The Reverend Mother (Mother M. Fidelis SHCJ) and our Novice Mistress had to be there, also two of the Killeshandra nuns came for it.

It is naturally a great consolation after all these years to have the approval of the Holy Father, the Church, and to be a spouse of Christ in a medical missionary society. Now, the great responsibility begins and the hard work, but I shall with God's help go forward as I did in the past with absolute trust and confidence in God's loving Providence renewed in courage and strength knowing He will complete the work He has begun.

THE DREAM OF MANY AFRO-BRAZILIANS IS to touch African soil, to walk in the footsteps of their ancestors – at least once in their life-time to be in Africa, even if just for a while. That is why we are known here in Brazil as Afro-descendents.

My first missionary assignment was to Angola where I worked for two years, so Africa as such was not new to me. But this year I had the privilege of spending three months in Nigeria. Once again, the experience of living on the Continent of our Ancestors held deep meaning for me.

Everyone knows that Brazil, discovered and colonized by the Portuguese around 1500, has a history of slavery. The northeast of Brazil where I am now on mission, owes its development to West African slaves. There were three mainstream groups who – as victims of the slave trade – were made to leave their homeland and under horrendous conditions were forced to build up the New World.

The first stream was formed by the Yorubá group called Nagô, together with the Minas and smaller clusters coming from Gâmbia, Sierra Leone, Ivory Coast and Sudan. The second group is largely made of Muslims like the Peuhl, Mandinga and the Hausa from the North of Nigeria. The Bantu tribes from Congo and Angola make up the third group.

Throughout the centuries, many initiatives have been taken to recuperate our African heritage and value our roots. The situation of Afro-descendents in Brazil has much improved over the last decade, especially since Luiz Inácio da Silva (Lula) was elected as Brazil's President. He encourages the organization of groups which raise awareness among the population of their African background.

One of the practical ways in which Lula values the richness of our African roots, so often prejudiced, was to pass a law which demands of all the public universities to reserve 40% of their student places for African and Indigenous descendents. He also created a Secretariat for Reparation for Afro-descendents. In the past, the discriminatory structure of the educational system excluded most of the Negro population from third level education and higher-paying jobs. Lula saw our struggle and helps us fight our cause by obliging schools to have on their curriculum the subject of African history and traditions. The Federal University of Bahia took it further and offers a Master's degree in African Studies.

Tuning in to the Music of our Ancestors

by Sister Maria José da Silva



Sister Maria José discovers the traditional African instrument, the Kora, in the Benedictine Monastery at Ewu

It does not take an expert to observe that Brazil has a lot in common with many African countries. After Nigeria, Brazil has the second highest African population in the world! Even though most Brazilians would prefer to ignore that fact, we need to begin to recognize ourselves as being African.

The experience of slavery still lies in our bones and needs redemption. We need healing and to grow in self-esteem, not allowing others to consider us as mere objects, but indeed people of equal rights who have the ability to learn and to think. In neo-liberal times, slavery is disguised by harsh living conditions, low incomes and high unemployment among the Negro population. Statistics reveal countless Negro women struggling and living on little or nothing, while the minority of white men bear the title of 'Doctor', relishing their wealth.

Brazil's Afro-descendents, suffering from much discrimination and little access to school, live on the fringes of society and on the periphery of the big cities. Yet, we continue to conquer a very significant space for ourselves, hoping that the pride of our African cultural background will grow, especially here in the north-east of Brazil.

Continued overleaf

Continued from previous page

Visiting Nigeria allowed me to compare Brazilian and West African culture and tradition. They have much in common, especially in religious terms. I was struck by the existing numerous rituals honouring with highest respect the aging population, their wisdom and life experience, their acceptance and simplicity, their authority and power.

Brazil is renowned for Candomblé, the traditional African religion. Listening to some of our African MMM Sisters talking about their family rituals, felt like coming home. For me, as an African Brazilian woman, to be able to experience life on our Mother Continent meant a lot, especially as I journeyed in a reflective way with a group of eight young African women, wanting to dedicate their lives to God in MMM.



Sister Maria José meets up again with Sister Bernadette Unamah, Director of Novices in Nigeria, with whom she worked some years ago when they were both on mission in São Paulo, Brazil.

There is a strong bond between the African and Latin American population. This was recently pointed out during the second conference on the African Diaspora held in Salvador in July 2006. The purpose was to bring together African descendents who would reflect on issues of justice, religion, cultural heritage etc. Attending the conference, it was beautiful to realize that Salvador has been the cultural cradle for Afro-descendents. It is very much tangible in Salvador's art – be it music, dance, theatre, crafts, sculpture, painting and others. Tourists from all over the world stop at many street-corners admiring the traditional dance called *Capoeira*.

Returning from Nigeria to Brazil, I brought with me a renewed energy and enthusiasm. My dream for a people's freedom was revitalized. It will come true by walking the road with those still held in bondage. Human trafficking continues, especially of beautiful Negro women, falling victim to the system. My dream is that my involvement with women and gender issues will help fight the cause and bring about liberation. The healing charism of MMM is my fountain and the inspiration for my mission here.

On the Streets of

By Sister Sheila Campbell

SALVADOR IS THE CAPITAL CITY of the State of Bahia in north-eastern Brazil. The city's full name is 'São Salvador da Baía de Todos os Santos' or 'Holy Savior of All Saints' Bay'.

THE CITY HAS ITS BEAUTY SPOTS, its impressive historical buildings and the busy trade associated with a major port. But in the back streets, the poverty that traps women in prostitution is soul-destroying.

I work at a drop-in centre run by the Oblates of the Holy Redeemer whose special charism is to provide whatever help is possible to women caught up in the sex trade. We call the project '*Projeto Força Feminina*' indicating that women can draw strength from befriending one another.

By early afternoon each day they tend to come along to our centre where they can sit over a cup of tea or coffee, just chat and find friendship. We also provide training courses that will hopefully give them an alternative livelihood, like hairdressing and jewelry-making. We offer some therapies like Massage and Reiki. Some of the Team go out two by two to the streets, bars or brothels, keeping an eye out for the safety of our clients.

Apart from the degrading nature of their 'work' these women's lives are affected by the worst of social problems. A large percentage are drug and alcohol addicted. Crack cocaine is the drug of choice to help

THE KORA is a unique instrument with a harp-like appearance and a notched bridge similar to that of a lute or guitar. It sounds somewhat like a harp, but its intricate playing style can be closer to flamenco guitar.

The kora's body is made from a calabash gourd cut in half and partially covered with cow skin. Traditionally, there are twenty-one playing strings plucked by the thumb and forefinger of each hand. The remaining fingers grip the two vertical hand posts. For strings,



Brother Peter, Director of Novices, at the Benedictine Monastery at Ewu, plays the Kora.

players use fishing line which provides a brilliant tone and is easily obtained at the local market. Twenty-one anchor strings attach the playing strings to an iron ring bored through the base of the Kora's hardwood neck. The player tunes the kora by moving the leather rings to achieve the appropriate tension on each string. Kora players use a variety of tunings.

Salvador

them escape from the harsh reality of life. Many are HIV-positive and among these many also suffer from TB.

We arrange referrals to health centres dealing with these problems, but the fact that many are homeless makes ongoing treatment almost impossible. Some of them have no birth certificates, which means they have no formal recognition in any health system in Brazil. Legally, they simply don't exist.

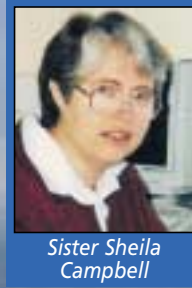
A high percentage of our women are illiterate. I met one woman recently who had never even been taught how to read the clock.

Many of the women we meet have children and they are fiercely protective of them. Usually, the children are being cared for by relatives, maybe even in another city in the interior of the State. These mothers are working at prostitution in order to get enough money to feed and educate them. The children are often unaware of how the money is earned. One woman in the group has put two children through university and they do not know she is working as a prostitute.

For a number of our women, the cycle of abuse has been part of their lives since childhood. First they are sexually abused by fathers or uncles, then in domestic partnerships.

Sandra still bears a large knife wound on her upper arm. She is living in squalour with her partner, both on drugs, both alcohol addicted. 'But he loves me', she declares. She cannot believe she is worth more than that.

Paula is now 46 years of age and has cancer. She has worked in prostitution since she was a teenager but never had a child of her own. She took in a foster-son and did her best to rear him, but he is now getting involved in street gangs. She is living alone and needs to go to hospital for treatment. She is panicking now about the future as she won't be able to work in prostitution any longer and she knows nothing else. She says she cannot go to hospital until she has earned



Sister Sheila Campbell



enough to buy a cylinder of gas. 'If you can't work, you die,' she says sadly. She knows there is no safety net.

For women involved in prostitution at street level, the money is not good. A client pays less than US\$5. Half of that has to be paid by the woman for the 'hotel' and the condom. If they don't get a client, there is probably no hope of anything to eat that day.

Against that terrible backdrop, our aim is somehow to build up their self-esteem, to help them to begin to believe in themselves, to help them to see that they can take steps to a better life. This is very difficult.

As much as you would like to be able to offer them jobs in other sectors, you cannot hold out false promises. In a city of high unemployment, with their low level of education, the most that many of them are ever likely to reach is some kind of informal employment as street vendors, perhaps selling cigarettes. Even the journey from where they are now to that distant goal is a long one.





Come *and* See

NINE YEARS AGO **SISTER JEAN CLARE EASON** came in contact with a group of people in South Portland, Maine on the east coast of the United States. For almost a decade, this missionary outreach team has raised awareness among adults and children around them about problems in the world 'out there'.

These included problems in the faraway Brazilian town of Capim Grosso – problems of education, drought and sanitation. They supported the playschool run by MMM and helped with the building of water cisterns and latrines. They organized pizza evenings to raise funds, sold 'M&Ms for MMMs', ran water campaigns, did everything they could think of to gather the money needed.

Sister Regina Reinart who took them to see her work in urban Salvador says: 'It would be impossible to recall all the impressions the group took home with them from Brazil and equally the impressions they left

behind with us. 'Dancing together at the famous St. John's festival, seeing the social issues up close, visiting the shelter for people with AIDS and participating in the local liturgies left great memories with each of us.'

The visitors also went to visit the family of **Sister Tatiane Oliveira Souza** and celebrated Mass with their local community in Junco, near Capim Grosso. Tatiane is currently studying nursing in Boston.

Sister Sheila Lenehan took them to see the fruit of their water campaign, providing rural families with a secure source of water all year round.

Sister Pauline Connolly who is based in Capim Grosso says the work of the pre-school there benefits greatly from the support of their friends from Maine. The school has forty seven boys and girls on the roll, aged between four and six years. These children come from families who are on the margins of society. Their parents have moved in from the country in the hope of getting work, but there are few jobs in Capim Grosso. While the children are at school the parents can pick up casual labour.

At the playschool, the children get a good start. They are guaranteed a good dinner every day with drinks made from locally grown fruits.

Sister Pauline says: 'They learn their ABC and 123, and in a few months you would not recognize the timid child who joined the school,



Sister Tatiane Oliveria Souza



Sister Regina Reinart



Sister Sheila Lenehan





At the waterfall at Jacobina left to right: Rob Hasson, Sarah Michaud, Matt Michaud, Fr. Mike Gendreu, Sue Hasson, Joe Canarie, Sister Pauline, Ana Bussone, Auralee Bussone.

as they come out of themselves and develop so quickly with good nutrition and a little encouragement.'

Meanwhile Sister Pauline herself is also involved in child welfare in the district. The healthcare team does home visitation, weighs children and helps mothers to develop small income generating projects.

'We have a small revolving loan fund, and we provide Workshops all along the way. Women have seven months in which to generate some profit, half of which is returned to the fund to help the next group get started.

'This also helps to create a great sense of community and everyone gets satisfaction from this self development. It also helps self-esteem in a community where most people would have had no opportunity for education.'



The visitors delighted the children by painting their playschool



US Mission Development Office

Moving is a way of life for missionaries! Our offices are not immune. The US Mission Development Office (MDO) now finds itself in Chicago, as part of the consolidation of our resources and efforts to support our overseas missions.

According to Sister Mary Ann MacRae, the Director of the MDO, there were many challenges in the initial weeks, but they have now been able to move on and get really into the task. She says:

'It was thanks to the goodwill which we encountered from so many friends that the transition went so smoothly.

'With the new office we are able to bring two aspects of development under one roof. The first is raising the consciousness of how we are all called to mission through the Mission Awareness program. This is accomplished by speaking in various parishes throughout the USA during the summer and visiting various schools during the year.

'The second part of our work in this office is keeping in contact with our friends and partners and making the connection between our partners here and our Sisters in the many parts of the world where MMM is working. Using the mail, the phone and the highway, we all enjoy so much meeting our friends across the country.'



Sister Mary Ann MacRae and Sister Joyce Zarnik OSF from the MDO



Sister Pauline Connolly



Sister Ursula Cott



Sister Marie Flynn

Sister Marie was born near Kilkishen, Co. Clare. On finishing her secondary education at the Ursuline College in Sligo, she trained in secretarial work first at Coburn's Academy in Cork and then at the famous Rosse College in Dublin.

Back in 1941 it was not so common for young women to take up training in technology. However, that year Marie went to the School of Technology in Bolton Street and began studies which led her to a qualification as an Ophthalmic Optician.

With two career choices open to her, she packed it all up and contacted Mother Mary Martin with a view to becoming a Medical Missionary of Mary, which she eventually did in 1951.

On completion of her novitiate formation she helped our Foundress with secretarial work until 1954 when she was transferred to London. She worked at the Apostolic Delegation in Wimbledon for the next twenty years.

In 1974 she went to USA. The late Cardinal Cushing had founded the Pope John XXIII Seminary at Weston. Sister Marie became Secretary at that College where she remained for the following five years, until recalled by MMM to act as Regional Secretary for MMM in the US.

That involved moving to City Island in New York, where she spent most of the rest of her life – apart from a visit to Brazil in her capacity as a member of the Regional Council. She became well known to many of the inhabitants of the island who called her 'the Mother Teresa of City Island'!

As her health was declining, she was warmly welcomed at our Motherhouse in Ireland and also by her loving niece and nephews and their families. The Ireland to which she returned was vastly different to the country she had left more than fifty years earlier! She missed the lifestyle and culture she had enjoyed so much in America. But she bore this with courage and likewise accepted her final illness. She died peacefully in her sleep on 22 March 2006. The large attendance at her funeral bore witness to the great influence which her life had on many people in her gentle and unassuming way.



Sister Louisa Ritchie

Sister Louisa grew up at Beaulieu, not far from Inverness in Scotland. On completing secondary school, Louisa first took a secretarial course and worked in Insurance. But nursing was something that appealed greatly to her, so she went to train at the Royal Northern Infirmary in Inverness and then studied midwifery in Glasgow.

She returned to Inverness and became Theatre Sister there, and enjoyed a good social life. But in 1960 her thoughts turned to the needs of the overseas missions, and a year later she joined MMM.

After her novitiate formation, Sister Louisa was assigned to East Africa. She made a great contribution at Dareda Hospital in Tanzania, Kitovu Hospital in Uganda where she spent eight years, and Mount Elgin Hospital in Kenya.

In 1978, she was asked to go to the US to train in Pastoral Care of the Sick. It was a 'leap of faith' for Sister Louisa, embarking on a new professional ministry that was still in the early stages of development. She later went on to train as a Supervisor of Clinical Pastoral Education, which is a very challenging programme at a personal level.

On returning to Ireland, she played a key role in promoting the development of professional training for Hospital Chaplains, building up the training centre at Dublin's Mater Hospital in the early 1980s. Course participants were taught how to minister in critical incidents, crisis intervention, traumatic situations, death, loss and bereavement, breaking bad news, and providing in-house educational programmes in pastoral care.

Life is Changed

A decade later, she was asked to pioneer a trial ecumenical Chaplaincy programme at the Royal Victoria Hospital in Belfast. Course participants and professional staff expressed great appreciation of this ministry in the troubled political times they were experiencing. But regretfully, the Trust which controlled the hospital did not give approval, and Sister Louisa returned to Dublin, hoping that her dream for Belfast would come true at a later time.

Louisa's long final illness was very bravely borne. Now it was her turn to accept nursing and pastoral care, which she did with deep gratitude. Her death on 26 March 2006 came all too early for everyone who knew and loved her.

Sister M. Sarto Farrell



Sister M. Sarto was born in Streamstown, Co. Longford in 1922, when Ireland was in the throes of civil war. Sister Sarto's missionary work in Nigeria spanned forty-five years. As well as her involvement in parish work and the wide charitable outreach done by the Legion of Mary, she became a specialist in 'getting things done'.

In today's terminology, Sister Sarto would be called a 'logistics expert' – but she wouldn't have time for such fancy language! With great realism and quiet determination, she ironed out all the difficulties that might lie in the path of others, providing whatever was needed in any situation, and offering a listening ear for everyone's troubles.

She is remembered fondly by nurses who trained at St. Luke's Hospital in Anua, where she filled the post of Home Sister from 1955 to 1960. Later she became the local community Leader for MMMs who worked at the Mater Hospital in Afikpo and at Sacred Heart Hospital, Obudu.

In 1971 it was decided that MMM would open a new foundation at Ondo in western Nigeria. It was unfamiliar territory for Sister Sarto but she moved there, undaunted by the challenge.

She spent a sabbatical year at Kimmage Manor in Dublin, where she completed the Diploma Course in Development Studies. By the time she returned to Nigeria, another new house was at the planning stage, this time in the city of Benin. Who else would you ask to take on the preparation of what was to grow into a major centre for MMM in West Africa?

She spent almost twenty years in charge of the MMM community in Lagos. Living close to the international airport, she knew all the ins and outs by day and by night. In Lagos, the 'rush hour' is more appropriately called the 'go slow'. At any hour Sister Sarto could negotiate Lagos traffic better than any local! Her spirit of hospitality was famous. For the visitor, she was a real-life guardian angel.

With advancing years, she eventually became resigned to the idea of retiring to Ireland, which was a difficult decision. Before very long she suffered a stroke which left her unable to speak, but her smiling eyes continued to draw people close to her – just as they did during her years of active service to many. Her death in Drogheda on 28 March 2006 brought to a close a long life of love, dedication and self-giving.

'For the faithful, life is changed not ended'

(Preface from Mass for the Deceased)

'Death is only a horizon and a horizon is nothing save the limit of our sight'

(Rossiter Worthington Raymond)

– Not Ended

Sister Anne Bennett

Sister Anne came from Milltownpass, Co. Westmeath. As a young adult she helped her parents in the family business. MMM had only been founded six years when she entered in 1943. Taking that first risky step was to lead to many other risks during her long missionary life.



She was among the pioneer nursing students at Drogheda, in the days when the hospital had only recognition for Part I of the General Nursing course. That meant that she had to move to Dublin to complete the final two years of her training at Jervis Street Hospital. We know from anecdotes that it was not an easy life – rising early at Rosemount and cycling in to the city on frosty winter mornings to face a hard day's work on the wards, and remain on late for lectures.

She worked for a time as Theatre Sister in Drogheda before studying midwifery. In 1954 she headed for Tanzania and spent ten years as Matron of Dareda Hospital. In 1964 she moved further south to Makiungu Hospital, and served as Matron there for a further ten years, becoming the Leader for the MMM community who served in the Hospital.

Back in Ireland, she was Infirmarian for a year before being asked to take another risky step which started the second half of her life, this time in the US. She became Infirmarian at Pope John XXIII Seminary at Weston, MA, and also assisted in the Accounts Office. Her talent for 'the books' didn't go unnoticed, and a year later, as her health made nursing impossible, she moved to Chicago and became involved fulltime in fund-raising for MMM.

Subsequently she devoted five years as a member of the formation community at Brighton, MA, and another five as local business administrator for the community at Somerville. To the end of her life she kept in touch with the many fond friends she made in the US.

As her health declined, she returned to Ireland. Retirement provided her with more time for what she had most desired all her life – contemplative prayer. The last two years of her life brought a lot of suffering, as her condition gradually deteriorated both physically and mentally. By the time her final call came on 22 May 2006, she had lived sixty happy and fulfilled years of religious profession.

Sister Josephine Flood

Sister Josie, as everyone called her, came from Ballyhist, near Kells in Co. Meath. She suffered an illness which prevented her growing to a normal height, but nothing prevented her interior growth and ability for self-giving. In her later years she often commented that she was the one considered 'delicate', but she outlived all her generation.



She joined MMM in 1949, at a time when the Congregation was growing and expanding at a great rate, and all hands were needed on deck! She never had an assignment in Africa or Latin America, but behind the scenes she gave huge commitment to whatever she was asked to do.

For many years this involved correspondence with donors and helping with fund-raising events. For five years she was responsible for what was called 'Peg's Corner', that is the children's corner of the MMM magazine, which had hundreds of young correspondents. To each of them she was a favourite letter writer.

She was engaged in clerical work at the Lourdes Hospital in Drogheda for fifteen years, before being asked to transfer to Chicago. There she was engaged in fund-raising duties, and visited people in the parish who were confined to their homes. She loved the US and often regretted that her years there seemed to pass so quickly.

On returning to Ireland, she was assigned to Rosemount in Dublin where she made many new friends, and enjoyed frequent visits from her devoted family. She was gifted with a clear memory and was an expert at Scrabble. An avid reader, she kept up to date on all social and political issues and was able to engage the young as well as the elderly in conversation on topics new and old.

She suffered much in her declining years, as it became necessary to have oxygen available day and night. While this limited her travel, it did not inhibit her personality and she continued to make the most of her situation, despite the difficulties. During the last two years of her life, respiratory problems caused her a lot of distress, all of which she bore very courageously, as each critical episode left her somewhat weaker.

The last year of her life, following the death of her beloved younger brother, Peter, was sad for Sister Josie. She often spoke of how much she missed his visits. She grew gradually weaker and finally died on 1 June, 2006, on the first anniversary of Peter's death.

Sister Madeleine Cannon

Sister Madeleine Cannon was born in Lifford, Co. Donegal, ninety-nine years ago. At the age of 19 she left Donegal to train as a nurse at the Wrexham and Derbyshire War Memorial Hospital. A decade later she specialised in infectious diseases, completed midwifery studies and then went on to train as a district nurse.



From 1930 to 1945 she was well known through her work in general and private nursing in Donegal, Derry and Belfast, but especially as a District Nurse in Donegal.

In the early 1940s, cars were few on the roads of Co. Donegal. The late Bishop McGinley of Killybegs loved to tell the story of how a young man met her on her rounds and stopped to offer her a lift on the bar of his bicycle. On the way he got 'a bit fresh' with her, so she reached for his bicycle-pump, which she used to give him a smart smack over the head!

In 1945 she joined the Medical Missionaries of Mary and worked tirelessly in Nigeria for 21 years. She was based mainly at Ogoja, where leprosy was rampant at the time. More than 50,000 people in the area were affected. They were cared for in villages in their own clan area, under the supervision of staff from St. Benedict's Hospital. Sister Madeleine was responsible for the midwifery department at the Hospital, and loved this work. She also spent some time working in most of the out-stations in the surrounding area, and at Nkalagu and Abakaliki Hospitals.

Sister Madeleine was a fluent Irish speaker and loved to pray through Irish. Declining health brought her back to Ireland, where she continued to help with nursing duties at our Motherhouse until arthritis made this no longer possible.

Her final call came on 15 July 2006. The large attendance at her funeral Mass included her niece, Sister Moira Cannon of St. Louis Sisters, Monaghan. She explained the reason for the silver goblet that was placed in front of the altar during the funeral Mass. During World War II, an RAF plane crashed in the Bluestack mountains in Donegal. It was difficult to reach the wreckage but Sister Madeleine got there with her bag of medical supplies and attended five survivors. Later the parents of a young airman killed in the crash presented Madeline with the goblet. She gave it to her nephew, with instructions that when the first priest in the family is ordained it is to be melted down to make a chalice. The family are keeping it safely meantime!



Seven Decades of **MMM**

ON 4 APRIL 2007 MMM WILL COMPLETE 70 YEARS ON MISSION. To mark the occasion, we hope to put on Exhibition some unique pictures from our wonderful Image Archive. Here are just a few samples from more than 50,000 records.



During the First Decade, the expansion of MMM took place in Ireland and Nigeria. Top left, Sister M. Mel Brady on mission in Nigeria, and below an all woman team in the Operating Theatre in Drogheda in 1942.

From the Second Decade, we see a picture of our Sisters in the Operating Theatre at Tchulu, Angola. The first MMMs arrived in Angola in 1953. A few years earlier, in 1947, MMM had made our first East African foundation in Tanzania.

From the Third Decade the picture at the bottom left shows the late Sister Ruth Carey, at the Equator in Uganda. MMMs first went to the Diocese of Masaka in 1955 at the invitation of Bishop Kiwanuka – the first African priest to be appointed Bishop. Sister Ruth was Editor of the MMM Magazine for many years.

1962 saw the launching of our first clinical services in Ethiopia. Our picture on the left shows Sister Jo Ann Mullen negotiating a delicate bridge – on one of the countless journeys she has travelled by jeep, by mule and on foot during more than 30 years in Ethiopia.





In 1962 a terrible famine struck Turkana in northern Kenya. Until then no white woman had been admitted to the area where the nomadic Turkana people roamed the desert area. Pioneering health care included working with the Flying Doctor Service. Getting stuck in the mud during the rains was a constant fear of the Sister Pilot!



We also opened our first mission in Malawi that year. The picture of the oxen and cart, top right, comes from that era, though you could still see the same scene today.

The Fourth Decade: In 1969 we embarked on our first missionary endeavour in Latin America, in the Archdiocese of São Paulo in Brazil. This provided a new experience in our missionary presence, involved in a Church that is deeply engaged with the struggle of the people for justice.

1969 also brought great change for MMM in other ways. That year our Foundress, Mother Mary Martin, fell ill. So began the long suffering she endured until her death on January 27, 1975. Her passing marked a major milestone for our Congregation, as we had to face the future without her steady hand at the helm.



The Fifth Decade brought its own challenges. In 1978 the needs of the poor in the United States called to us to make a response in a country where we had received great support for our work since we first made a foundation there in 1952. So began our work among the coal-mining communities in Clinchco, in the Appalachian Mountains. The mobile clinics run from the 35-ft Health Wagon are still meeting a great need there.

In Tanzania we had been running several important mission Hospitals since 1947. In 1984 we responded to a request from the Maasai people to come and live among them in the remote village of Loolera. Sister Lelia Cleary, pictured above right, spent twenty years among the Maasai among whom she made life-long friends.



In our Sixth Decade, the crisis of Rwanda called us to take our first steps into francophone Africa. In June 1994, the first team of MMMs to arrive there were engaged at the frontline of healthcare among the refugees, as seen on the right. Today we are still involved in Rwanda, in Butare and Kirambi.

As our Seventh Decade began, Hurricane Mitch struck Central America, leaving a trail of devastation. In response, a team of MMMs went to Honduras. The picture of the radio mast represents the first parish where we became involved in Marcala, where the local radio is used as a key instrument in education, healthcare, and community building.



And then came the new millennium! The first all-African team of MMMs studied French and headed for the Republic of Benin to establish a new mission at Zaffe in the Diocese of Dassa-Zoume.

Looking back on the challenges we have met so far gives us courage to face those on the path that is yet before us.





Another Mem in the Annals

By Sister JoAnn Mullen

OUR LIFE HERE AMONG THE BORANA pastoralists presents us with many surprises, some stiff challenges, frequent laughter and – sometimes – even tears. In each of the 25 years that MMM has been privileged to live and work in Dadim there has always been some noteworthy incident that makes you say ‘that’s something to write home about.’ Since we have seldom followed through on these ‘inspirations’, one memorable event may be the writing of this article!

The Catholic Church has been present in Borana Land for a little over 30 years so it is still very much an area of primary evangelisation. Seven Spiritan Fathers and three MMM Sisters are the only Catholic missionaries working in three parishes covering this vast area of roughly 50,000 sq. km., serving a population of more than 1 million people.

You can imagine the tremendous joy we felt in May 2006 when celebrating the Ordination of Dida Wario CSSp, our first Ethiopian Borana priest. Dida’s family are from Dadim. Prior to his joining the Spiritan Congregation, Dida worked in the MMM health programme as a HIV educator.

We missed him greatly when he left for his studies in philosophy at the Spiritan Centre in Tanzania, and then we followed his progress through the years of theology at the Seminary in Nairobi, Kenya. At long last, the time came to prepare for his ordination!

Months of planning and work went into the preparation of the liturgy, the rehearsals of the choir, choosing a suitable outdoor venue, and planning refreshments for what was bound to be a very large gathering.

On the eve of the feast, guests began arriving from afar. By then, every corner of the mission compound was bustling with activity. At the back of our house the cooking of quintals of rice was underway. Down at the school, sacks of onions were being chopped and oxen slaughtered. Many hands make light work – staff, parishioners and neighbours generously helped out with the cooking, serving, decorating and welcoming the visitors.

First, we had to decide where we could spread out such a *mountain* of rice for cooling and even more important, where no rats or insects could sample it! The only safe place



orable Year of Dadim

Pictures by Fr. Martin Kelly CCSp



Fr. Dida Wario CSSp

was the little chapel in our house. Plastic sheeting was spread to cover the floor then pot after pot was dumped onto the plastic. Painstaking efforts were made on hands and knees to spread the hot rice around with dinner forks. After about an hour of burnt fingers and aching bones, Fr. Iede got the brilliant idea of using the garden rake instead of the plastic forks! Sister Colette overhearing this suggestion, came running from the next room saying 'wait, wait, I have a brand new unused rake at the clinic, I'll get it.'

Early the next morning, the Bishop was seen walking up and down the garden path waiting for us to open the Chapel door for Morning Prayer! Most probably he would have been rather surprised to find Jesus overlooking a wall-to-wall carpet of rice. We were relieved to see him being gently detoured into the dining room for breakfast.

Thirty priests arrived to concelebrate the Ordination Mass. Over 2,000 guests attended the ceremonies. The choirs from our three missions and several out-station chapels sang beautifully. Sister Lydia's little flower girls looked angelic in their white dresses and angel wings.

Generally speaking, Borana people could be described as being quite vocal and rather uninhibited. So, we were more than surprised, that in such a huge gathering of people, not a sound was heard for the entire four hours of the ceremonies! With everything being in the local Borana language, together with the symbolism and cultural adaptations in the liturgy, it was very meaningful for the people.

The celebrations went on for almost two weeks, until the people finally left on their long journey home. About two weeks after that Fr. Dida set off for Kenya on his first missionary assignment working with young people in one of the deprived areas on the outskirts of Nairobi. Please join us in praying for Dida and also pray that many young men and women will hear and respond to the Lord's call to 'Come follow Me.' In this vast untrodden land so many more 'sowers' are needed if the harvest is to bear fruit.

Continued overleaf

Dida Wario worked with us in the Health Centre at the mission in Dadim, first in the Dispensary, and later went on to train as a HIV/AIDS Educator. Everyone was impressed with his dedication and enjoyed his happy spirit and great sense of humour. Then one day he announced that he would be leaving. He had become a Catholic a few years earlier, and now decided that God was calling him to the priesthood. He would be leaving to join the Spiritan house of studies in Tanzania, where he completed his philosophy course, and then went on to Nairobi for theology.

His ordination in Dadim in May 2006, when more than 2,000 people were hosted at a celebration that lasted for many days, will long be remembered!



Another Memorable Year in the Annals of Dadim – *continued*

A short time after the Ordination, disaster landed on our doorstep. After several months of inter-ethnic tensions, hostilities broke out between the Guji, Ghabra and Borana peoples. It is often difficult to pin-point exactly how such conflicts begin, but history, the constant struggle for survival and external influences all play a part. The Dadim area is vulnerable to such problems, being situated near the traditional borders of the Borana and Guji.

At the same time, the Mission plays a very significant role in promoting peace through its integrated services and personal relationships with all three cultural groups. This was very evident in 1991, when Mengistu's Government fell (the last time we experienced such hostilities and large displacement of people). At different times, each of the three groups sent messages to us saying 'don't be afraid, don't leave, we will not come to fight or raid in the Dadim Mission area, it is also our clinic and our school.'

Traditionally, when hostile or threatening situations occur, the Borana flee from the areas of danger, bringing their women, children and livestock to safer areas. Only then will their armed warriors return to patrol and fight in the deserted 'no man's land.'

On 4th June 2006 we once again witnessed the beginning of a mass exodus of the entire Dadim community. It was pitiful to see the women struggling with their loads, small children crying, the cattle lowing and all enveloped in a dense cloud of dust. Some people came to the house begging us to please keep their old or handicapped people, promising that they would come and collect them later.

It was a lonely few weeks with only a few of the essential staff returning after they had secured their families in or near Yabello town, some 25km away from Dadim. The staff were especially frightened at night, so they either huddled together in one room or sat up on the hillside to keep watch for attackers.

During this time some killings and cattle raids took place a short distance north of Dadim. Military protection for

Dadim was not possible, as the soldiers were taken up at the conflict sites and trying to secure the main tarmac road as well as the electricity and telephone lines to Yabello. However, a small group of police was assigned to protect the mission from would-be thieves.

Our clinic was especially busy one night following one of these raids. The wounded were carried nearly 15 km to our clinic. It was very sad to see one young man take his last breath just as they reached our clinic door. His friends had carried him for 6 hours after his abdominal wall was ripped open by gunfire. Another man's leg was so badly shattered that we knew amputation would be inevitable. In such situations, the women, children and elderly also suffer greatly as displacement results in lack of shelter, hunger, disease and innumerable hardships. We were only able to provide First-Aid, and then had to bring the casualties on to Yabello. From there, those needing surgery were transported to a distant hospital by truck via the back roads, because it was not safe to travel north on the tarmac.



Government officials have been very busy trying to negotiate peace with the tribal leaders. As I write, there is some semblance of peace. Some people still fear that the hostilities are not over and have decided not to return to Dadim yet. Nevertheless, people have returned to most of the surrounding areas and a good number of families have actually moved back to Dadim. For the time being, the others prefer to just come and go in relation to their needs – health care, seeking daily work, or trying to gather in what little remains of their crops. Unfortunately, thieves, wild animals and army worms ate their fill during their absence. Such a meagre harvest will mean hardship in the coming year, especially for the poor people, who have few livestock and depend on what they can grow for food.

As I write this, I am listening daily to the radio telling of the atrocities of the Middle East crisis and so much war, violence and pain throughout our poor broken world. It is surely a time for us to pray for peace. A time when we need the healing touch of God's love. May God's love and peace come to reign in all our hearts and lives!



Sustainable Tools

WHEN IT COMES TO ERADICATING SEVERE POVERTY, Cormac Lynch believes education is the most important force. Together with some friends, he founded a registered charity called 'Camara' – a West African word meaning 'teaching from experience'.

The mission of Camara is to use Information and Communications Technology (ICTs) as a sustainable tool to provide basic education in schools and other educational institutions in Africa.



Sister Patricia Hoey



Cormac Lynch

On a recent trip, Cormac took time to visit his aunt, Sister Patricia Hoey, in Eldoret, Kenya. He also explored the possibility of setting up local partnerships in Nairobi with Sister Kathie Shea, before moving on to Addis Ababa – where MMM will be a recipient of some of the equipment shipped to Ethiopia.

'Africa would need 270 million additional computers to give it the same level of coverage that exists in a country like Ireland today', according to the Camara website. However, with an average per capita income of less than \$1 per day, and with millions of people hungry, these countries have other priorities to worry about.

In Ireland, Camara estimates that over half a million working computers will become redundant in the coming five years. One of the



Sister Patricia Hoey



Sister Kathie Shea

goals is to prevent these computers from being dumped in landfill sites. For €20 per computer, Camara will collect redundant PCs from businesses who are upgrading, or disposing of computers. This has meant setting up a Warehouse where donated equipment can be cleaned, repaired, reconfigured, refurbished and repacked. They guarantee that all disk drives will be completely wiped of stored information and programmes. The computers are shipped to educational institutions in Africa at a cost to the recipient institution of €5 each. Camara also seeks to identify local partners in receiving countries who will oversee the importation of the shipments from the port of arrival, and who will indicate suitable recipient educational institutions.

But that is not all! Camara recruits volunteers who will travel to Africa and provide training for local teachers of IT skills. In the coming year, four teams of ten trainers will head out to four different countries of Africa.

Cormac Lynch's vision doesn't end there. He believes education through technology offers great possibilities for conveying information in a way that is appealing to young people. Multimedia software is being developed to provide information and generate discussion about HIV and AIDS. This will be installed on the computers that are shipped. Initially, this software will be developed in English, Swahili and Amharic.

Gender awareness and other social issues will also be incorporated, so that these computers will play their part in providing the young users with a rounded education as well as skills in communications technology.

TO FIND OUT MORE VISIT

www.camara.ie





CAPACITAR brings

By Sister Geneviève van Waesberghe



trying to do on our own was being done by thousands of other people working in the *Capacitar* network in 26 other countries. Like us, those people had also been affected by wars, genocide, natural disasters, HIV and poverty. Following many years of experience, research and analysis of what is really effective at grassroots level, *Capacitar* offers tools and practices that can enable individuals and communities to access their own power to heal themselves, and transform their lives, bringing peace to our communities and to the world. In November 2005, I invited Constansia Mbogoma, from *Capacitar* in Tanzania, to give our staff and other invited participants their first Workshop.

Towards the end of 2005, I wrote to Patricia Cane, unaware that, at the same time in Chicago, Sister Antoinette Gasiberege from Rwanda, who had been helped by the methodology of *Capacitar*, had already asked her to come to Rwanda in June 2006.

During the first six months of 2006, our staff – mainly our Trauma Counselors – began to discover how much the practices of *Capacitar*

helped them and their clients in counseling. This was particularly noticeable during the month of the Genocide Memorial, when reburial took place, as many traumas surfaced. Our team was present to the population on the hillsides.

The model of popular education used by *Capacitar* is a dynamic educational method developed by the well-known Brazilian educator, the late Paulo Freire. It seeks to empower people to awaken to their own wisdom and ability. It is used extensively with grassroots people throughout Latin America and Africa.

Popular education forms the basis of *Capacitar's* learner-centered approach. Using wellness practices, such as Tai Chi and

CAPACITAR, MEANS 'TO EMPOWER'. Networking people on five continents, it signifies the spirit of empowerment and solidarity. '*Capacitar International*', with an office in California, has a team of trainers, and works with local or regional teams in 26 countries.

The vision of *Capacitar* is to heal ourselves and to heal our world. Using a hands-on popular education approach, it teaches simple wellness practices that lead to healing, wholeness and peace in the individual and in the world.

Capacitar is committed to communities affected by violence, poverty and trauma, uniting people across borders in solidarity, understanding and reconciliation.

Two years ago, when I first discovered the website www.capacitar.org, I felt very excited. Soon after that, a friend gave me the Manual by the founder and co-director, Patricia Cane, entitled *Trauma Healing and Transformation*. I felt instantly at home with what I read. I was already familiar with many of its practices, its philosophy and some of the scientific research which confirms the basic theory and the usefulness of the practices involved.

Since the beginning of the year 2000, we had been developing a programme here in our Centre at Butare for women in distress and their children. We use a holistic approach, incorporating body-mind-spirit practices. An extension of this is our programme called *Education for Life*, and a community-based HIV Programme. It was wonderful to realize that what we were



hope of healing and transformation



acupressure, *Capacitar* teaches 'body literacy' to reconnect people to their own wisdom and capacity. An important aspect of popular education is the multiplier effect. Whatever a person learns they are encouraged to pass on to their families and communities, empowering the learner, contributing to the community and multiplying the work.

As we taught people the techniques and methodology of *Capacitar*, it was very rewarding for us to see them in turn teaching the same practices to others in distress.

From our Centre in Butare, we coordinated the visit of Patricia Cane. We organized several Workshops. Four were held in Butare in the Southern Province and one in Cyangugu in the Western Province near Rwanda's border with Congo.

Participants included our own staff here in Butare and our rural community at Kirambi. We also had various partners including lawyers, doctors, psychologists, trauma counselors, pastoral workers, justice and peace workers, teachers, different groups of university students, 'Art de Vivre', clinical psychologists, Anglicans, religious brothers and sisters, members of Associations of Widows, Genocide Survivors and a group of seventeen priests from three dioceses.

It was a huge effort for us, but a rewarding one. Further workshops in Kigali were organized by Patricia Cane, Sister

Antoinette and Mari Fabri, Director of the Kovlar Center in Chicago.

Capacitar has already made a difference in Rwanda. During 2007 and 2008 we plan to have three more sessions for formators from Rwanda, Congo and Burundi. It is not surprising that participants have asked to have a *Capacitar* Team set up for the Great Lakes Region. We look forward to that!



Healthcare on the MOVE



Sister Bernadette Kenny is a nurse practitioner who has spent over twenty-five years providing health care in the Appalachian mountains of Virginia.



VERY DEPRESSING CONFERENCE

I attended recently was told of 268 deaths from drug overdose in a year. Participants at the Conference were divided into two groups. Those under 37 went into the 'Young and Restless' group and those over 40 into the 'Desperate and Depressed'.

To help us break out of these negative groups, we began to look at the two opposing methods of approaching healthcare – the disease model and the wellness model. The disease model is characterised by the attitude that prescription drugs will cure the trouble. The wellness model asks us to make choices that will make a difference in our lives and take responsibility for our personal health.

That is the approach taken by *Capacitar* Network. I first met Patricia Cane, founder of *Capacitar* back in 1980. My team members and I attended many Workshops and have embraced this approach to wellness in our mobile work ever since.

Medical students from Tennessee are assigned to work with us for community experience. I am on the Faculty of their college. When they reach Appalachia, local men and women who have taken a formal

Capacitar program take the students under their wing. This helps to demonstrate an alternative approach, beyond the sole use of drugs. At the same time, the *Capacitar* approach introduces to the indigenous people the idea of neighbors as providers of care.

The concept of the Health Fair is also central to our work. These are held in different communities on a rotating basis. In our Health Wagon we go from town to town covering about 200 sq. miles and reach 30,000 people in a year. The Health Fair provides dental and optical care, cancer screening, blood pressure checks etc.

Addressing stress is a key element of this approach. Stress lowers the immune system and contributes to the severity of illness. Obviously, if we can help people to stay well, it reduces the burden for healthcare providers.

There are also great psychological benefits. People who take responsibility for their wellness feel good about themselves and make choices that really make a difference. I have seen women getting their General Equivalency Diploma and both men and women give up smoking when they have found new ways of dealing with stress in their lives.

Economically speaking, the Principle of Wellness is a much more effective methodology in the use of resources of time and money. It is much better to spend time learning breathing techniques or stretching than vacantly waiting to see a healthcare provider for five minutes and getting a prescription that is too costly to buy. All of us are called to be just stewards of our bodies. How we care for them ought to be integrated into our educational process.

The main thing is to provide a health model that enables us to be as well as possible to our full capacity, and not a dependency model.



Danger of Fire in the midst of Drought

by Sister Marcellina McCarthy

WE SEE A LOT OF BURNS in Makiungu during the dry season. With no water locally available in this semi-desert area, a small fire can set a whole house alight very quickly because the house is made of dry rushes. The homestead can turn into an inferno very quickly. This is what happened to Juma.

When we first saw him the doctors were advising amputation of his fingers and there was also great concern about his leg. He was reluctant to face amputation because he needs to work as a small farmer. We set about treatment using normal saline soaks and sterile dressings while carefully building up his nutritional status and immune system with magnetized water.

Our department provides complementary therapies like reflexology and magnet therapy, and we are also responsible for the care and dressing of wounds for the entire hospital. Another key aspect of our work is growing nutritious fruits and vegetables right here beside the Hospital. Careful watering is needed.

Our banana plantation is watered by the run-off from the laundry. The produce of our garden can be used to treat many of the illnesses we see. We are very proud of our pau-pau, whose seeds and skin are very useful.



Theresa, a ward attendant, assists Sister Marcellina and staff nurse Fabiola.



Sister Marcellina in the fruit and herb garden of Makiungu Hospital with ward attendant Happiness and staff nurse Fabiola.

Juma, a devout Moslem, told us he didn't mind how long it would take as long as he could use his fingers again. He showed great patience. He spent six months in the hospital getting his dressings renewed every second day.

It was also important to make sure he spent time out in the fresh air every day. This reduced the risk of cross infection. Juma would sit under the tree for hours, helping his own body's healing process. After his six months with us, he went home well and was very happy that he avoided amputation of his fingers and leg.





Mental Health

SISTER SHEILA DEVANE, Director of the Arusha Mental Health Trust, raised three major difficulties regarding mental health care in Tanzania when visited by President Mary McAleese in June 2006.

- ❖ Psychiatry does not exist as a medical specialty.
- ❖ Persons with epilepsy are regarded as having a mental illness.
- ❖ Donor aid for mental health programmes has been cut in favour of funding HIV/AIDS programmes.

Not a specialty

Since psychiatry is not a separate specialty in Tanzania, psychiatric services are integrated into general medical services. This has a certain theoretical appeal but, in reality, psychiatry is virtually totally neglected. Personnel trained in mental health professions do not enjoy the benefits of belonging to a well recognized branch of medicine.

Not surprisingly, the majority who complete psychiatric nurse training as well as those who have studied psychiatry abroad are not working in the field of mental health. These nurses are most often assigned to general wards. Sadly, many of the psychiatrists remain overseas or when they return they work in private practice, general medicine or AIDS-related programmes where their expertise finds some professional recognition and their salaries are good.

At the same time, there is an enormous number of people needing psychiatric service and care.

The multifaceted nature of psychiatry and its great complexity are not properly understood. A clinician could be expected to treat an autistic child, an adolescent with a drug problem, a young adult with generalized anxiety disorder, a man with paranoid schizophrenia, an adult with a reoccurring major depression and an elder with advanced Alzheimer's disease as well as offering general medical treatment for the commonly occurring physical diseases.

In most regions in this country, including Arusha, there isn't even a single psychiatric bed available so patients in very behaviourally disturbed states are admitted to general wards. This is chaotic for the other patients on the ward and most unhelpful for themselves.

Sister Sheila Devane says:

'President McAleese was very well acquainted with current and past mental health issues in Ireland, as was Mr. Conor Lenihan Minister of State. She also brought a global knowledge of general health concerns and spoke with knowledge and compassion of the difficulties faced in the area of mental health by so many people all over the world. She was aware of the huge burden of care created for patients, families and society in general by mental illness. She also recognized its low priority in the budgets of so many health departments.'



Issues

In general medicine we recognize that obstetrics, dentistry, ophthalmology, orthopaedics, paediatrics and so many other branches of medicine are different, they are specialized and need to be considered as such. Services need to be delivered in tandem but separately. Not yet psychiatry – alas! This is a World Health Organization decision and thus beyond the direct control of the Ministry of Health in Tanzania.

Epilepsy

Another WHO decision for sub-Saharan Africa is that persons with Epilepsy be considered – as far as treatment is concerned – to be suffering from a mental disorder. It is easy to understand the historic origins of this decision given the florid expression of a *grand mal* fit.

It is unjust and no longer acceptable to continue to work in this manner. These patients are doubly blighted. On the one hand they have a serious neurological disorder and – if this were not bad enough – they are given another problem by being labeled as 'mentally ill' which is the worst taboo one can have in Tanzania.

Exclusive Donor Preference

A major problem now facing mental health services in this country is the presence of HIV/AIDS and in particular the rush by donors to fund it. We don't worry so much about 'donor fatigue' but we are really concerned about the exclusive donor *preference* whereby well-known donors have now moved almost all their health funding to HIV/AIDS.

Donor agencies that we worked with in the past have told us we will no longer be eligible to be funded as they are now only funding AIDS programmes. On more than one occasion I have been advised to 'get into the AIDS funding by the back door or however I can'.

These were the challenges I presented during our discussion with the President and her entourage and we certainly had a most animated, well-informed, cross-cultural and at times worrisome conversation. Our focus was always the reality and need for mental health care in Tanzania, its forced co-existence within general medical services, its virtually invisible donor life and yet the huge, huge toll it takes in various ways on the lives of so many Tanzanian individuals and families every minute of every day.

TEAMING UP

with the Medical Missionaries of Mary

to Save Lives



Noeleen and Breeda Gaughran 'On the Move for Malawi' at the Dublin Women's Marathon.

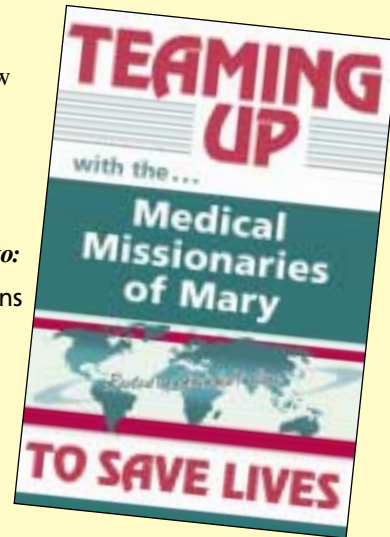


At the Dublin Women's Marathon a group including Noeleen, Breeda, Geraldine and Eileen Gaughran, Andrea Vaughan, Rosaleen Farrelly and on the extreme right Mary Fox who ran all the way and finished very well!

If you can organise a fund-raising event for MMM, let us know how we can help you – with T-shirts, 'hi-vis' gilets, posters, collection boxes, or whatever.

Phone, email or write to:

MMM Communications
Rosemount
Rosemount Terrace
Booterstown
Co. Dublin
Ireland
Tel: 353-1-2887180
e-mail: mmm@iol.ie



'Sister Anne Carr accepts cheque for €20,000 from Chairman of the Irish Red Cross David Andrews, and Noel Wardick, Head of Overseas Programmes. At the General Hospital in Lilongwe, capital of Malawi, Sister Anne works in the Chaplaincy Department. That all-embracing role gives her scope to channel help in a variety of ways. She could see that every month the children's ward discharged 1000 small patients, but many of them were back again and again. Malaria was the chief cause of readmission. 'It was like a revolving door', Sister Anne says.

The €20,000 will pay for enough specially treated mosquito nets for a year. Each child being discharged will be sent home with a net. She says: 'It is likely that all the children in the family will sleep under the one net and we are hoping for a big reduction in readmissions, as well as the educational value of promoting the use of this tried and tested means of preventing malaria'.



Parishioners of Our Lady Immaculate Parish, in Tolworth, Surrey, UK, who raised over £3,000 for MMM in Honduras as part of their Lenten Appeal.



Christine Foley was part of a group who climbed Mt. Mulanje to raise funds for MMM in Malawi. Pictured here with Sister Clara and children at Kasina Health Centre who benefit from the fund-raising work of St. Margaret's Parish, Twickenham, London.

Thinking of others on their First Communion Day

Katie Nutley,
Portlaoise.

Sam Moran,
Tramore.

On the day of their First Holy Communion, Katie Nutley of Portlaoise and Sam Moran of Tramore were thinking of less fortunate children. They generously shared the gifts they received on their big day to enable MMM to help children in great need.

Beyond Faith and Adventure



At the launch of 'Beyond Faith & Adventure' at Iveagh House, Dublin, main sponsor Denis O'Brien, author Irene Lynch, MMM Congregational Leader Sister Margaret Quinn and Minister of State for Overseas Development, Conor Lenihan.

All the proceeds from the sale of this book will be given to St. Mary's Hospital, Eleta, Ibadan, Nigeria.

Ibadan is the largest city in West Africa and has a population of over seven million.

St. Mary's Hospital, in the densely populated poor outskirts of Ibadan, was opened in 1964. Under the care and management of the Medical Missionaries of Mary, it treats patients of all creeds and ethnic backgrounds.

For online ordering and list of stockists visit
www.beyondfaithandadventure.com

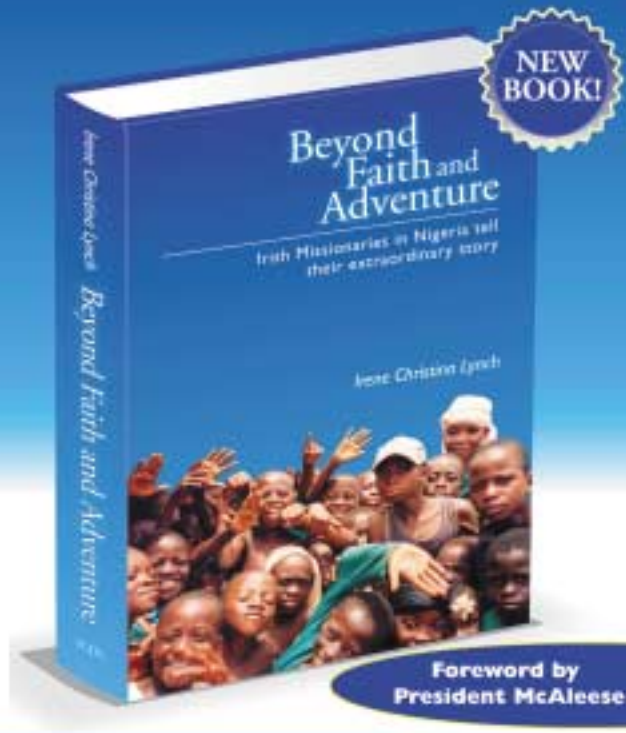


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