

Healing & Development

INSIDE

ANGOLA



BENIN



BRAZIL



HONDURAS



RWANDA



YEARBOOK
OF THE
**Medical
Missionaries
of Mary**

2008 EDITION

Volume 69 – 2008

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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Cover Photo: Vanessa – a thriving baby at the Mother-and-Child Clinic in Zaffe, Republic of Benin.



Leader's Letter

Dear Friends,

I am very happy to introduce to you our latest Yearbook. I hope you will enjoy reading about the various activities we are engaged in through our mission of healing around the world.

These stories are just a few – there are many more missions and activities about which we could write if space permitted. But I think what is printed here will give you an idea of the wide range of services in which our MMM Sisters are involved, from the very grass roots level, to the highest levels of the medical professions, training and research.

What strikes me about these stories is that in each case our work involves listening to the needs and the wisdom of the local people and working closely with them to address whatever problems they face. Most of the time there is no perfect solution, but when we work together the situation can be improved. Above all, our interest in their problems gives them energy and hope.

In the past year we have embarked on a Review of each of our missions and programmes. This involves independent external professional people assisting us in evaluating our activities and methods and assessing what needs to be put in place as we move forward. This kind of Review can feel threatening at the start but we are finding that it is actually very life-giving, as we take on board all that we need to do to ensure best practice in all our activities. It is very challenging but worthwhile.

As you know, the vocation of an MMM Sister is a life-long commitment. This year, three of our sister-doctors celebrated the 50th anniversary of their graduation at UCD - Sisters Ann Ward, Deirdre Twomey and Maura O'Donohue. They, like so many others, have given a life-time of service in their professional work. Of this we can all be very proud. While many of our Sisters are growing older, I am happy to tell you that our 'succession policy' is secure with the new commitment of younger women. Eight Sisters made First Profession of vows during the past year, and we have 27 young women in the initial phases of formation in East and West Africa and South America.

We are also very happy to see the growth of the MMM Associate movement in several countries. This involves the commitment of lay men and women, both single and married, who feel called to adopt the charism of MMM in their ordinary daily life and work. We are always happy to hear of others who would like to be involved with MMM in this way. Some Associate MMMs have been able to serve with us overseas, though this is not essential.

Mission Statement

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

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

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

Our Yearbook also brings you news of our latest venture – to establish a new Health Centre in Angola. Our Sisters have been in Angola since 1953, through all the years of war. Now in peace time, it is wonderful for us to be able to embark on a mission near the capital city, Luanda. It is in a satellite town called Viana, where the people have been waiting for a health service for a long time. We hope to have an international team of Sisters working there as soon as the buildings have been completed.

In all our work we depend on funding from people who believe that what we are doing is worth supporting. So, as I thank you very sincerely for your help in the past, I once again assure you that we need your ongoing support to enable us to continue with our many commitments. I hope that in reading our Yearbook you will realise how much your partnership with MMM has made possible. Know that you are remembered in our community prayer each day.

May God bless you and your loved ones,

Se Margaret Quinn
Congregational Leader

Recovering the Spirit of Timbuktu

"There is no secret about it. The fundamental problem facing Africa today is Poverty. We believe that most of the talked about strategies in vogue today, generally called poverty alleviation schemes or programs are more or less band-aid exercises.

What we forget is that poverty is the result of a dysfunctional state of affairs in any given community. It is not a disease that you cure just by administering medication.

Over the next fifty years, the earth's population may double, soaring from about five billion to nearly – if not more than – ten billion people. And as resources get scarcer, people will tend to develop a culture of survival with concomitant, selfish and other anti-social attitudes."

Fr. Godfrey Nzamujo, OP



Father Godfrey Nzamujo

Father Godfrey Nzamujo is the founder and director of the Songhai Centre, a pioneering farm, training and research centre in Porto Novo, Benin. Begun in 1985 on a single hectare of land, the Songhai project has now expanded to six sites in Benin and one in Nigeria.

In mediaeval times there were several famous Empires in West Africa, the last of which was the Empire of Songhai. It flourished between 1492 and 1592. The Empire of Songhai was marked by the pivotal organisation of social life and the development of trade with the Arab world. Centres like Timbuktu and Jenne became famous centres of learning.





Fr. Nzamujo with Sister Nkeiru of MMM Mission at Zaffé.

Fr. Nzamujo chose the name Songhai for the project that seeks to create a new spirit among Africans.

The 'Timbuktu Effect' which Songhai seeks to emulate is based on pride, progress and effective results.

With the motto '*Commitment to Excellence*', Songhai symbolises Fr. Nzamujo's belief that Africa's ecological characteristics are advantages rather than impediments. He develops these ideas in his book *Songhai: When Africa lifts up its head*.

Workshops

At Porto Novo – close to Benin's border with Nigeria – the earliest and smallest of the Songhai centres flourishes. Enthusiastic students are at work in a plethora of workshops. A walking tour of the 18-hectare site begins with a demonstration of how all waste material is harvested – from kitchens, metal workshops and toilets. The water is purified and the waste materials processed to produce the gas that powers the machinery.

In the metal workshops grinders and other machinery, adapted to local needs, are manufactured to a highly professional standard. The same is evident as we tour the centre for development of appropriate technologies, the bakery and fruit juice and jam-making workshops.

Nearby, motor mechanics are meticulously training their students in the repair and maintenance of a range of vehicles.

Fr. Nzamujo opens a heavy iron door to reveal racks of chickens cooking on a dozen spits. The next door he opens reveals joints of local wild boar – hugely nutritious. There are also joints



Songhai HGVs deliver produce to far-flung destinations.

of pork and larger game roasting for sale or for the tasty menus at the Songhai restaurant.

The seed nurseries are central to the research and development activities of Songhai. Traditional and emerging methods and use of hybridisation are all part of the effort. Likewise, the impressive poultry and fish farms are centres of development in themselves.

Elsewhere students are taking courses in business management, marketing, credit management, group dynamics, office routine and office services – including document reproduction, laminating, and binding.

"Our aim is to show young people that their ancestors knew how to organize themselves productively and they too can do that – but knowledge has to be translated into skills and irrigated by the right value systems. We believe that the only effective way to fight poverty is to help the poor to become productive".



Students in the metal workshop manufacture machinery adapted to local needs.

Most of the young men and women students would have little opportunity without Songhai. The cost of maintenance for a year is about \$1,000 per student. None of those he so desperately wants to educate could afford this amount. Ideally, Fr. Nzamujo likes to have a student for a full 18-month apprenticeship. Apart from the need for bursaries for students, all other aspects of the Songhai project are self-sustaining.

Human Development

Fr. Nzamujo insists that the development of the human person is paramount:

"The Songhai project is not just how to send young people to the farm, but rather a bold effort to ensure high productivity by unleashing new human capacities, increasing the level of creativeness and inventiveness.

The arena for this process is not just in the agricultural sector but also in the non-farm sector".

Information and Communications Technology (ICT)

Fr. Nzamujo believes information technology will enable Africa to leapfrog centuries of development and become a player in the modern world.

Addressing the Acacia International Conference on 'Networking Africa's Future' in 2003, he outlined how ICTs can play an important role in increasing Africa's participation in the global economy while making African society and institutions more stable.



Back in 1999, Songhai set up community telecentres in three Benin towns—Porto Novo, Savalou, and Parakou. The telecentres gave many people their first opportunity to use ICTs for accessing knowledge, sharing information and acquiring skills.

Their popularity made it evident that ICTs had the potential to expand Songhai influence across Benin and into neighbouring countries. Not surprisingly, Songhai soon had to expand both bandwidth and services!

Web-based services

This project focused on making the Songhai Website a focal point and resource centre for an extended Songhai community. Its largest component was creating Web-based distance-learning courses on topics such as business management, crop production, livestock production, aquaculture and marketing.

Consultants worked with Songhai trainers—most of whom had little previous exposure to ICTs — to transfer computer, Internet and multimedia/video production skills, and then to test the distance-learning

modules with users. The modules were also adapted to CD-ROM format to make the courses available to those lacking Internet access.

The second component of the project was developing Web-based services such as Web-mail, discussion forums, teleconferencing and an electronic market to support a virtual Songhai community. These services are gradually being rolled out on the Songhai Website – www.songhai.org.

Fr. Nzamujo believes information technology is creating new fertile grounds for innovations and new possibilities that can strike an answering chord to Africa's present problems.

He says: "We strongly believe that the quantity and quality of the wealth produced (financial, services and goods, intellectual, cultural and organizational) is a function of the

quality and quantity of information this community has at its disposal. It is also a function of the capacity of this given society to continually access and absorb useful information selectively anywhere they are found in the world.

'This is what we refer to as the antenna-receiver logic. Not just being capable of accessing information anywhere in the world, but also the capacity to select and fine-tune information that is relevant to the development process of this community – a demand driven logic is what will make these communities avoid the pit-fall of passive information consumerism – a real danger in the developing countries today.

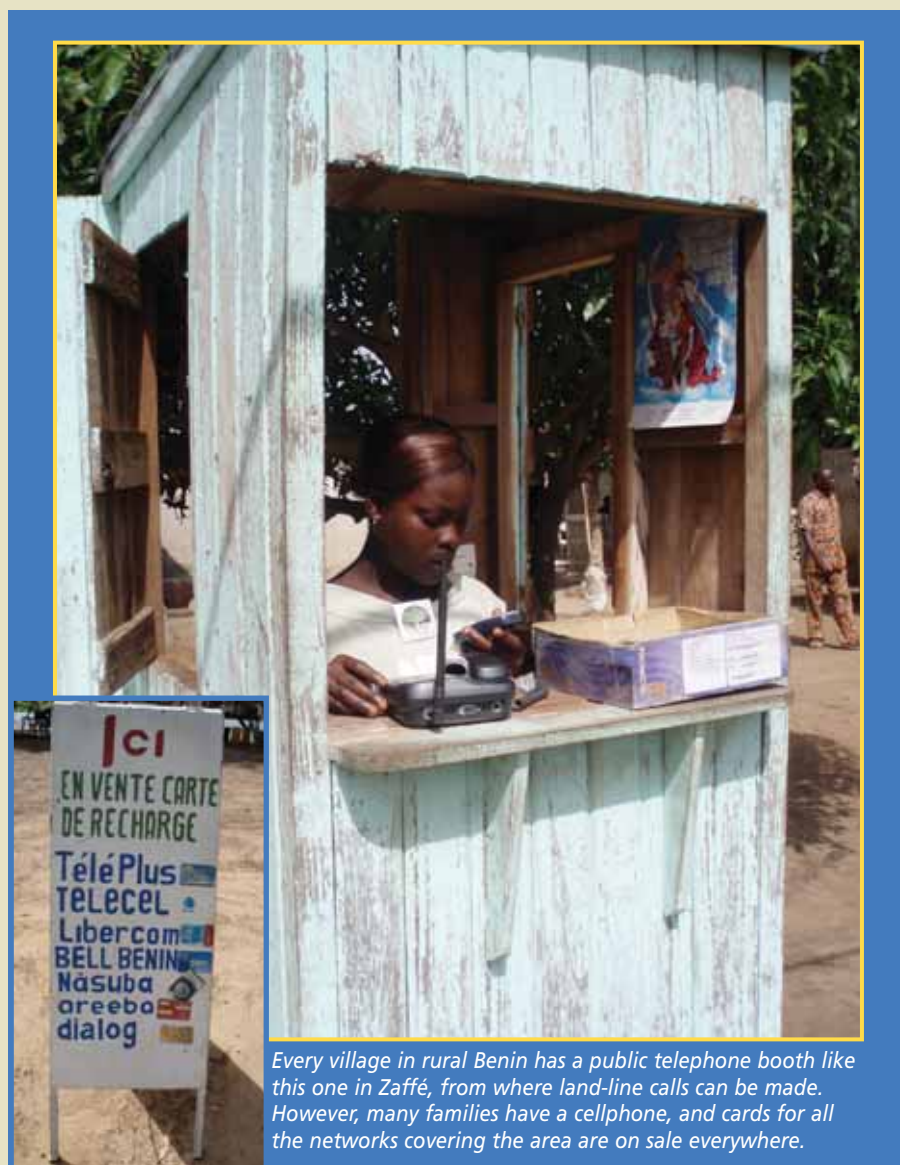
Increased Productivity

Songhai was one of the first grassroots institutions to make use of ICT tools to increase productivity by developing communities where the information technology is viewed not only as a key element in unleashing innovation and creativity but also has a potential of qualitatively improving the management of our operations. Songhai saw as imperative the investment in communication equipment to connect its different Centres to overcome the geographical and infrastructural constraints.

"Songhai is not merely a 'how to do it' institution. We do not hand out recipes. It is first and foremost a 'how to be' organization. 'Being more' or wanting to 'be more' is the source of creativity and inventiveness."

Information technology is primarily seen as a key element in the drive to increase productivity.

The overall objective here is to create 'smart communities' that can harness the socio-economic benefits of ICT and at the same time impact on the communities around by serving as resource Centres for Information and ideas relative to their socio-economic or professional activities.



Every village in rural Benin has a public telephone booth like this one in Zaffé, from where land-line calls can be made. However, many families have a cellphone, and cards for all the networks covering the area are on sale everywhere.

Songhai and MMM



The main street in Zaffé Village



Sisters Nkeiru and Jacinta, both from Nigeria, are nurse-midwives, but like to keep an eye on developments in the farm training section.



THE MMM COMMUNITY AT ZAFFÉ

is located three hours' drive north of Porto Novo. Established as a new mission in the year 2000, the Sisters listened to the local people as they went about developing a Health Centre, including a Maternal Care Unit and a Mobile Service to seven outlying villages. The Health Centre now averages about 170 deliveries each year. People come from far and wide. The addition of an ultrasound donated by two Maltese doctors, Dr. Joseph Vella and Dr. Savona Ventura, increased the services available.

Nutrition was an obvious problem. Unless the people of Zaffé and surrounding villages could improve their nutrition and income generation levels, health care would continue to be curative and not preventive.

One of the requests from the local people was for assistance with farming methods. Where better to turn than to Fr. Nzamujo and the Songhai project?

Before long, a qualified supervisor, Mr. Maxime Mambouana Mfoutou was on



Sister Irene from Malta is kept busy in the Health Centre and Maternal Care Unit, but says: "I have learnt so much here in Zaffé not only about rabbits, sheep and cows but more importantly about human relations and the task of working as a team in collaboration with the local leaders and people".

hand. Discussions were initiated with the local Chief about the provision of land adjoining the MMM house and Health Centre. With support from Songhai, a pilot project was initiated and proved very successful.

Currently a bigger project is under development. It involves the construction of a Farming Educational Centre where local farmers can come for

instruction and demonstration in farm produce, including the rearing of oxen and sheep, and small animals such as rabbits, hens and guinea fowl, and the construction of fish ponds. There will also be training in marketing and management.

As Sister Nkeiru points out: "Most of the people around here are farmers. The land is good and the rainfall average. But their annual income is very low. Through these efforts we hope to change that and we expect a significant improvement in their overall health when this is successful".

Mr. Mfoutou says: "The overall objective is to provide training to the youth of Zaffé in the various aspects of agriculture, livestock systems, cattle rearing, farm management and rural fish farming. We will also help to install, assist, and supervise trainee young farmers in their respective



Maxime Mfoutou



Sister Nkeiru selects a healthy fresh head of cabbage from the demonstration garden.

communities. Our immediate aim is to provide training to seventy young farmers from seven villages near Zaffé.

"We started with experimentation on integrated agriculture and improved cattle rearing in the MMM compound in Zaffé. We are doing that experimentation in order to show people in general and particularly young farmers how they can diversify and increase their agricultural production. That will help to improve their financial condition as well as living conditions and diet".

Work has begun on the development of the 21-hectare terrain. Further

meetings with the local Chiefs led to a decision to get an electricity supply and a borehole. The village Chief and another village representative were given the task of negotiating the borehole with the local representative of the Ministry for Water.

That was not as easy as it might sound! The rain had spoilt the road leading to the designated terrain so repair work on that had to be done to facilitate easy access for the other utilities.

The necessary materials to bring electricity to the place are being bought at the moment. Until now the main electricity supply stops about



Leapfrogging centuries of development – a charcoal fire on the verandah is the only means for cooking the dinner in the MMM community at Zaffé. Nearby stands the satellite dish that brings in TV channels from around the globe – when electricity is available!

5 km from the terrain of the new project, so 27 electricity poles and cable had to be acquired. A system needs to be put in place to prevent the poles from being eaten by termites.

The construction of the oxen shed is also under way. The oxen will help in tilling the land and preparing it for receiving the seed for growing.

Luckily, Fr. Nzamujo is at hand to visit the village representatives and help in the orientation of the project and to ensure collaborative work so that the villagers will continue to embrace it as their project and play their role in building it up. The project entails a lot of planning.

Sister Irene says: "Fr. Nzamujo's input to the village representatives helps in the orientation of the project and helps us to work collaboratively so that the villagers will continue to see it as their project and so will be able to play their role in building it up".

Moringa Cultivation at Zaffé



Like most MMM rural missions today, cultivation of the Moringa Tree is a priority at Zaffé. One of the world's most valuable plants, the Moringa has more than a dozen important uses, yielding several types of food as well as oil, wood, paper, shade, beautification and liquid fuel. A paste made from ground Moringa seed can be used to purify the dirtiest water in an hour. Every part of the tree can be used. Healthcare specialists working in the Southern Hemisphere are busily raising awareness about the benefits of this indigenous resource which flourishes nearly everywhere.

Gram for gram, Moringa leaves have:

- 3 times the iron of spinach
- 4 times the vitamin A of carrots
- 7 times the vitamin C of oranges
- 3 times the potassium of bananas
- 4 times the calcium and twice the protein of milk.



Sister Maura Ramsbottom

The early days of Songhai were difficult. Fr. Nzamujo recalls the support of his great friend, the late Sister Maura Ramsbottom:

"She is the one who believed in Songhai when it was still only a dream. She is the person I could most surely

rely on for a word of encouragement when things were tough. Her words kept me going as she urged me not to give up. She came often to visit us and I am so sad I was not able to visit her in Ireland before she died. I want to come as soon as possible to pray at the place where she has been laid to rest".

The success of Songhai was one of Maura's greatest joys. Fr. Nzamujo was not alone in finding in her the source of encouragement and advice in all sorts of projects.

Maura's inspiration in all she did sprang from her love and deep study of the Scriptures. Her thesis on the healing miracles of Jesus, presented at the Regina Mundi Pontifical Institute in Rome was entitled 'He Went About Doing Good'. She persisted through all her years in applying and developing her understanding of these studies. Her presence in Rome through the years of the second Vatican Council also gave her a remarkable understanding and love for the Church as People of

God, while being a strong critic of structures and rules that fail to serve God's People.

Sister Maura was born and grew up in Mountmellick, Co. Laois. Before joining MMM, she was a qualified and experienced Primary School Teacher. She had also studied for two years at the Dublin Municipal School of Music. She shared her gifts generously. She was a great leader and much in demand as a facilitator of conferences. She was deeply involved in development education. To young religious sisters and seminarians she taught Christology, Scripture, Liturgy and History of Mission. From the bottom of her heart she shared a deep love of our Benedictine tradition. She researched and established the MMM Heritage Pilgrimage in south-east Nigeria.

Maura was a real friend to many people. She revered the uniqueness of each person and had the ability to let each one feel special. If she had any preference, it was for the people of Nigeria, among whom she lived for twenty-six years and where she would like to have died and been buried. That was not granted to her, but up to a day or so before her final Call from God, the mobile phone kept her in contact with her friends and family all around the world who could not make it to visit her.

Her parting from us came on January 25, 2007. It was the feast of one of her great heroes, Saint Paul. She was buried in Drogheda on January 27, the anniversary of the death of Mother Mary Martin on whose writings she had been working during the last months of her terminal illness. People found it hard to imagine that Maura would not be around for ever. Her going has left us all with a great sense of loss. May she rest in peace.

Little Boy with a Precious Load

by Sister Josephine Keane

THE AMBULANCE was just ready to pull away after our regular HIV/AIDS clinic in Naanya neighbourhood when an 11-year old boy named Joseph cycled up and parked his bicycle by the tree. His little brother, Matthew, not yet 2 years old, was in a cardboard box on the carrier. The poor little fellow was very ill, suffering from severe malnutrition. Our staff were tired from seeing over one hundred patients that morning and were already on board our ambulance and ready to get home for their break, but they quickly disembarked and brought the baby indoors.

Hospital treatment was needed as little Matthew was so ill. A referral note was written to Kitovu Hospital Nutrition Centre, 50 km away. We gave Joseph money for the transport and the admission fee. He put the baby back in the box on the carrier and cycled home to get an adult to accompany them to the hospital. Matthew was several weeks in the Nutrition Centre at Kitovu before his weight became normal.

During this time his mother was instructed daily on his nutritional requirements. The Social Care Team discussed with her how she could be

Baby Joanne and her toddler brother Kagwe first lost their mother from AIDS. Their father was a witch doctor, and when he died there was no support from the local community. The children were taken by an uncle who already had four children of his own. When we went to see them the orphans were terribly neglected.

We talked to the uncle and his wife and made food available to all the children in family. We agreed to pay the school fees for their own children and the two orphans. They are visited each month by our Mobile Team and are doing very well now.



helped on discharge to ensure that his food energy requirements were met. This entailed the Mobile Clinic providing milk powder and soya over a period of time. Thanks to this good care, little Matthew is thriving today.



Daniel, pictured above, was referred to us by a Community Worker in our programme. On examination he was diagnosed to have advanced leprosy of both hands and feet. Already he had lost part of his fingers and toes.

We referred him to the leprosy programme at Masaka Government Hospital. On his return home he continued his medication under the supervision of our Mobile Team for two years. Special shoes were provided through the Government programme – we had to make sure he got them, as his home is very far from where they are made. While he will never regain the partial loss of fingers and toes, he has continued to do very well and further loss has been prevented. As a young farmer, with a wife and child to support, he manages to cultivate his small holding and is happy to be well.

Paschal and Pius and their little sister **Maria** missed their mother very much when she left the family. The neighbours said there had been some conflict between her and their father.

Then one day their father told them he was going to look for work. When evening came he failed to return. The children spent the evening looking down the road for him to come home. Days passed. The neighbours did what they could to comfort and care for the children. Then a neighbour brought the three children to our Mobile Clinic in Kamakuza, half a mile away. Our team went to the house to verify the situation.

The children were confused because one adult told them to do this, and another that. We listened to them and arranged for one person to come for four hours every day, paid by our programme. She would report on progress at Clinic days every two weeks. Some sense of normality returned for the children. She was a reference person for them and somebody we were able to deal with. She was also very glad of some steady income to help her own family situation.

After several months the father returned, stayed for a few days and went again. We agreed to pay for the older boy, Paschal, in primary school and as the others reach that age they, too, will be supported by our programme.





Health Workers have to cover many miles in the course of a week's work. They do home visitation and have a monthly meeting on the last Friday of every month at which they report to their Co-ordinator.

They are key people in our Mobile Programme as they bring to our attention any orphans who are neglected, children not attending school, people who are sick and unable

to attend our Clinics, people with chronic or terminal illness who need nursing care or social assistance – because of houses in very poor condition etc.

In Uganda there is no provision for social work of this kind in such remote areas as ours, so these people are working as volunteers. Most of them earn their living as farmers or have cottage industries, or may be retired

teachers or policemen. Their only material recompense is a bicycle, and reduced costs if they need medical care themselves. They welcome the chance for education through the training they receive. Their role in the community is greatly appreciated.

As they receive counselling and learn how to be counsellors their social standing is increased and they are highly regarded in their community.



ONE OF OUR Community Workers referred this family to us for a home visit. When we got there we found them all under a big tree. Immediately we could see the father had severe elephantiasis, with badly swollen legs. The mother was mentally fragile. There were eight children. Four of them aged 7, 5, 3 and 11 months were unable to stand or walk.

It so happened that we had a physician and a physio-therapist from the UK visiting us. We brought them to meet the family. They could find no physiological reason why the four younger children didn't walk. We referred them to the paediatrician in Kitovu who outruled any physical explanation.

Back home, we started giving them exercises – that meant holding them upright, getting them to stand, gradually trying to help them to walk. We employed a person to visit them twice each week to ensure they did their exercises.

The 7-year-old also had a hearing problem. He gained full mobility over 3 years, ungainly but mobile. The 5-year-old can stand up but likes to hold on to someone. For speed he prefers to creep. The 3-year-old has refused to make any effort to date, but we have not given up on him. As he is not mobile, he is the last to get food and has suffered from severe malnutrition which had to be treated at Kitovu Nutrition Centre.

The youngest boy responded from the beginning. In fact he initiated everything – I feel he saw me as a potential helper and never lost an opportunity. He now has full balance and walks very well and is ready to start school.

Our nutritionist has arranged supplies of food monthly and has taught the mother how to cook and supervises their nutrition levels. We employed another person to help the older children cultivate their small piece of land and ensure that they are able to grow their own food.

Honorary Fellowship awarded to a Doctor who Signposts the Way

Citation read by Professor Bill Powderly,
School of Medicine and Medical Science at UCD.

The prestigious Honorary Fellowship of the School of Medicine is the highest award that the School bestows on distinguished UCD Medical School graduates who have made major contributions to the greater world of medicine during their lifetime and, as a result, have brought honour and distinction not only to themselves and their families but to the UCD School of Medicine, their Alma Mater.

Sister Dr. Maura Lynch

was born in the Rebel County of Cork. At an early age she felt a vocation to dedicate her life to helping her fellow human beings and in 1956 she became a member of the Medical Missionaries of Mary. A particular attraction of this Order was its emphasis on ensuring that all its Sisters secured a professional qualification. And so it was that Maura Lynch entered the UCD Medical School in 1958.

Her outstanding academic record during those six years at UCD and St. Vincent's Hospital culminated in the award of an Honours degree in the summer of 1965. She was placed in the top three in her graduating class and completed her internship in Medicine and Surgery at St. Vincent's University Hospital. Subsequently, she gained additional clinical experience and took a Diploma in Obstetrics and Gynaecology from the RCOG in London in 1967.

Just three years after she graduated, she was assigned to Chiulo Mission Hospital in Angola in South West Africa where, for the next seventeen years, she shared the entire work of that 200 bed hospital with just one other medical Sister. The clinical work ranged across Medicine, Surgery,

Obstetrics and Paediatrics and had to cater for large cohorts of patients with TB and Leprosy – an extraordinarily onerous and exhausting work commitment.

But one of the outstanding characteristics of Maura Lynch is her indefatigable drive, her resilience and her innate good humour, all nurtured from her early days growing up in County Cork. She became intensely involved in nurse training in Angola – because of her conviction that the leaders of clinical care in that troubled country would best come from the talented members of the local population.

It was also around this time in the early 1980's that she realised some of the limitations of her generalist training, particularly when she was confronted with cases requiring complex surgery. So, twenty years after she had graduated, she took on the daunting task of training to be a surgeon. She returned to Ireland for two highly intense surgical training years. She quickly readapted and, given her academic pedigree, effortlessly took the Fellowships of the Royal Colleges of Surgeons in Ireland, the UK and Scotland in the fastest possible time – a remarkable achievement.

She then returned to Angola, but due to the unstable political situation and the turmoil of a serious civil war she had to leave. But she was not to leave her first love – Africa. She was assigned to Uganda and there, in Kitovu Mission Hospital, she took up duty in 1987 as Consultant Surgeon/Obstetrician Gynaecologist. Her particular achievement in the

subsequent twenty years that she has spent in Uganda has been the pioneering Obstetric Fistula Repair Programme that she introduced with the help of colleagues from the UK. She had identified post-Obstetric Pelvic Trauma as a huge medical and social problem in Africa.

As a result of seeing at first hand the physical, psychological and social isolation endured by African women, she became a champion of Dignity and Justice for Women in the Developing World. She saw this as one of her life-goals and she was responsible for conducting over a thousand vesico-vaginal fistula repairs between 1993 and 2007 – an astonishing record that one can confidently say will never be bettered. The transformation of African women's lives achieved as a result of her expertise is incalculable.

She also had a passion for transmitting the knowledge that she had gained. She pioneered highly innovative training programmes in Obstetric Fistula repair for Ugandan doctors and nurses. In the deprived environment of Uganda she involved herself in tireless fundraising which resulted in the building of a unique Obstetric Fistula Unit in Kitovu Hospital which was officially opened in April 2005 and received special recognition by the Ministry of Health in Uganda as the first Training centre in Uganda.

Indeed, she was to gain numerous national honours in Uganda as a result of the profound gratitude of the Ugandan Government and people for her lifetime contribution to human welfare in the country. She was granted an unprecedented 'Certificate of Residency for Life' by the Government of Uganda. Remarkably, when Uganda's President Museveni came to Ireland on a State visit, he requested that Sister Maura be invited to the reception in Dublin Castle. In his public speech there, he referred to her by name as somebody who had made a huge contribution to medical services in his country.

Maura Lynch would probably be the first person to get slightly uncomfortable about hearing, in a public forum, of her achievements. To those who know her, she is extraordinarily unassuming and modest – despite the immense nature of her contributions and achievements.



Dr. Hugh Brady, President of UCD with Sister Maura Lynch.

She is a delightful person who doesn't stand on ceremony. She is hugely respected by her professional colleagues both in Africa and in the greater world. Her African patients and fellow workers regard her – not with awe – but as a dear and close friend.

Anyone who has met her will attest to her extraordinary good humour, her great wit, and her love of fun. Anyone who has seen her gyrate to African rhythms on the dance floor knows her huge energy and love for life. It is no wonder that her extended family and large circle of friends gathered here, are so proud of her and love her to bits for what she has done – what she continues to do – and most of all because of who she is. I am sure the UCD Medical Students that she so generously hosted in Kitovu Hospital on their international electives will endorse these sentiments.

Life has not always been easy for her, she has had to deal with adversity in her life which she has accepted cheerfully, fortified by her profound religious faith. Serious impairment of vision has afflicted her in recent years and, at one time, even threatened her surgical career. In spite of all of this, she has continued her extraordinary work that has contributed so much to the relief of suffering.

The UCD Medical School is privileged to confer on Sister Dr. Maura Lynch its highest award, Honorary Fellowship of the School, in recognition of her lifetime work of service dedicated to the people of Africa, and the causes of women's rights. Maura, your Medical School is rightly proud of you and we hope that new UCD graduates, this year and in years to come, will be inspired by you and all you stand for, and prompt them to make their contribution in the service of mankind along the path signposted so dedicatedly by you.

In accepting the Award, Sister Maura replied:

"As I accept the Fellowship of Medicine and Medical Science in UCD, I feel privileged to do so and humbled that you have chosen me to be the recipient of such a distinguished award.

Tonight you honour not only me but also my family. Besides me you have honoured my Medical Missionaries of Mary Sisters who have formed and encouraged me over the years. Not least you have honoured my beloved patients, staff and colleagues in Uganda and Angola where I have practised over the last 40 years of my professional and missionary life.

As I grope for words of gratitude the words of thanks in our own language, in Gaeilge come to mind, they are words of blessing on you all – *go raibh míle maith agaibh go léir.*

This year marks a special milestone in the history of UCD with the recent farewell to Earlsfort Terrace. I have many happy memories and feel proud of having been part of that history.

Many things have changed since then. But the reality of life in Africa where I have ministered for the past 40 years still revolves around people who remain poor, many being destitute and marginalized, not having even the basics of a decent standard of living and because of poverty and deprivation suffer many diseases and afflictions which are no longer experienced here.

I focus on the new graduates and congratulate you on your achievement. Today you have received a mandate – to go forth and use your skills and gifts and bring holistic healing to all who are in need. Being a doctor is a very privileged and sacred position in society. Everywhere our fellow human beings look to us for health and healing at their most vulnerable moments. They trust their lives to us and that is a great privilege. We must never betray that trust. You stand on the threshold of an exciting but challenging life. May you be empowered by your calling to serve others and I invite you and encourage you to remember that your skills, your knowledge and your experience are for sharing. You will never regret spending some of your energy in helping to develop and provide and improve health services for the poor and deprived of the developing world. I have welcomed medical students to Kitovu Hospital in Uganda where I have served for the past 20 years and look forward to the day when we can liaise with the Faculty of Medicine and Medical Sciences to welcome post-graduates to reinforce their experiences and at the same time provide expert training for our young doctors and paramedical staff.

And finally a few words for reflection from Oscar Romero:

"We are workers, not master builders, we are ministers not messiahs, we are prophets of a future not our own and the greatest use of a life is to spend it on something that will outlast it".

Another Kind of *Energy*



Article written by
Sister Elis Weber

Sister Bernadette Freyne, Leader of our Motherhouse communities, moves among the visitors
on one of the many days of celebration at Beechgrove.

OUR MOTHERHOUSE
at Beechgrove, Drogheda,
is home to more than ninety
Sisters, the majority of whom are
retired. Almost all have been on over-
seas mission during their active years.

This house, for many decades gone by,
reverberated with the life, enthusiasm
and the *joie de vivre* of youth. Sisters
went in haste, bringing healing to less
fortunate people in under-developed
areas of the world, returning home
some years later, worn out after a
hectic tour of duty. A few months
passed and they were away again.

Groups of new recruits came annually
to join in this unprecedented upsurge



Our Congregational Leader, Sister Margaret
Quinn, with Sisters Eithne Walsh and
Chinyere Anyaorah.

of vocations. At that stage, no one
thought that things could or would be
different.

Today, our Motherhouse is alive with
another kind of energy – which moves
at a different pace, a different tempo.
The visible and adrenaline-stimulating
challenges of active, missionary life
have been replaced by invisible, less
obvious, but equally challenging
difficulties of age-related
diminishments.

There are the silent struggles, the
vulnerability that comes with bodies
that will not cooperate, the adaptation
from highly successful professional
people to the helplessness that can
come with age.

The Sisters now retired at our Mother-
house spent their younger years saving
lives in often dra-
matic circumstances.
They helped combat
leprosy, TB, measles
and a host of other
illnesses through
education, hygiene
and vaccination
programmes. They
came to grips with
the most recent
scourge for the
human race, AIDS,
and have been
instrumental in
removing the stigma

of AIDS and in making treatment
available to the most abandoned.
They were on the front line of action.

Contemplative Aspect

Today, the contemplative aspect of the
MMM vocation is more in evidence in
their lives. Their days revolve around
the Eucharist and the Divine Office.
Faithfully, often painfully, they make
their way to the Oratory to worship
the Lord at Mass and praise God in
the psalms.

Adapting from the small, intimate
community of our overseas missions –
where each one has a clear-cut
role – to the larger community of
ninety or more is a gigantic task.
The cultural transition can be very
difficult. Retirement for a missionary



Sisters Fidelma O'Shea, Winnifred Newell and Aileen Doggett with
Mary Hughes and Associate MMMs Mary Coffey and Phyllis Rooney.



Sister
Brigid Kavanagh



Sister
Sally Davis



Sister
Margaret O'Connor



Diamond Jubilarians: Sisters M. Declan Doyle, Majella McKernan, Monica Prendergast, M. Berchmans Roche, M. Joachim McGuinness, Eileen Keogan.

also means getting used to the loss of the clear blue skies of the Southern Hemisphere and the long dark winter evenings of Ireland. All of this takes time.

But our Motherhouse at Beechgrove is full of Good Samaritans! Sisters who are fractionally stronger help out their weaker neighbours with things which are difficult – like tying shoe laces, fastening stubborn buttons, cutting toe-nails, helping each other feel at home.

Missionaries coming on leave play a big part in the life of the Motherhouse. They come home exhausted but aglow with stories of new ways of bringing the Good News to those in need.

No longer called to work in huge hospitals, they now minister to smaller groups – orphans, prostitutes, people torn by hatred. The need for healing is as real today as it was when Mother Mary Martin had her original dream. In these times, the way to realize this dream is different.



Sisters Rosaleen Levins and Edel Weir

*Be grateful for your sisters who are old.
Be open to them that you may learn from them.
Their serenity and peace speak to you
of God's faithfulness.
Their wisdom, born of experience,
and their sense of humour
tells you about the world, about life.
Life is not something to be grasped
but a gift, always new, to be received and shared.
In a world orientated towards power and success,
a world which tends to consider people
only for their achievements,
they reveal to you the true meaning of poverty
and of rootedness in Christ.
To be is more important than to have,
to be for Christ, rooted in Love,
is more important than to do.
And when they are no longer preoccupied
with their own usefulness,
they render a service which was not planned:
they become teachers.
They teach you about your illusions of immortality,
and invite you to enter into creative contact
with your own ageing.
Ageing is no longer to be feared:
it is the beginning of a promise,
the promise of a new life
the fulness of God, who is All.
Only in the depths of your heart,
in quietness and prayer,
will you discover your own capacity
for the Light, Life and Love
that is the fulness of God.*

(Draft of MMM Constitutions, 1978)

Wisdom Filled

These Sisters at our Motherhouse are not just retired missionaries. They are wisdom-filled – a wisdom which increases all the time. Their inner life grows stronger, even as their physical life gets weaker. Their relationship with God becomes more profound. They are the silent heroines, whose struggles are known to God alone.

Above all, our Motherhouse is a place of welcome, a centre for prayer. This community shows MMM at its best – offering hospitality, both on big occasions like Jubilee celebrations and funerals, and on a day to day basis, with simplicity and sheer practicality.

Age is no deterrent to living the life of an MMM as Mother Mary Martin envisaged it. The sparkle of active ministry is over, but the warm glow of all that is best in MMM is very much in evidence.



Sister Patricia Kelly



Sister Marie Conlon
is Director of our
Motherhouse choir.



Sisters Maureen O'Mahony and Trinitas McMullan



Sister Jean Eason, Zonal Co-ordinator for MMM
in Europe, with Sister Bernadette McConville.



Sister Patricia Byrne
is Secretary to our
Motherhouse
Administration Team.



SISTER Kathleen Donnelly has seen huge changes in Mukuru since she first went there in 1998. Our Health Centre had been opened in this enormous slum in the Embakasi District of Nairobi in 1995.

For sure, the population of the shanty neighbourhood has swelled since then, estimated now to be around 700,000, living in an area of 54 sq. km. It is a very mixed population. The people of the Wakamba tribe form the biggest bloc, after that the Luo, Luya, Kikuyu tribes. There are also many refugees from Somalia.

Sister Kathleen tells us:

“The health of children is certainly better now. The mothers are coming to the Clinic regularly. They see the value of vaccinations for the health of their children. We see fewer children underweight.

The hardest thing is the fact that there are still a lot of people who are very, very poor. There is lot of abuse of drugs and alcohol which so often means the children become neglected.

On the other hand, there is also a lot of progress regarding what people are trying to do for themselves. We try to encourage everyone to contribute what they can to the cost of running the Health Centre. When I went there the local contribution only amounted to 2% of the costs. We have seen it go up slowly each year. Last year it had reached 43%. It will never be totally financially viable.

Seminars with the young people are also a very positive development. It is encouraging to see the young people taking responsibility for their health and making life choices that are

Changes for the Better in Mukuru



Youth group organise environmental clean-up.

healthy. That is the main aim of our teaching.

We know that over 10,000 people among the population of the slum have HIV infection. We are doing a lot of work to prevent mother-to-child transmission, as well as helping those who are infected to live positively.

We also see a big change in the hygiene. One of the youth groups has started a project giving out bags and collecting rubbish. We gave them some money to get started. Some shops also pay them to call and remove their rubbish and this is income-generating for the young folk, even if it is very small.

Public latrines have been installed by the Chiefs and that has contributed to better cleanliness in the whole place.

Our rehabilitation programme for people with disability is also going well. Those in need of help are assessed and helped to get surgery or placement in special schools. We currently have 40 children who are deaf or blind in different schools.

One young man who had polio was crawling on the ground. We helped him to get surgery and gave some money to help him train as an accountant. When he was on a placement with MEDS (Mission for Essential Drugs and Supplies) they were so happy with his work they offered him employment when he finished his training.

For me, the greatest joy is seeing people taking initiatives for themselves. A few have done quite well selling charcoal or vegetables. One woman who had been very ill came to us for help. We got some money to help set her up in a small shop in the shanty town. She has built up her business and is now employing her husband. It is these small successes that are really encouraging.



Mukuru Health Centre team

Centenary of Venerable Edel Quinn



1907-1944

The story of Edel's heroism as an Envoy of the Legion of Mary in East and Central Africa is well known. She died on May 12, 1944, having battled with TB – to the great sorrow of her fellow Legionaries and the many missionaries who valued her work for the Church.

Edel's calling and that of our foundress, Mother Mary Martin, intertwined from time to time. Edel lived in different parts of Ireland as a child. By the time she was a young adult her family lived in Monkstown, in the same parish of St. Patrick's where the Martin family lived. The two future missionaries knew one another. Edel later wrote from Malawi (then Nyasaland) asking Mother Mary to consider staffing a mission there that urgently needed to open a health centre.

Though both women were of frail health, they lived the rough-and-tumble of missionary life to an amazing degree. With the serenity that only faith can bring, both overcame enormous obstacles to achieve the work to which they felt called.

Edel left her home in Monkstown and sailed for East Africa on 30th October 1936, just two months before Marie Martin sailed for Nigeria.

On April 4 1937, Marie Martin, while very ill in hospital, made her profession of vows in Nigeria – and so MMM was founded. On that very same day in Nairobi, Edel was in a position to found the Legion's first African Curia – the Council which federates and governs a number of Praesidia of the Legion of Mary.

On the same day the first Acies of the Legion in East Africa was held in the Church of St. Peter Claver – the Acies is an annual function at which Legionaries come together to renew, individually and collectively, their consecration to Our Lady.

At that particular Acies there were present not only African Legionaries, but also Europeans and Indians. Fr. Anselm Moynihan OP, the vice-postulator of the cause of Edel Quinn for Canonization, points out that it was the first occasion on which the different races had come together for a religious purpose. It was indeed a historic day for the Church in East Africa, as well as a great joy and encouragement for Edel herself.

Edel Quinn died in Nairobi and is buried in the Missionaries' Plot at St. Austin's Cemetery. In that same Plot, Sister Rosetta Furlong was buried on May 1, 2007.



Sister Rosetta Furlong

On Thursday, April 26 2007, Sister Rosetta left the Mission at Lodwar in the Turkana Desert as usual to travel with her staff to one of the 26 outreach clinics which she visited twice each month. She was Co-ordinator of the Diocesan Public Health Programme for the area.

She returned home around 4 p.m. No one could have realized that it was to be her last safari. As usual, she and Sister Kathleen Crowley sat down for supper. Towards the end of the meal Rosetta simply said "I've got a bite, I'll go and put something on it".

There was no sign of what had bitten her. The Sisters sat outside on the veranda and said Evening Prayer as they did each evening. By then the bite was getting very sore and she said "I have the symptoms of a bite from a hunting spider." She knew, because she had successfully treated many people who had been bitten.

Treatment was started immediately and she was helped to bed as paralysis was beginning to set in. Two Spanish doctors who were working at the nearby District Hospital came to supervise the treatment. Rosetta remained calm and fully aware of all that was happening. Sister Kathleen stayed with her all through that night.

The doctors came again next day and her nursing staff helped with the intravenous fluids. By evening the paralysis was diminishing. She was alert and taking phone calls. Bishop Harrington called to visit her from the mission nearby. Everyone was happy to see that she had improved.

But during the night, to everyone's great shock, she suffered a heart attack and efforts to resuscitate her were unsuccessful. News of her death spread like wildfire. The people came from all around to pray. Due to the extreme heat of the desert, it was necessary to remove her remains by air to Nairobi, and many local people accompanied her to the airstrip.

Six members of her devoted family, including her sisters Kathleen and Nancy, travelled from Wexford to be present for her funeral Mass at St. Austin's church in Nairobi, and for her burial in the Missionaries' Plot at the nearby cemetery, close to the spot where the famous Legion of Mary Envoy, the Venerable Edel Quinn is buried.

Sister Rosetta's missionary life in Kenya began in 1978, after she had completed six years as a staff nurse at the Clinica Mediterranea in Naples. In Kenya she worked at the Turkana and Rift Valley missions of Lokitaung, Aror and Nakwamoro before her latest assignment in Lodwar. She is lovingly remembered, not only by her family, but by all who shared her missionary work and by the people who are alive today because of all she did to help them. May she rest in peace.

Achieving Health Centred Development in Rwanda

By Robert Sherriff

IN AUGUST a team from the Irish Aid Agency Gorta visited Kirambi in Rwanda where MMM's Sister Helen Spagg is running an outreach integrated development programme in the local area. In this article Bob Sherriff, Chairman of the Gorta Programme Committee describes how their five day visit went.

On arrival into Rwanda at Kigali Airport the first image to strike you as the plane lands are all the hills. The land of a thousand hills is a true description but one that is reinforced immediately on arrival. Kigali itself is a massive sprawling city made to seem even bigger by the fact that it is built over a series of hills. Travel is also influenced by the hills and in transit you are literally always either going up, going down or going around a hill.

Kirambi, where Sister Helen is carrying out this important people-centred development work, is situated approximately 2½ hours south of Kigali or about 1 hour north of Butare in the South of the country. The mission in Kirambi is a haven in what can only be described as a very poor district. Creature comforts such as electricity and telephone are not available but running water is not



regarded as a major problem. The mission includes a very well run Clinic where Sister Goretti also an MMM nun from Uganda is doing a super job as head matron, dealing mainly with TB/Malaria/and non surgical cases. She is ably assisted by recently graduated Sister Jackie also from Uganda. Sister Jackie will not be staying in Kirambi much longer as she is awaiting her visa to start her work in Angola.

Serious injuries are referred on to another hospital 1½ hours away over a very bumpy uncomfortable road.

The outreach programme run by Sister Helen and local counterpart Teresa was what the Gorta team came to see and to say that they were impressed would be a complete understatement. The programme focuses on training and empowering people through knowledge to improve their lives. This doesn't just focus on agriculture and improvement of yield and thereby food security. It has a much broader aspect which is an example to development programmes all over the world. The programme also includes components such as Food Preparation, Hygiene, Trauma Counselling, HIV/AIDS testing, HIV/AIDS follow up including Antiretroviral drugs and nutrition.

Also included in the programme is an Education For Life module which targets young people and trains them to better look after themselves both

Monitoring weight gain at child welfare clinic.





Agricultural training programme.



Role play at Education For Life programme.

morally and physically and in broader context to use this knowledge to better their communities. This component of the programme is part of the *Capacitar* approach to holistic healing.

There is also cross referencing between the different components of the programme. This means that a person doing the agricultural training programme will get some exposure to AIDS awareness or Education For Life and some of the other aspects of the programme. This is a tremendous strength of the programme.

The visiting team travelled to some of the villages where the various trainers were in action carrying out training classes and it was empowering to see

the competence and professionalism exhibited by the staff in their essential work in their various roles.

The programme is achieving tremendous results on all points. Examples from Agriculture included some participants quoting increases in yields from 15 kg to 60 kg over a given stretch of ground by adopting improved farming methods learned at the training modules. The nutrition and hygiene module includes a Mother and Child scheme which includes weighing children at 5 weeks of age and monitoring their progress by teaching mothers how to better the nutrition of their infants in order for them to achieve correct weight gain.

In the area of Trauma Counselling, HIV/AIDS and Education For Life the team heard harrowing stories of genocide and young families orphaned through AIDS and the effect of ethnic confrontation. The integrated approach towards coping with these huge issues is an essential strength of the programme.

The programme also uses the DELTA technique to help disseminate the information out to the widest audience possible. This process involves training volunteers in each group to act as facilitators for the group and they organise meetings between the times that the project staff can manage to revisit the areas.

It was particularly pleasing for the visiting Gorta team to be present when



Presentation of Agricultural Certificates.



Christmas card making at the health centre.

180 young trainee graduates were being presented their Certificates for completing an 18-month agriculture course. The scenes of unbridled joy and enthusiasm were uplifting and the vitality of the dancing and singing of the groups needed to be seen to be believed. It was a privilege to be there.

Another group the programme was trying to assist is a much marginalised tribe in Rwanda called the Batwa tribe. This tribe are a pigmy tribe who would be regarded as the poorest of the poor in Rwanda. The process of development with this marginalised people is much slower than with the other groups but progress is being made and it is essential this work continues.

The Gorta team – which also included William Keyah, Gorta's Africa representative based in Kenya and Martin Crowe an Optician from Ireland – were highly impressed with what they saw in the work and diversity of the programme. Health as the central theme of the programme is the cornerstone for a diverse rural development initiative. We wish Sister Helen and her team all the best in her work in the future and look forward to continuing cooperation between Gorta and Sister Helen, Teresa and all the team in Kirambi. The staff met during the visit are all highly impressive people and their professionalism, ability and all round enthusiasm for their work was undoubtedly a major part of why the programme is so successful.



Nutrition and hygiene training.

Emotional, physical and spiritual Roller Coaster

By Mick Joyce and
Josephine Fitzgibbon

WHEN OUR FRIEND, Sister Helen Spragg, invited us to visit her at the Kirambi MMM community in Rwanda, we readily agreed. That was in late summer 2006. Imagine our excitement on July 10th 2007 when we eventually made it, arriving into a warm embrace from the sisters who greeted us at Kigali airport. We had been in Africa before – Josephine was in Cameroon and Kenya and Mick had been in Zambia – and it was lovely to experience again the constant movement, the variety of colourful clothing and the ongoing bustle of everyday trading on streets and roads.



Sister Helen greets a women of the Batwa tribe.

Our visit was an emotional, physical and spiritual roller coaster. As we were leaving on August 4, there was an image of a bucket, filled to the brim with deep experiences of hospitality, pain, compassion, poignancy, hope and courage. Indeed, one of the first words we learned in Kinyarwanda was *Komera!* – Courage! How appropriate this greeting is in a country where people are still remembering their personal tragedies from the genocide. The *gacaca* – the local court system which was established to speed up trials relating to genocide crimes – is still going on in every area. So there are regular reminders and, on those days, you can see the signs of grief, bewilderment and pain etched on peoples' faces.

But there is also hope. And, for us, the MMM mission at Kirambi is a beacon of light, courage and hope. Nestled into one of the many beautiful and undulating hillsides in south-west Rwanda, our first impressions of Kirambi were of a backwater village, a 45 minute journey off the national road grid on a barely accessible road.

Beyond the school and church, there is a cluster of buildings, home to the MMM community, the health centre and the outreach coordination centre.

First, a word about the community – Sisters. Helen, Goretti and Jacqui. They were welcoming and warm-hearted as well as refreshingly alive with humour, honesty, compassion and determination. It was a lovely energy. We found ourselves falling easily into the rhythms of morning and nightfall, simplicity and discussion – even if the challenges of the work and the aftermath of genocide were never more than a breath away.

In the course of our visit, we accompanied Helen and some of the

staff on several outreach visits. We will never forget the lostness and confusion in the eyes of two brothers living alone, the twelve year old caring for his five year old sibling. It was clear that the mission team were, in effect, parenting these boys, letting them know that they were not abandoned. We were relieved to learn – after our return to Ireland – that their father is now out of prison and relatives, who had previously refused to care for them, are now willing to take more responsibility.

We also visited a home where a twenty year old man was parenting four younger siblings on his own. There were several cases where housing was a priority. Walls were cracking and roofs were collapsing, and we are thankful that some of the funds we raised will help to alleviate this suffering.

We were privileged also to see the work of the MMM with the Batwa community, a minority and marginalised group. They meet with them



'We will never forget the lostness and confusion in the eyes of two brothers living alone.'



The authors with Trauma Counsellor, Claudine and Social Worker, Vardienne.



Mick and Josephine present the fruit of their fund-raising to Sisters Helen, Jacqui and Goretti.

regularly and help them to resolve conflicts and improve their methods of cultivation and standards of hygiene and healthcare. It was really uplifting to witness the obvious affection that this community has for the MMM team. When we were there, the community leader said: "We're sorry that we cannot offer you food... but we will dance for you".

And what a dance!

We are both psychotherapists and facilitators and were keen to see an important programme for 15 to 25-year-olds which was beginning in Mweya, about an hour's drive from Kirambi. It is called Education for

Life and we sat in on an early session facilitated by Xavier and Vardienne who are members of the project team. It was very moving to witness the sensitive mix of skilful listening and gentle exhortation that allowed this vulnerable group of orphans to begin to share their stories in a setting that was genuinely supportive and encouraging. Another programme centres around agriculture and helps young men and women to improve their skills not only in this area but also in health awareness, personal growth, sexuality and AIDS prevention. As it happened, we were around when this latter group graduated after 18 months and we

celebrated with them at a special ceremony shortly before we left.

The other important strand in this integrated approach by the MMMs is the core work at Kirambi Health Centre. This is directed by Sister Goretti and her dedicated team. Here they tend to the health problems of the local community with energy and compassion. They were truly living out the MMM motto: *rooted and founded in love*.

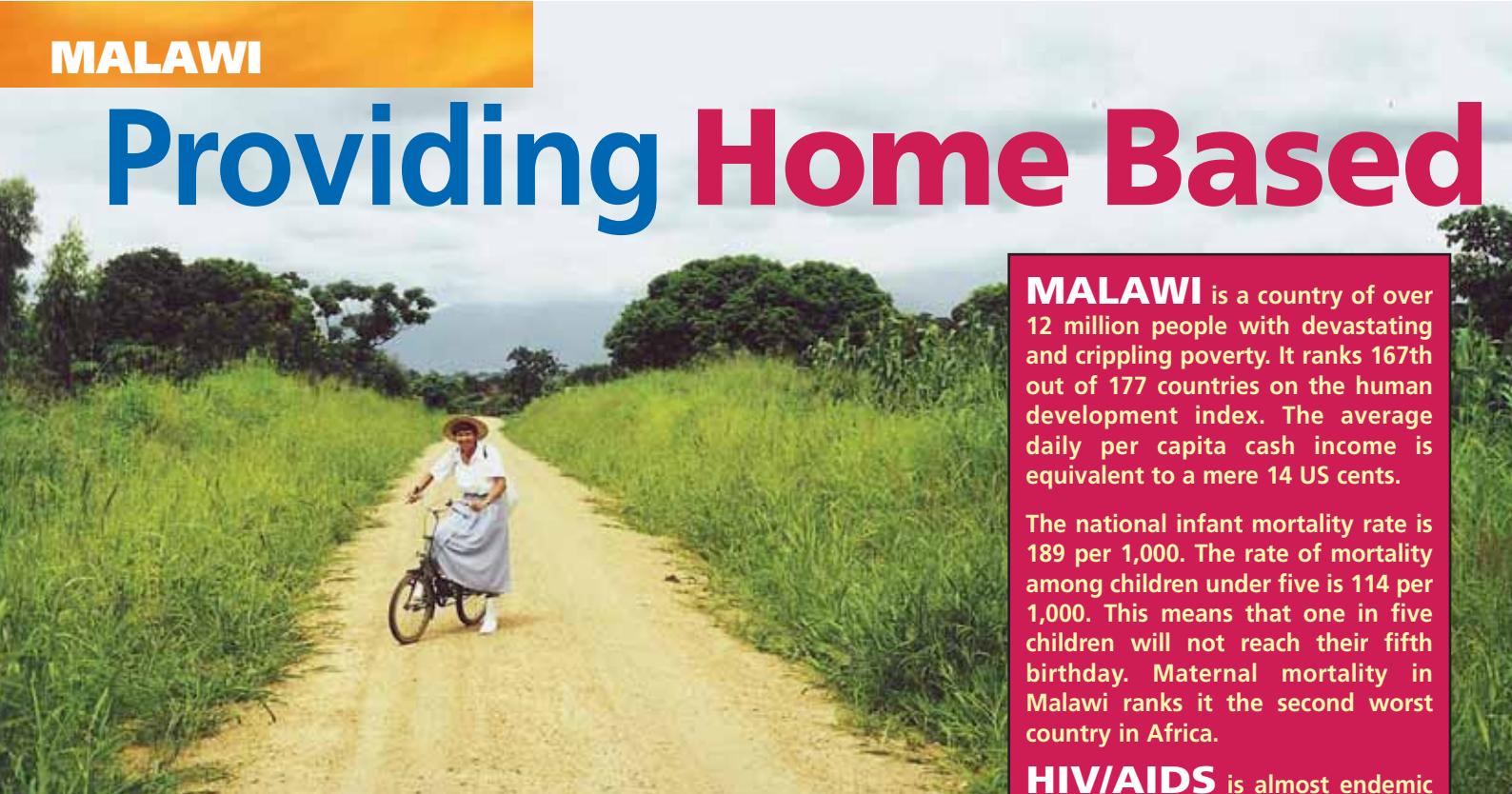
Our trip to Rwanda was the realisation of a dream we had both been harbouring, of returning to Africa some day. While this visit lasted less than a month, it has touched us deeply and we have no doubt that we will continue to experience the reverberations of what was, for us, a truly memorable experience. Hearts and purses were opened in an outpouring of generosity as we started to fundraise and we were reminded of the words from Ecclesiastes: 'There is a time for every purpose under heaven.' We were, as we like to say, aware of being part of a bigger plan and of the rightness of what we were doing.

What a privilege it was to make this trip, not just to a place, a country, but into the very heart of things. Differences fell away as heart connections were made and we were reminded once again of our common humanity. In this place, which happened to be MMM Kirambi, we were welcomed into the daily reality of people's lives as they worked, prayed, wept, laughed and celebrated together.



'Walls were cracking and roofs were collapsing, and we are thankful that some of the funds we raised will help to alleviate this suffering.'

Providing Home Based



MALAWI is a country of over 12 million people with devastating and crippling poverty. It ranks 167th out of 177 countries on the human development index. The average daily per capita cash income is equivalent to a mere 14 US cents.

The national infant mortality rate is 189 per 1,000. The rate of mortality among children under five is 114 per 1,000. This means that one in five children will not reach their fifth birthday. Maternal mortality in Malawi ranks it the second worst country in Africa.

HIV/AIDS is almost endemic now. Some 15% of the adult population carries the virus and close to half a million children under 14 have lost their parents to the pandemic.

Like all countries in sub-Saharan Africa, malaria continues to be a major cause of mortality. In an attempt to control and reduce the incidence, a Mosquito Net Project has been introduced by the government, and MMMs and their staff are actively involved in this initiative.

is followed at intervals with various upgrading courses”.

In addition to the trained Volunteers who provide the Home Based Care, another essential member of the health-care team is the Health Surveillance Assistant seconded by the Government. People gather in the shade of a large tree to learn about topics such as malaria prevention and

NOBODY DOUBTS that the place to provide the best form of care for the chronically ill and the terminally ill is at home. In a country like Malawi, where there is a serious shortage of trained doctors and nurses, this is all the more true. And where there is a strong tradition of family values, it is not difficult to find carers and volunteers who can be trained to provide the services needed.

Sister Cecily Bourdillon is the MMM doctor responsible for a network of Home Based Care services in seventy six villages. These villages have an estimated population of 22,544 people

living in 5,633 households. The villages are scattered throughout the Shire River Valley within an area of about 200 sq. km.

Sister Cecily tells us:

“Villages are clustered into Centres, each centre having a trained Home Based Care volunteer. Initially, the volunteer attends the Health Centre at Chipini for a basic introduction. This covers essential information on how to help families care for children or adults with a handicap, care of the chronically ill, those with cancer and the elderly. We also provide essential information on HIV/AIDS

and how to pass on this information in the villages where they serve. This initial training



Bicycles get Home Based Care Volunteers from village to village.



Chipini Health Centre

Care to 76 Villages



The River Mausie - a tributary of the large River Shire – has to be crossed to reach most of the villages in the catchment area.



Everyone is happy when Elina walks again after a stroke.

treatment, HIV/AIDS, rehydration and nutrition. After the lecture, children are weighed, screened and vaccinated.

The MMMs at Chipini have funded bicycles for Home Based Care Volunteers, providing two bicycles for each cluster of villages. At present the bicycles are used to get the Volunteers from village to village on their rounds of mercy.

As they visit the homes, the Volunteers assist the family members in their care of the person who is ill. When they see that a visit from the doctor is needed, they inform Sister Cecily who arranges to call.

Soon it is hoped to complete the purchase of 'bicycle ambulances' that will enable the Volunteers to ferry some patients to the Health Centre for medical attention.

Sister Cecily says Home Based Care provides great satisfaction for everyone – both patients and carers alike: "It brought great satisfaction and joy to everyone involved when Elina learned to walk again after a stroke. The care provided by her family members, supported by the Home Based Care Volunteer in her village and the staff at the Chipini Health Centre all meant this young mother could resume a normal life again".



Some of the graduates of UCD Medical School on the 50th Anniversary of their graduation.



Sister Ann Ward obtained her Fellowship in Obstetrics & Gynaecology and spent almost her entire adult life in Nigeria where she pioneered surgery for the correction of vesico-vaginal fistula and established a dedicated Unit for this treatment, receiving several international Awards.



Sister Deirdre Twomey obtained her Fellowship in Obstetrics & Gynaecology. She spent many years at Afikpo in Nigeria before moving to Abakaliki, where she continues her consultancy work saving the lives of mothers and infants and is dedicated to passing on her specialist skills to younger doctors.



Sister Maura O'Donohue specialised in Public Health. After fourteen years in Ethiopia, she embraced the challenge of HIV/AIDS and served with CAFOD and the Catholic Medical Mission Board – work which took her to 71 different countries. Today she is working with the campaign to prevent trafficking in women and children.

A Day in the Life of **FELIX**

by Sisters Joanne Bierl, Rosalinda Gonzales and Renee Duignan

THE NIGHT THAT HURRICANE FELIX WAS HITTING NICARAGUA, we had a meeting of one of our Health Committees in a nearby community here in the north of Honduras. It was raining heavily and everyone was worried.

Felix had developed quickly over the deep warm waters of the southern Caribbean. The news was reporting that sixty-five people were dead or missing from coastal villages near the Nicaragua-Honduras border. Coastal communities were at great risk. We wondered how we would be affected here in the highlands as Felix moved northwards.

Solidarity – the feeling of being together – helped us all deal with the fear and uncertainty.

Two of our members arrived home to find their roofs gone and many of their possessions destroyed by the rain. They are now picking up the pieces of their lives with such a spirit of faith – not a sign of self-pity, but simply an acceptance of what is and gratitude that it was not worse.

The following day was eerie. Life continued for all, but there was a feeling of expectancy.

Joanne went to an AIDS hospice to work as she usually does on a Wednesday morning. This hospice is part of a network called 'Pastoral Buen Samaritano' (Good Samaritan Ministry) which brings together all the people in our diocese who are working in the area of HIV/AIDS.

It took two hours to get to the Hospice because of the flooding and the strain on the bus system. The morning was spent cleaning up after the flooding of the entire Hospice. All the patients had to be moved to a nearby school which agreed to take them for a few days while we all dealt with Felix. Some of the patients were so ill it was hard to move them. Others tried to

help and entered into this adventure with good humour.

Here in Honduras people care for each other. Many volunteers came to the Hospice from the local community to help, in spite of the worry about their own houses. There existed in that moment a great generosity of spirit.

Meanwhile Renee and Rosalinda and two members of our team went to the Prison in San Pedro Sula. The wonderful folks working in the Prison ministry are also a part of 'Pastoral Buen Samaritano'. We had been

invited by the people in charge of the prison ministry to help with some alternative methods of relieving stress as many of the inmates resort to drugs.

The little group stood around in a Circle of Prayer with sixteen prisoners and began with Psalm 139, read by an Afro-American from Colombia. All took some time to reflect on the Word they had just heard.

Renee said her thoughts took her around the circle. The reader is here for murder, the man on her left for drug dealing, the one on her right for



Whenever Health Committees meet, inevitably there are many small children attending along with their mothers, so preparing activities to keep them happy is part and parcel of the day!

robberies, a number in the group for organized crime and so on. She realized these people are here at the Circle of Prayer because they want to change. She was aware that she was labeling them and wondered what Jesus would call them! And what would he call us? There is a great leveling in prayer.

Rosalinda led the group in a session of Tai Chi, explaining the origin and the steps. Our team did a guided meditation to the movements. This was followed by the total participation of the group and everyone entered in and took great delight in the 'dance' of Tai Chi. We look forward to continue to work with the group.

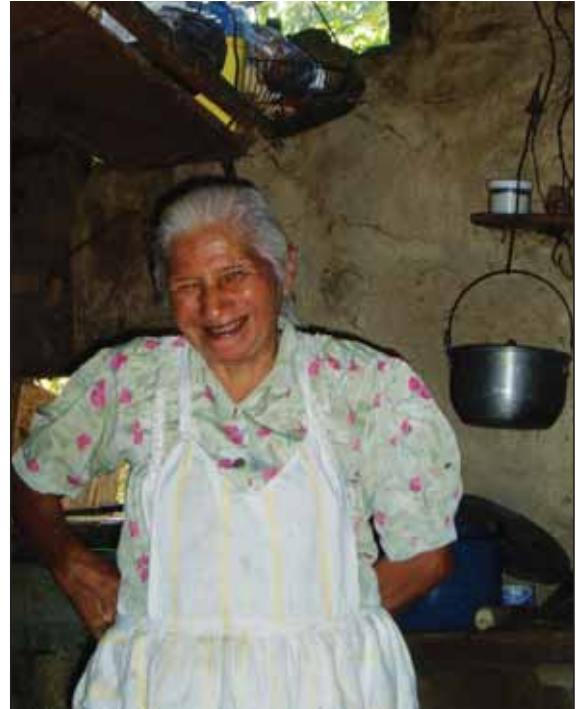
It was our first visit to the prison which has over 2,000 inmates. Many were busy cleaning up after the floods left from the torrential rains caused by Hurricane Felix the night before.

Leaving the room after the session, we passed workshops, a cafeteria, various small shops and a bakery – all run by the inmates. Life was going on as usual within these prison walls! We were aware that we left a small oasis of peace in the midst of the stark reality

of an ugly crowded area which resembled the streets of a city slum.

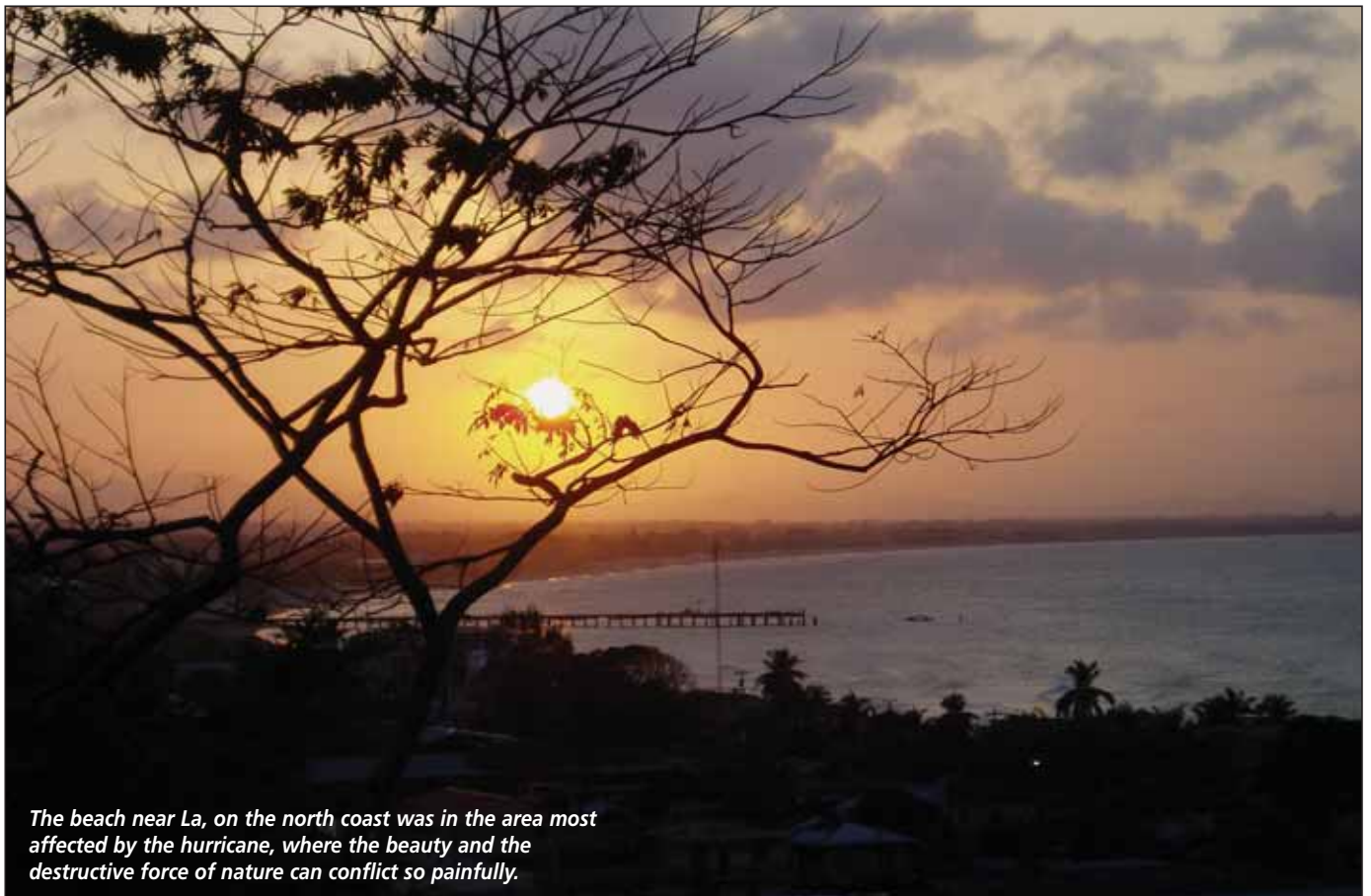
Two areas of the prison are completely sealed off where two gangs known as the 18's and Salvatruchas are held under tight security. These gangs form a huge network throughout Central American and the USA. On a weekly basis, many gang members are deported from USA back here to Honduras and end up in this prison. The violence, level of crime and control of communities exercised by these gangs is a huge problem here in Honduras.

MMMs first came to Honduras in the wake of Hurricane Mitch that struck this land with great devastation nearly ten years ago. As this day ended, we could see that Hurricane Felix was less horrific. It left its mark nonetheless and caused a lot of pain and anguish in a country that is already dealing with so much that is difficult.



Maria, matriarch of a large family lives high in the mountains. They are often cut off for months. When accessible, we visit the area and Maria provides hospitality for us in her small mud kitchen. We enjoy her home-made tortillas straight from the pan, soup made with chicken, with the chickens, dogs, cats, all running under our legs, and all kinds of spices hanging in the rafters above us.

Ministering among these people, we feel privileged to be a small part of their daily life experience – whether in their local shanty town communities, in an AIDS hospice, or in the prison which symbolizes so much of what is sad and desperate in Honduran life.



The beach near La, on the north coast was in the area most affected by the hurricane, where the beauty and the destructive force of nature can conflict so painfully.

Golden Jubilees on three continents



Sister Mary Donato with her nieces Michele Vecchione and Marie Trombetta



Sister Eleanor Donovan with a young Mexican friend



Sisters Cheryl Blanchard, Anne Marie Hubbard and Kathie Shea



Some of the MMM Community in US who were able to get to Sommerville for the Jubilee Celebrations: Front Row L-R: Sisters Mary Shephard, Mary Ann MacRae, Anne Marie Hubbard, Mary Donato, Tatiane Souza. Back Row L-R: Sisters Therese McDonough, Veronica Cawley, Madeleine Le Blanc, Nina Underwood, Myra O'Connell, Catherine Carey, Felicitas Egeolu, Cheryl Blanchard, Kathie Shea.



Not all the Hubbard family could make it on the day of the Jubilee, April 15, but here are a few! Sister Anne Marie is second from right in the Front Row with her sisters (L-R) Gladys Kuklinski, Pearl Barra, Marjorie Simbliars, Dorothy Weeks and brother Wally.



Sister Catherine Therese Onyeugo



Jubilarians Sisters Mary Donato and Anne Marie Hubbard



Sister Catherine Therese Onyeugo who celebrated her Golden Jubilee at Urua Akpan, south-east Nigeria pictured with her family



Also at the celebration in Urua Akpan was Sister Therese Jane Ogu



Sisters M. Enda Gallagher and Marie Therese Roberts were unable to join the celebration for health reasons.



DECEASED SISTERS OF THIS GROUP WERE REMEMBERED

Angela Mary Carroll	28 Jan 1995
Rosemary O'Neill	28 Sept 1999
Augustus Doyle	23 Sept 2000
Patrick Maria Rahilly	26 April 2004
Margaret McCormack	14 Dec 2004
Anita Marshall	6 April 2005
Winifred Frances Forde	5 June 1978
Margaret Therese Quinn	12 Sept 1989
Elizabeth Gaynor	12 Mar 2001
Brigid Murphy	1 Feb 2004
Andrew Brow	1 Feb 2004



Sister Breege Breslin with her niece Fiona Kilker, and her sisters Monica and Rita.



Sister Breege with her nephew's family, Fiona, Ava, Kate, Joseph and baby Dearbhla.



Sister Anne Gray.



Jubilarians renew their vows.



Sister Annette Walsh and Breda Murphy.



Sister Louis Marie Brett with her brother and sister-in-law, Peter and Frances.



Sister Mary Burns with her friend Frances O'Connell.



Jean Duffy, Nairobi, was in Drogheda for the occasion.



Sister Louis Marie with her nephew Tommie, Susan, Mollie and Tommie Jr.



Clair Holmes, niece of Sister Louis Marie and baby Conor.



Attracta Leadley, niece of Sister Mary Burns, with camera-shy Anna and husband Adam.



Nieces and Nephews of Sister Mary Burns, Chris, Claire, Michael and Ursula.



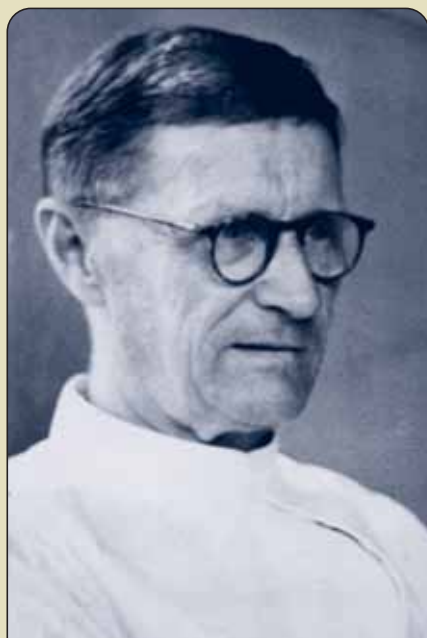
Sister Louis Marie with her nephew Simon and his wife Iratxe and baby Killian.



Sister Celine Jones with her brothers and sisters, from left, Sean, Peggy, Maureen and Brother Anthony, OCSO.

Mother Mary Martin and the inspiration of Father Tom Ronayne

by Sister Isabelle Smyth



Father Tom Ronayne (1887–1965)

IN 1917, SOME MONTHS AFTER Marie Martin had returned from nursing soldiers during the Battle of the Somme, she was praying in her local parish church at Monkstown, Co. Dublin. She asked God to show her what to do with her life. Suddenly there flashed across her mind the realisation that God was calling her to become a religious Sister. She was not at all sure what exactly this implied.

However, the next day she went to meet her boyfriend and explained to him that marriage was out of the question. In April 1917 she reached her twenty-fifth birthday. During the war she had seen the value of a life dedicated to medical and nursing work. But how did that fit in with her religious vocation?

A new young curate had arrived in her home parish of Monkstown, Fr. Tom Ronayne. Marie sought his direction. If that had not happened, perhaps the Medical Missionaries of Mary would never have been founded.

Who, then, was Fr. Tom Ronayne – the person who presented Marie Martin with a Douai Bible in 1917, probably

the first personal copy she ever had? Why is his role in the history of MMM significant?

HOLY GHOST COLLEGES

Tom Ronayne was born on June 21, 1887 at Dunmore in Co. Galway. When he reached the age of twelve, he was sent as a boarder to Rockwell College, run by the Holy Ghost Fathers – now known as the Spiritans. For health reasons his parents later transferred him to Blackrock College in Dublin. The Annals of the Order record a note on his first days in Rockwell:

“Precocious beyond his years, he went to the Superior and told him he wanted to be a Holy Ghost Father. The Superior’s reply was ‘You are too small.’ Tommie took the rebuff and went about his studies to prove both there and later in Blackrock that he had ability quite above the ordinary. He was among the first in his class all through his secondary studies and later he graduated with distinction in the Royal University. Though even then he was a frail young lad he was fond of sport and took part in all the games of both Colleges, developing an interest in games that remained with him all his life.

“The Priesthood was his goal and, not succeeding in entering the Holy Ghost Scholasticate, at the end of his secondary studies he entered Clonliffe College to study for the Priesthood in the Archdiocese of Dublin. From Clonliffe, he went to Maynooth in due course where he was a brilliant student, a keen musician and Choir Master and organist in that great institution.

“During this time, however, his health was far from robust. His heart was weak, and the college doctor took a grave view of his condition. He was warned against taking part in all games, forbidden to walk on gravel where it could be avoided and to climb stairs as little as possible.”

Following his ordination in 1913, Fr. Ronayne was sent on loan to the US Diocese of Sioux City, where he ministered for a few years before returning to Dublin.

MONKSTOWN

In St. Parick’s parish in Monkstown, Fr. Ronayne’s deep interest in the foreign missionary work of the church and his enthusiasm quickly appealed to Marie Martin. Around that time Fr. Ronayne was instrumental in introducing to one another the two priests who later founded the



The Presbytery where Fr. Tom Ronayne lived at 16 Longford Terrace, Monkstown.

Missionary Society of St. Columban – first known as the Maynooth Mission to China. One was Cork-born Fr. Ned Galvin who was back in Ireland after three years of missionary work in China, the other Fr. John Blowick, then a theology professor in Maynooth.

Fr. Ronayne would have gladly joined them, but the Archbishop of Dublin would not release him from his commitment to the Diocese.

The Spiritan chronicler wrote:

“To the end of his days he eulogised those splendid pioneers of the Mission to China and never missed an opportunity of recounting those meetings in his father’s house in Sandymount where he maintained that the great mission had its birth.”

However, he accepted the decision of his Archbishop and considered the question of his joining the new venture for China closed to him.

Meanwhile Fr. Ronayne’s interest in the needs of the overseas Church, and Marie Martin’s dedication to those who were ill began to gradually coalesce. Soon the co-founders of the Missionary Society of St. Columban saw the need for women religious who would work as doctors and nurses in China. Lady Frances Moloney, a widow in her early forties, was among the audience at Dublin’s Mansion House when Fr. Blowick made a memorable appeal for a new congregation to be founded. Lady Moloney was one of the first to respond.

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

At the beginning of 1919 Marie went to England to get more nursing experience and continued to correspond with Lady Moloney who by then had begun midwifery training at Dublin’s Holles Street Hospital.

BISHOP JOSEPH SHANAHAN

Once again, Fr. Ronayne was instrumental in changing the course of Marie’s future. In 1920, the zealous Irish missionary, Fr. Joseph Shanahan CSSp, was nominated Bishop of the Vicariate of Southern Nigeria. He received permission from the Irish Bishops to recruit priests for his mission on a five-year contract.

When Tom Ronayne was a student at Rockwell College, the young Fr. Shanahan had been teaching there. Once again he approached his Archbishop, pleading to be allowed to volunteer for Nigeria. This time his request to be released from Dublin was sanctioned. He began his preparations to leave Monkstown and sail to Nigeria with Fr. Shanahan in November 1920.

Meanwhile Fr. Ronayne arranged for Marie Martin to meet the future Bishop Shanahan on April 29, 1920. She offered to go and help in Nigeria as a lay person, putting whatever nursing skills she had at his disposal, and telling him she was starting a midwifery course and hoped to qualify early in 1921. By now, Agnes Ryan, already in her early forties, was a fourth year medical student. During a discussion in Holles Street, Agnes told Marie that she, too, would be interested in going to Nigeria.

Marie received her certificate in midwifery in February 1921, and was

commended as ‘an excellent nurse, educated and refined.’ Marie celebrated her 29th birthday that April. A telegram arrived from Bishop Shanahan: ‘Urgently needed if you don’t mind facing things alone.’ Marie wired back: ‘Will come. Have a companion.’ Agnes Ryan had decided to leave her medical studies unfinished and go with Marie to Nigeria as a lay helper.

When they boarded the ship, Elmina, in Liverpool there was a wire with good wishes from Lady Frances Moloney, whose plans for the future work of the Missionary Sisters of St. Columban were forging ahead. As they steamed out of Liverpool, Marie replied, telling Lady Frances how desperately hard she found it parting from home and from her mother. The loneliness, she said, was the worst.

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

Early in 1922 Marie made a thirty-day retreat at Calabar, under the direction of Fr. Leen CSSp. It appears that she made private vows, consecrating her life to God, at the close of that retreat. We don’t know how Fr. Ronayne felt about that, as he was not a big fan of Fr. Leen. It is known that Fr. Ronayne was a close student of St. John of the Cross and of St. Bernard and St. Teresa of Avila. Abbot Marmion was another favourite of his, but Father Edward Leen’s books never found a place in his library.

Fr. Ronayne is remembered as a very severe critic of the earlier missionaries in Calabar. The Spiritan chronicler noted:

“Fr. Tommy found much to criticise in the method of his predecessors in



Mother Mary Martin 1892-1975

Calabar. They were not sufficiently rigorous in the administration of the Sacraments. They won the hearts of the people by their kindly ways and Fr. Tommy thought their kind hearts rather than the dictates of moral theology governed their dealings with their flock. He was a rigorist almost to the realm of Jansenism. A reform must be affected and a reform was begun. Some abuses were indeed discovered but the remedies were more than drastic. The new missionary became unpopular for a while, but the desired goal was reached and not without many tribulations”.

On Easter Tuesday, April 18 1922, Bishop Shanahan visited Calabar to have a meeting with Fr. Ronayne and Fr. Leen, to which Marie Martin was invited. The meeting, referred to by the Bishop as the “Mission Council”, continued for two weeks – starting at 8 a.m. and continuing to 4 p.m. each day. The main topic was the foundation of a missionary congregation of women.

Again, Marie shared the news with her mother: “Two weeks were spent on Rules and Constitution. I was chosen as Foundress; it may pave the way for someone more worthy...”

But, despite the apparent clarity that emerged from that meeting, from then on Marie’s situation became increasingly marginal and insecure. Almost two years would pass before she and Bishop Shanahan would meet again. During this time much would happen to change the plans that had been discussed with Marie in Calabar.

KILLESHANDRA

On January 2, 1924 Marie received a telegram from Bishop Shanahan, telling her to make arrangements to return to Ireland and get ready to enter the novitiate which he had acquired at Killeshandra. At the time she said no more about her reservations, but years later, Marie admitted that this was the hardest obedience of her life. She travelled home in March 1924. Fr. Ronayne who was in poor health following a bout of malaria and general nervous exhaustion travelled with her.

Author Desmond Forristal in ‘The Second Burial of Bishop Shanahan’ says the Bishop, when he met her in

Ireland, was somewhat disturbed to find that Marie seemed to have lost some of her zest for the work. He was inclined to blame this on Fr. Ronayne who was still her director, and who would have had opportunities to influence her on the voyage home. He appointed Fr. Edward Leen, now based in Dublin, as his representative in all matters relating to the convent but gave Fr. Ronayne the post of convent chaplain, residing in the gate-lodge of Killeshandra, with the celebration of daily Mass as his main duty. However the Bishop wrote a warning note to Mother Colmcille, prioress of the Dominicans who were responsible for forming the new Congregation, saying “the less the chaplain or any outside person has to do with the Aspirants the better for them. Use your own discretion.”

Marie completed eighteen months in Killeshandra before finally deciding to leave. She had now reached the age of thirty-three. The vocation to which she felt called was specifically related to health care. That required a life style very different to the regime envisaged by the Dominican Sisters in charge of the Killeshandra novitiate. Eventually when she left on the March 8, 1926, it was Fr. Pat Whitney who collected her and drove to the home of some friends until her family could come and take her home to Monkstown. Her decision to leave was regretted by Bishop Shanahan, though they continued to respect one another deeply.

Fr. Ronayne became quite a thorn in the side of Bishop Shanahan’s role in Killeshandra. He began to set himself up as defender of the local Bishop Finegan, impressing on him that he, Bishop Finegan, was the ecclesiastical superior as the document from Rome authorising the opening of Killeshandra was addressed to him and not to Bishop Shanahan. This led to great strain. Obviously, Fr. Ronayne lived with the weight of this for the next three decades. In 1957 he wrote to Mother Mary Martin confiding to her his side of those painful events explaining, “Dr. Finegan regarded me as his personal agent to see that everything was done according to Canon Law”.

Writing about those difficulties, Fr. Desmond Forristal is antipathetic towards Fr. Ronayne:

“His nature was such that he could not refrain from interfering in everybody else’s business, always with the best of intentions. He had never yet met a soul that would not profit by his direction or a situation that would not be improved by his intervention.”

But in a letter to Mother Xavier OP, Bishop Shanahan, despite his sense of frustration, had this to say of Fr. Ronayne:

“God permits that his highly sensitive nature should suffer for and bring great blessings on any cause he embraces...he cannot see from most people’s viewpoint; and the result is more mental agony in having to do what his own mind tells him could be done more effectively some other way – his own way in preference. Well, I ought to know something of Father Tom’s difficulties – but he’s the best, sincerest and most loyal man and priest on earth”.

NIGERIA AGAIN

The solution was for Bishop Shanahan to request Fr. Ronayne to return to Nigeria and become his secretary at Onitsha. By now the Bishop’s sight was failing badly. Desmond Forristal notes:

“Ronayne left Killeshandra and returned to Nigeria, to take up his new duties as Shanahan’s assistant and secretary. While he himself was in no doubt about the reason for his recall, everyone else thought it a sign of Shanahan’s confidence and esteem that he should want him as his secretary. Even in such a situation, Shanahan respected his good intentions and did nothing that would damage his reputation.”

The chronicler of the Spiritans wrote that as the years went on, Father Tommy became less of a rigorist. With the passage of time he mellowed. He filled many positions of responsibility, both in the days of Bishop Shanahan and later. He was always a man of prayer, spending long hours in the presence of the Blessed Sacrament. The contemplative life had a big attraction for him. His sense of humour was remarkable.

In 1938, when he was 51 years of age, his thoughts once again turned to the

question of joining the Holy Ghost Order. Permission was gladly given. A kind old French priest was appointed his Novice Master to complete his Novitiate in Nigeria. The chronicler remarks:

“With such a master and such a pupil, one often wondered who was the dirigé!” Around that time Fr. Ronayne wrote something that gives us a glimpse into his self-knowledge:

“I am a Holy Ghost Father but that does not change human nature”.

His last years were spent teaching one of his favourite subjects, Church History, to seminarians. He was greatly admired by his students for his learning and piety. He acted as Spiritual Adviser to the Seminarians at the Bigard Memorial Seminary at Enugu. In 1963 he returned to Maynooth to celebrate the Golden Jubilee of his ordination to the priesthood, where high tributes were paid to him.

During his forty years of missionary work, Fr. Ronayne was privileged to witness fantastic growth of the Church in Iboland. When he started in Calabar there were only twenty-three priests to cater for the needs of a territory that subsequently became thirteen dioceses with flourishing parishes and innumerable schools and colleges. The part he played in this development is well recognised.

VISITS TO MMM

When he had leave in Ireland he visited Mother Mary at Drogheda on several occasions. In 1958 he spent three weeks at our Motherhouse giving conferences to the Sisters. At the same time he had long talks with Mother Mary – especially about the need to have native priests, sisters and other medical personnel trained to be ready to take over if missionaries had to leave Africa.

While Mother Mary did not have a lot of contact with him in those years, she must often have recalled the key role he played in the early years when she needed guidance and friendship. He was the one who helped her shape her dream of doing medical work in a missionary context, and supported her

in holding on to that dream when the future was impossible to predict.

To the end of his life, Fr. Ronayne cherished a deep affection and high admiration for the members of MMM and for the Missionary Sisters of the Holy Rosary. It is also worth noting that Fr. Hugh Kelly SJ, who became spiritual director to Marie Martin from the early 1930s onwards, was a close friend of Fr. Tom Ronayne, who helped Fr. Kelly to understand what the life of the overseas missions involved and its demands.

A week before Christmas in 1965, Fr. Tom Ronayne fell ill and was taken to the mission hospital at Adazi. The chronicler of the Spiritans tells us:

“The heart that had given signs of radical weakness sixty-five years earlier went through a tremendous struggle. His agony lasted for the whole week with short intervals of painless quiet. He was in the care of the Sisters of St. John of God, who with an incomparable lady doctor, Miriam Brady, did all things possible to make his final passage easy. They were joined by a Holy Rosary Sister, a close relation of his, Sister Mary Chrysostom McLoughlin. He received all the last Rites with the joy that accompanies a real home coming. On Christmas Day at 7 o'clock he received Holy Communion. Two hours



At the funeral in Onitsha, Archbishop Heerey was the chief celebrant. Immediately behind Archbishop Heerey is Fr. Donal O'Sullivan CSSp, Principal Superior.

afterwards he peacefully handed his great priestly soul to God, to join among others whom he loved, that great missionary who brought him to Nigeria forty-five years before, who himself had died on Christmas Day back in 1943 – Bishop Joseph Shanahan”.

Fr. Ronayne was buried in the grounds of the Cathedral in Onitsha overlooking the great Niger river. On January 7 1966, Mother Mary drove to Kimmage Manor to attend the Mass of remembrance for him. The following day she would have to attend the funeral in Drogheda of one of her earliest companions – the greatly loved Sister M. St. John Keane who had died unexpectedly in Drogheda the previous day. There were rumblings of trouble in Nigeria – trouble that would shortly erupt in the Biafran War. What thoughts must have occupied her mind on that journey to Kimmage Manor!

WHAT IF?

What if she had never met Fr. Tom Ronayne? What if he had not directed her as a young woman to study the Scriptures and the works of Dom Columba Marmion? What if he had not intervened back in 1920 to direct her to volunteer with Bishop Shanahan in Nigeria rather than Lady Frances Moloney in China? What if he had not been there to welcome her on arrival in Calabar in 1921 and explain the change in Bishop Shanahan's plans regarding medical work? What if he had not been there to support her during that most difficult voyage home from Nigeria in 1924? What if he had not been Chaplain during her time in Killesandra? What if he had not been a friend of Fr. Hugh Kelly?

The missionary zeal, the life, the vision and the encouragement of Fr. Tom Ronayne had influenced her early life choices in a defining way. All along, he believed her dream of founding a medical missionary congregation could come true. The passing of her old friend and director marked the end of an era.

We are grateful to Brother Ignatius Curry CSSp, Spiritan Archivist, for access to materials about Fr. Tom Ronayne.

Associate Members of MMM in Capim Grosso Brazil



Back row: Natan and Nara, Sister Sheila Lenehan, Juscy and Dey.
Front row: Dai and Eleine, and Suely.

We – the AMMMs of Capim Grosso – have worked with many MMM Sisters over the years. Their pastoral work and mission resonates with our own involvement as women and men, single and married in the struggle for a better life for those on the margins of society.

As we worked more closely together it became apparent that we had many common values. We were invited by the MMM Sisters to enter into a process of formation by which we would become more familiar with their spirituality and mission.

In 2003 Tatiane Oliveira Souza, from our parish returned from the MMM Novitiate in Kenya to make her first commitment. In preparation for this we were invited to take part in the organization and realization of a triduum at parish level. This was a historic moment for our parish as the first group of AMMM in Capim Grosso was in fact the one to prepare this celebration for the first MMM from the parish. This experience was empowering for us and gave us the desire to know more about MMM and ways we could be involved.

Three years ago we started our formation as a group. We met on a monthly basis to pray, reflect and study as well as to recreate.

At these gatherings we got to know about Mother Mary and her deep desire from the beginning to include lay men and women in the life and mission of MMM – health, reconciliation, justice and peace for our world. It was difficult for us in the beginning to understand the full implication of what it means to be an

AMMM. During this time we were accompanied by Sister Sheila Lenehan, who helped us understand more clearly what it was we were committing ourselves to.

As a consequence we were invited to make a formal commitment as AMMM.

On March 25, 2007 in a simple but profound community celebration with MMM sisters and family members in the sisters' chapel in Capim Grosso. We made our commitment as AMMM's for one year.

This experience confirmed our belief that a lived spirituality can change our lives at all levels – family, work, pastoral and political. We have learnt too of the necessity of dedicating some time each day to personal prayer. In assuming the Charism of MMM and making a formal commitment we find ourselves involved in the MMM Mission worldwide while living the charism the best we can in our own reality.

Another meaningful experience for us was the celebration of the "70 Years of MMM".

The parish of Capim Grosso was chosen as the place to celebrate this historic moment. This time it wasn't a question of being invited. Together with the MMM Sisters we organized and participated in this commemoration. We really felt we were one family.

Now that we have made our commitment we are part of the MMM Family and more closely connected with the AMMM's worldwide. We need your support and friendship.



Suely – one of the AMMMs in Brazil



Pictured at our Motherhouse, Sisters Jean Eason and Josepha McKiernan with AMMMs Toni Cameron and Vera Grant (back)

Associate MMMs in formation in Angola



Beatriz nDamona

MMM Sisters first set out to establish a small hospital at the Mission at Okonautoni in the Cuamato area of south-east Angola on the day when MMM celebrated the Silver Jubilee of our foundation – April 4, 1962. All was fine for many years as the hospital developed and the pioneering Sisters and the people grew to love and depend on one another.

In those days there was fairly frequent travel between Okonautoni and the bigger mission hospital at Chiulo, 80 km away. But after thirteen years, due to the deteriorating security situation in the throes of the civil war, this support line was cut and the Sisters had to withdraw back to Chiulo. However, a graduate nurse from Chiulo, Beatriz nDamona who lived in Okonautoni continued the work.

Incredible, Inspiring, **Incarcerated** Women



By Nancy Hinds, AMMM

FOR THE PAST fourteen years I have been involved with incredible, inspiring women who happen to be incarcerated – many for life. They choose to accept responsibility for their actions but have committed themselves to living within the prison while helping to change the lives of others for good.

One inmate trained seven years ago to be a hospice volunteer and to sit vigils with inmates that are dying so that they are not alone.

Upon hearing of my journey back to Africa for the MMM AIDS Conference in 2004, they wanted to make a difference in the lives of the orphans in Uganda. They ordered plastic bracelets on which they

etched the words 'Arms of Love'. These were sold to other inmates to raise money for the children in Uganda. I asked them what it meant to them to do this. Here is one reply from Mayola – the youngest volunteer who has been nicknamed 'Little Bit'. She was in her twenties when she became a volunteer. She said:

"What does it mean to me to be able to help infants and children 12,000 miles away? It gives my heart joy to know that as an inmate my efforts will help someone less fortunate. There are no words to express my deepest gratitude. It is a great honor to help educate, feed or medicate an infant or child. Unbeknownst to them, I am an inmate, a woman, a mother; but most of all I am a woman who cares about their well-being".

A year ago Sisters Cecilia Asuzu and Brigid Archbold accompanied by Dona Josepha Vital traveled from Lubango to the south of Angola to talk about the vocation of Associate Membership of MMM. There has been wonderful fruit from that visit.

At Okonautoni three groups of people meet each Thursday in their own localities and on the second Sunday of each month they have a general meeting to share their experiences and plan for the future.

There are a total of eighty-nine interested people and about

forty-nine are actively participating in the meetings and the prayers. They are setting up a small local fund to help sustain the group activities.

There is also a small group of AMMS in formation in Lubango which is a busy city. Progress there is slower because it is very hard for people to get away and attend the monthly meetings. Knowing some people in Angola are interested in becoming AMMMs and are willing to sacrifice time to meet and pray together gives a wonderful energy to all of us around the world!

Pilgrimage to Anapú

Sister Tatiane Souza was heading on home-leave to visit her family and MMM Community in Brazil. The flight from New York to Salvador was delayed overnight. Next morning as she boarded the plane, she was surprised to be handed a compensation voucher worth \$200.

By Sister Tatiane Souza



Sisters Siobhán and Tatiane felt welcomed everywhere they went.

THE UNEXPECTED voucher was the sign that I could fulfil my dream of visiting the place where American Missionary Sister Dorothy Stang was martyred for her work among the poor in Anapú.

Everyone encouraged me to make the trip to the northern State of Pará. But a trip like that is so much more meaningful with someone of like mind. Sister Siobhán Corkery joined me on what one should really call a pilgrimage.

We arrived in Marabá on Friday at midday. Everyone we met told us to be careful as they experience a lot of violence in the area. We travelled with the minimum of personal effects. The Sisters of Notre Dame de Namur, to whom Dorothy Stang belonged, arranged accommodation for us in Anapú. We felt welcomed everywhere we went.



Community Centre named after the martyred missionary.

We traveled from Marabá to Anapú, in a local bus. The distance of 350 km took almost 12 hours so you can imagine the condition of the road. Many people thought Siobhán looked like Dorothy and wondered if she was a relative. Dorothy's mother was Irish (McCluskey) – Siobhán never let me forget that!

Periodically we passed vast areas of forest and I remembered the poem of Maya Angelou:

'When great trees fall in forests, small things recoil into silence...'

'When great souls die, the air around us becomes light, rare, sterile.'

Indeed a great soul has died.

The concentration of land is a scandalous problem. There is a great deal of land in the hands of a few, and on the other side are rural workers with little or no land. That is what causes the conflicts. Dorothy worked in Boa Esperança with the Project for Sustainable Development (PDS). That is a government initiative created through Brazil's National Institute for Agrarian Reform (INCRA), which helps landless families benefit from sustainable farming systems.

All Dorothy ever wanted was justice for the rural workers.

When we arrived in Anapú we were welcomed by Sisters Tecla and Socorro. As we walked to their house they told us that they had arranged transport for us to visit Boa Esperança the following day leaving at 6.30 am.

The sister's house is a very simple wooden structure partitioned into bed rooms, sitting room and kitchen. Two of the sisters left their beds for us to sleep in during the days we were there while they hung-up hammocks and slept in them. We were inspired by the simplicity of the sisters' lifestyle. As we sat around the table for supper we were privileged to listen to their experience of Dorothy during her lifetime and since her death.

The following morning we woke up to the sound of rain falling softly on the



wooden roof of the house. After a quick cup of coffee we were off on our safari. The driver, Zu, warned us that because of the heavy rain we might not be able to make the whole journey. Indeed it was a challenge. The rain came down in torrents, making the 'road' a skating arena. The distance between Anapú and Boa Esperança is less than 100 kms. but it took us about three hours to get to there.

Zu had worked closely with Dorothy and shared many stories with us. He talked of her courage, commitment and solidarity as well as her sense of humour. One could feel that 'a great soul had given her life – the air around us had become light, rare, sterile'.

The back of the truck was full of people returning to their farms having learnt by 'bush telegraph' that a car was going. There is no transport for the people in the country and even though they have lots of farm products they have no way of selling them. One family we visited had 200 pau-pau trees and the fruit was rotting on them.

When we arrived in Boa Esperança we went to the very simple home of Senhor João and his wife Maria. They had five beautiful young children. Before we knew it we were invited to share their midday meal with them. It was a pot of rice mixed with beans and a little fried meat. When first I looked at it I thought there will never be enough for everyone as the number of people kept increasing but each one went to the kitchen and came back with their plate full. It was truly Eucharist!

In Boa Esperança we talked with people who were closely connected with Dorothy during her thirty years there. It was clear that they loved her calling her 'Dorothy Mãe' – 'Dorothy Mother'.

They spoke of the many ways in which she shared in their struggle, sharing

all that she was and had with great simplicity.

With tears in their eyes they recounted how Dorothy Mãe was shot six times in the back on a lonely rainforest path which is now marked with a cross. They showed us the little cabin where she had spent the night with a family as she did frequently. As we walked up a little hill they demonstrated how the 'gunmen' appeared from both sides and shot her in the back.

Dorothy had received death threats ever since she started to work on behalf of the people in the region of Anapú in sustainable development projects. She helped them fight against

Continued on next page





Sisters Tecla and Socorro gave up their beds to the visitors and hung up hammocks for themselves.

the illegal logging practiced by large landowners in that part of the Amazon jungle. She had asked for prayers on Ash Wednesday as she received ashes in a local community. Yet it did not stop her going to be with the people.

Forty percent of the 1,237 murders linked to land disputes in Brazil between 1985 and 2001 took place in the northern state of Pará. After Dorothy's death, murders in the area not only continued but actually increased in number. In 2006 there were 39 more killings than in 2005.

We watched a video of Dorothy working with the people in the project just two days before she was murdered. What struck me most was how well informed she was. She knew the legal rights of the people and even had made her own map of the land in Boa Esperança with the allotments clearly marked. It seems these maps are more accurate than anything else available.

The following day we went to Dorothy's grave and talked with more people who knew her. As they spoke, we were challenged by her gentle



The spirit of Dorothy Stang lives on.



courage and great persistence. Her spirit lives on. The sisters that continue to live there Katie, Jean, Socorro, Tecla and Fatima live and work with the same spirit as Dorothy in spite of being constantly under surveillance.

Dorothy said: "I work with people who are living on the margins... All of us are part of a great Oneness. We are only here on the land for a few decades. Use every day to bring joy and not greed to our tired land so full of anguish. We must help the people recapture a relationship with Mother Earth that is tender and kind. We must make efforts to save our planet. Earth is not able to provide anymore. Her water and air are poisoned and her soil is dying of exaggerated use of chemicals".



Maria talks to Sister Siobhán at the spot where Sister Dorothy fell.



The day we left Anapú the Gospel reading was '...you are the light of the world... let your light shine before others, so that they may see your good works and give glory to your Father in heaven.' (Matt.5: 13-16) Dorothy let her light shine and we have seen her good works and God is given glory.

Wealthy landowner Vitalmiro Bastos de Moura was given the stiffest possible sentence, forty years, for being one of the masterminds behind the murder of Dorothy Stang. The verdict means there is hope for the poor and landless. It will also serve as fuel to continue the work of Sister Dorothy and hundreds of others who fought and died in the struggle to end poverty, hunger, and social injustice in Brazil.



Will they live to see justice on the land?

Training, Research and Innovative Service



By Sister Zita Ekeocha

THE MISSION OF THE ST. LUKE FOUNDATION at Kilimanjaro Christian Medical Centre in Tanzania is to enhance health in developing countries through appropriate innovative services, training and research, based on Christian values. There are five departments in the Foundation – Administration, Production, Technical, Quality Control and the Kilimanjaro School of Pharmacy. I teach Pharmacology to first and second year students in the programme for Pharmaceutical Assistants.

Two years ago I was part of a team drafting a new curriculum for the Pharmaceutical Technician training programme, which we submitted to the Ministry of Health. In East Africa, as in all developing countries, for the foreseeable future, pharmacists will continue to be in short supply. Ours is one of four Institutions recognized for pharmaceutical training by the Ministry of Health in Tanzania.

Meantime I was asked to become the Head of the new Industrial Pharmaceutical Teaching Unit which was to produce essential solid dosage form tablets for use in mission health institutions, and at the same time expose students to the industrial manufacturing process.

A big question for us was 'current Good Manufacturing Practice' compliant with WHO standards – known as cGMP. This meant consulting with other institutes and doing some research on standards in training institutes already involved in industrial teaching processes. I was acutely aware of the need to consolidate classroom exposure with industrial experience.

You can imagine my delight when I eventually received a letter from the Department of Industrial and Physical Pharmacy at Purdue University in West Lafayette, Indiana. Professor Stephen R. Byrn invited me to spend some time at Purdue as a visiting scholar to collaborate with them on a proposal entitled: *A Sustainable Medicine Program in Africa*.

Purdue University is one of the world's leading departments of industrial and physical pharmacy. Discovering, learning and engagement are the key words put before students. It has a manufacturing laboratory used to educate students and a GMP approved production facility known as the Chao Centre. This produces legacy drugs and clinical trial materials. The educational linkage of these

facilities forms a powerful system for educational personnel in quality by design and manufacturing.

It was mind-blowing for me to see a state-of-the-art cGMP facility. Purdue students could experience teaching and contract manufacturing at the same time. While there I began to dream that one day Africa will have a centre for both technology transfer and for access to essential medicines – pooling resources with developed pharmaceutical industries.



Sister Zita with Dr. Steve Bryn and colleagues Mary Ellen and Teresa at Purdue University.

For me it is a very big and rewarding challenge to be part of improving the quality of pharmaceutical manufacturing in East Africa. The partnership and generosity of the Department of Industrial and Physical Pharmacy at Purdue University have greatly helped our vision and our sense of challenge to bring our Foundation into the era of Quality by Design.

Mental health is repeatedly highlighted as a crucial and relatively neglected area of public health for Tanzania. Sister Margaret Hogan and Dr. Joseph Mbatia share some reflections on the burden of



Dr. Joseph Mbatia, Consultant Psychiatrist, is Director, Mental Health and Substance Abuse, Ministry of Health, Dar es Salaam.



Sister Margaret Hogan

Mental Health in Tanzania

TANZANIA has only fourteen psychiatrists, four clinical psychologists and 500 psychiatric nurses to work with a population of 37,800,000. By comparison, the United Kingdom has one psychiatrist per 50,000 people and one psychiatric nurse per 10,000.

The distribution of psychiatric beds in our country now is as follows:

- **National Psychiatric Institutions 1000 beds**
- **Regional psychiatric units 400 beds**
- **Some Districts also have psychiatric in-patient beds.**

Under current Mental Health Policy Guidelines, there are plans for every district to have 20 beds. This will still be a relatively small allocation – given that there is an average of 500,000 people per district.

The training of psychiatrists at the Muhimbili University of Health and Allied Sciences in Dar es Salaam takes three years post-graduate training following a six-year medical training course.

To supplement the specialist psychiatrist we are also planning an intensive two year Assistant Medical Officer training in psychiatry at Dodoma. Psychiatric nurses are trained at Dodoma. That is a two-year post-graduate course following four years of general nurse training.

Although the number of trained psychiatric nurses is over 1,000, only around 50% engage in mental health services. A significant proportion of

psychiatric nurses have been redeployed to medical, surgical and obstetric wards, often because of their high calibre. This further weakens specialist input to the mental health service.

Rehabilitation Village

It is planned that each Region would have a Rehabilitation Village. Some Regions have built them. Vikroute Village, located 30 miles outside Dar es Salaam, is one such village. It provides training for patients in such skills as farming, animal husbandry, carpentry and sewing.

Irish Aid has provided funding for agricultural activities here. The MMM small projects fund has helped us to acquire some recreational and computer equipment for the residents in the past year. Electricity has just been connected to that area. A small group of electricians from Galway are planning to come to wire the Rehabilitation Village, which will make a huge difference.

Specialists are only a small, although crucial, component of a comprehensive service to meet population needs. Obviously it is only possible for a tiny proportion to be referred to the district or regional level. Indeed it is much better for the patients if they can be treated at Primary Care level.

WHO has correctly argued since the famous Declaration of Alma Ata in 1978 that mental health needs to be fully integrated into the work carried out at the Primary Care levels – not instead of, but as well as a specialist service. Accordingly, the thrust in Tanzania has been the integration of mental health into Primary Care.

Integral Component

The Health Policy of the Government of Tanzania recognises mental health as an integral component of general health care. Mental health makes a major contribution to the success or failure of physical health programmes, e.g. HIV, malaria, child health and reproductive health, as well as to education and poverty targets. The introduction of Antiretroviral Treatment (ARTs) in Tanzania has underlined the importance of mental health management skills for general health workers.

The ongoing process of health sector reforms emphasizes a Primary Health Care strategy. This means empowering the District and Community through the development and implementation of proper District Health plans. District authorities – in collaboration with local government leaders – have to plan and implement health care services, which are acceptable and accessible to the majority of the population.

It is sometimes argued that Primary Care cannot fulfil a mental health role on top of all they are expected to do. They are already providing for child health, reproductive health and infectious diseases. But of course Primary Care staff are already seeing these patients, who attend their clinics. Although psychosis is usually readily recognised and treated, common mental disorders can be missed and erroneously treated for malaria, amoebiasis, etc.

The problem is that Primary Care has not hitherto been equipped with the conceptual knowledge and skills to deal appropriately with these problems

as part of their routine work. This is why in Tanzania we have a systematic programme to train, support and supervise Primary Care through the Regions and Districts. To facilitate the training, WHO has prepared a guide for diagnosing and treating mental illness for Primary Care workers.

Services close to home

The Mental Health Association of Tanzania (MEHATA) has developed a joint 'Better Mental Health Project' and with the Council Health Management (CHM)) it continues to work towards bringing mental health services closer to people's homes by integrating mental health in Primary Care services.

Already in Northern Tanzania this has been achieved through several interlinked activities:

- Training of Primary Care workers
- Supervision after training
- Sustainable supply of medication
- Cooperation with community leaders
- Collaboration with traditional healers

MEHATA trained a group of enthusiastic mental health nurses to be supervisors and trainers in the project. This group organized seventeen one-week courses in mental health. In this way they trained approximately 500 health workers in seventeen districts of Kilimanjaro, Tanga and Arusha Regions.

In co-operation with several stakeholders, it also developed diagnostic and treatment guidelines to be used during the training and afterwards in the health units.

In addition MEHATA organized short courses in mental health for the CHM teams in the seventeen Districts. These teams manage the health services in the Districts and plan and implement the District spending for health. Among other activities they plan for medication supply. Most people with severe mental illness need medication.

After returning to their health units, the newly trained five hundred health

workers began to attend to people with mental problems. They now are able to diagnose and treat people with mental problems close to their homes. Medication has been made available in the health centres and dispensaries.

After training, the health workers are visited at their work place by the regional and district mental health nurses for supervision and further training on the job. Community leaders are met during the supervision and issues around community strategies to reducing stigma and taboos are addressed.

Many people still believe that mental illness is caused by witchcraft.



Former Minister of Health, The Honorable Anna Abdallah, presents Sister Margaret Hogan with a Certificate for exemplary contribution to mental health promotion in Tanzania

SISTER MARGARET HOGAN studied Social Sciences at UCD and the University of York before going to Roosevelt University, Chicago, where she completed her Doctorate in Clinical Psychology in 1992. She has been lecturing in the Department of Psychiatry at the University of Dar es Salaam since 1982, and currently holds the position of Senior Lecturer and Clinical Psychologist.

PUBLISHED RESEARCH in which Sister Margaret Hogan has collaborated includes: Neki JS, Joinet B, Hogan NM, Kilonzo G. (1985). *The Cultural Perspective of Therapeutic Relationship – A viewpoint from Africa. ACTA PSYCHIATR. SCAND.* 543-548.

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Community political leaders are informed that treatment is available that is cheap and effective in the health units. Visits to traditional healers are also planned. Relatives of families are encouraged to share their experiences of treatment with community members.

Through this approach, MEHATA has managed to improve mental health services in three other Regions. The hope is to work towards all Regions.

Much has been done but we have a long road ahead and we need to join together to work for appropriate partnerships so that the Millennium Development Goals can be achieved.

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Battling AIDS in Addis

By Jack Breslin

EVER SINCE MY 1990 VISIT TO WITNESS my sister Carol's medical missionary work at Mile Four Hospital in Abakaliki, Nigeria, I looked for an opportunity, as well as the time and money, to see her new work at the MMM's Counseling and Social Services Center in Addis Ababa, Ethiopia.

That incredible opportunity came recently from my employer, Iona College in New Rochelle, NY, with *Karibu*, an African cross-cultural immersion program sponsored by the Christian Brothers. For twenty-eight life-changing days, I joined a group of thirty-eight motivated followers of Brother Edmund Rice, the CFC's founder, in sharing, learning, tasting and touching the culture, people and life of Kenya and Tanzania.

Not only would *Karibu* change my life, especially my perspective on other cultures, such as Africa, but the experience would also prepare me to better understand the inspirational and successful work which Carol and her Center staff tackle every day. On my first day in Kenya I learned that *Karibu* is the Swahili word for 'welcome'. Back in my office, I jumped



Jack meets up with Sister Carol in Addis.

on the Internet. As I had thought, Kenya and Ethiopia share a border. Roundtrip fare between Nairobi and Addis was an affordable \$415. All I had to do was to be accepted in the program, get my shots and visas, then hop on British Airways for 15 hours.

The life-changing spirit and enriching lessons of *Karibu* are another story and might take years for me to figure out. Two months later, I still miss my new friends scattered on five continents. So I left Nairobi for Addis with a melancholy tummy that Friday morning, yet excited about spending nine days of quality time with my middle older sister and see at first hand what I had read about in the Center's Annual Report.

Over the years I have continually bragged about my sister who's a nun, medical doctor, missionary in Africa to anyone who would listen. Among her many talents are organization and efficiency, so she was waiting outside airport customs for my orientation tour of downtown Addis and the Center.

Immediately I noticed the visual cultural contrasts between Kenya and Ethiopia. Here there was a more prominent Islamic influence blended with Orthodox Christianity. The poverty was the same, however, such as begging mothers with babies or unfed children coming up to the car trying to sell soap, tissues and whatever else they can find cheap. Always ready to help since arriving in 1996, Carol keeps free-meal coupons under the dashboard for when she doesn't need to purchase sundries.



The Feast of Meskel commemorates the finding of the True Cross and is a big celebration for Ethiopian Christians.

My first weekend included two celebrations – a birthday for Sister Lydia, another Ethiopia-based MMM, and a combination birthday-feast-day-farewell party, where I met several of Carol's friends in the closely knit community of local religious. Sharing the simple, yet comfortable MMM two-building house with Carol is Gerry Merckx, a Canadian volunteer from the VICS (Volunteer International Christian Services) organization, who works with the Missionaries of Charity. Tasty meals were provided by Rhyima, who has worked with the MMMs for over 17 years, and looks after the house and visitors.

For the next four days, Carol had arranged for me to spend time in the community with someone from each Center unit – counseling, social services, orphan support, children with disabilities, and education. It didn't take long for me to realize the staff's respect for Carol's leadership and their admiration for her dedication to the community and its people. Many have worked here since the Center opened in 1992.



AIDS education at the street-corner.

On Monday morning, Tiringo, the education program coordinator, ushered me through the narrow streets of a local neighborhood, Sheromeda, heavily affected by HIV, to a lively outdoor awareness event with singing, dancing and discussion of HIV awareness. For more than an hour, the entertaining and educating ‘motivators’ held a street-corner crowd of some 300, many in their teens and twenties. In the ensuing discussion, several shared their personal struggles with HIV or asked questions about counseling, testing and treatment.

On Tuesday, I shared some writing tips with the newsletter editor, Samuel, also the orphan support coordinator. Out in the field he drove me to several cinder block or mud-wall homes of

AIDS orphans supported by the Center. In one two-room hut, an 18-year-old was caring for his four orphaned brothers (ages 7, 9, 12, 17). The Center provides counseling, food and funds for medical care, electricity, school fees and uniforms.

“He’s very strong to keep them together,” Samuel remarked. “Otherwise, they would be on the street”.

On Wednesday, Fikerte, the coordinator of the program for children with disabilities, and Alemu, the assistant coordinator, demonstrated their work for disabled children on seven home visits for a variety of clients.

“We have good relationships with these families,” Fikerte explained.

“We want them to realize that we share their feelings, not just give a handout for a disabled child. We share their burden. They talk to us freely about their lives – no secrets.”

On Thursday, Kassech, the counseling coordinator, and two volunteer caregivers, took me on four house calls. Although the families appreciate the Center’s care, they do not always follow the medical advice given. Each home has a different burden, yet all related to HIV or AIDS. Some need life’s basics, such as soap for bathing, home repairs or used clothes.

“To help them live positively with the virus is our mission,” Kassech stressed.

Besides my field trips, I befriended Carol’s deputy, Abebe, and Aschenaki, the Center’s ‘jack of all trades’ who took me to the post office twice for my precious philatelic treasures on his insightful excursions into the city center.

Guiding me through St. Mary’s Laboratory was Wondemagegnehu, the senior medical technician, whose wife, Kassech, runs the counseling unit. And he had high praise for the boss, who happens to be my sister.

“Sister Carol trusts you; she motivates you,” he said. ‘She allows you to try new things. We like having her and have fun working with her.’

Proud little brother couldn’t agree more.



Sister Maria Goretti O’Conor

Sister Maria Goretti died at Drogheda on April 30 2007, a few months before she was due to retire from her work in Ethiopia. She had returned to Ireland in January because of illness. For all who loved her, it was difficult to see the pain she was bearing and her deteriorating eyesight added to her sense of isolation.

Most of all she was missing her work at the Catholic Secretariat in Addis Ababa which she felt was unfinished. She longed to return to Africa one more time. Likewise, her colleagues there were thinking of her. On learning of her death, so far away, they put together a reflective memorial CD to express their thoughts of appreciation of her years among them and their grief at her passing.

Sister Maria Goretti was a nurse and midwife. Her early mission assignments were to Malawi, where she was

among the pioneers of St. John’s Hospital at Mzuzu in 1962, and to Tanzania where she was Theatre Sister at Kabanga Hospital.

She was a Foundation Fellow of the Faculty of Nursing at the Royal College of Surgeons in Ireland, and had worked for several years as Research Sister in the Department of Obstetrics and Gynaecology at the University of Birmingham, as a member of a team studying foetal well-being.

Following the terrible famine in Ethiopia in 1984, she went to Tigray Province to help in the famine relief camps. She subsequently became Health Co-ordinator at the Medical Department of the Ethiopian Catholic Secretariat. Her concern was to do everything possible to help people on the ground all over Ethiopia to provide the best medical care possible – against the most awful odds. Along with her loving family, and colleagues in Ethiopia, all her friends in MMM mourn her passing. May she rest in peace.

The Solihull Welcome

by Sister Ruth Percival

IT ALL STARTED about this time last year when Sister Pauline Dean and I went to a weekend called 'Seeking Sanctuary'. The weekend was organised by RESTORE, Birmingham Churches Supporting Refugees, which was held at Ascension College, Selly Oak, Birmingham.

It was here that I first met Nemah – a beautiful young woman who had come to the College that week-end with other asylum seekers and refugees from around Birmingham to meet with each other and some of us from what we call the host community.

Nemah and her refugee companions came to share personal situations and fears, to ask questions, to listen to an excellent – if not frightening – legal presentation, to role play refugee situations in order to be able to touch those things that are too painful to start spontaneously talking about, to play fun games which had all sorts of cultural challenges and real fun movements which salved some of the wounds that the role plays had deliberately brought to the surface.

We laughed helplessly and used words from languages that before today, some of us had never even heard of!

Later we quietly took a blank map of the world, and against the background of soft music, with flickering candles enhancing the beauty of the vaulted and warmly decorated room, we traced our life's journey on that map, stopping to acknowledge significant moments or towns or countries.

Abraham and Sarah

We then had a Power-point presentation on the call of Abraham and his own journey of faith. There was a photo of a nomad's tent made of animal skins pictured against the barren desert, a scene unchanged in many ways from the day that Abraham and Sarah welcomed the strangers (cf. Gen: 18, 1-14)

Welcomed the strangers...

Extended the ropes of the tent...

Welcomed the strangers...

We were forty-five people of various faiths and religions, of thirty one languages. We prayed quietly for each other and our world. Some prayed for their own families, begging the God of Abraham, Isaac and Jacob, that one day they might get news of their husband or wife or children. The power of silence that came upon us was poignant, was healing and was very challenging

Nemah and I found ourselves next to each other for the delicious Sunday lunch and, there among all these strangers, we met at a soul-level which surprised us both that day.

Due to the fear that all asylum seekers know, I am not able to tell you from where Nemah comes or share the horrors of her story in her own country or the traumas she has experienced in the UK. Every month, either I or one of our volunteers from the 'The Solihull Welcome' accompany her when she goes to the Home Office in Solihull to sign on. We are there to hold her hand and give her a hug when she comes out after signing. I have not yet become used to how cold she gets from the fear of what could happen to her in there.

Nemah was very much part of the beginnings of The 'The Solihull Welcome'.

It all happened like this. A lady from a neighbouring parish and I were chatting after Mass one morning when we discovered that we had been thinking about the same thing – doing something to make the Asylum Seekers welcome on the day they were signing on.

We both knew we wanted this to involve Solihull Churches Together. We were grateful that our Parish



Sister Ruth and Nemah.

Priest, Fr. Dominic Kavanagh, agreed to present it at their meeting the following week. It was enthusiastically embraced and we met others who had been working with refugees for a long time.

The Queue

At first some of us would go and join the queue in the rain or in the sunshine, snow or wind and simply talk to people. Soon we found ourselves keeping a place for a mother with small children who would have to travel for two hours on several buses to get to the Office. Sometimes we would be comforting someone.

Once, early on, a young African man was astonished to find that we were there because we cared. He said it was the first time that he had heard that anyone cared for him or for them and their plight before. It was humbling. It was shocking.

We decided that when we had a sufficient number of volunteers we would have a drop-in in our Church hall. Many of the Asylum Seekers and Refugees get off one of the buses pulling in and out all day long just yards from our Parish Church of St Augustine of England. They pass the



Shari Brown of Restore, gives a presentation on the New Asylum Model.



Welcome to Sandford House.

church which is on a corner, go down a short street and turn into the Immigration or Home Office, otherwise known as The Midlands Enforcement Unit.

Detained

Last year, more than one thousand people passed our church but did not return to catch their bus back. They were detained, and some, subsequently deported. Statistics of applicants, those detained, those deported, including families with small children are available but mean very little when one knows just one story behind one statistic like we get to know week in, week out. We find it very hard when one of our friends, our 'regulars' suddenly doesn't turn up one week. Have they been granted leave to remain? Have they been detained, deported or have they quietly dropped into a river when no-one was looking or gone under a train? We have little chance of knowing.

We thank God that Nemah is still in the system, encouraging, supporting us and others from her own country.

Asylum seekers are not allowed to work. This saddens them and often causes serious mental health issues. Some volunteer with various charities. Nemah works in an Oxfam shop because she feels in this way she is doing something to help Africa.

The bird-feeder

I found 'my' Iraqi family in a sparsely fitted but comfortable house with a wild patch of garden at the back. Hassan, the eighteen-month-old little boy would bang on the window shouting *tii tii* meaning bird. He would bang on the window while the rest of

the family would spend their day glued to the Arabic TV channel, watching more and more of their fellow citizens killed and bereaved and more and more of their beautiful country destroyed. I think we are all familiar with the story. So I thought that if I were to take a bird-feeder it might invite some birds to this dingy industrial area to come from somewhere to make one little boy happy and therefore give pleasure to the whole family.

Sara, the beautiful twelve-year-old, filled the feeder while Dad went off looking for a nail and Mum explained to little Hassan what they were doing. Ali the eighteen-year-old was at college that day. The feeder was hung up in the treeless and uninviting garden and we all withdrew to join Hassan in waiting for the *tii tii*. None had come before I left.

Several days later they still had seen no birds at their feeder. I begged St. Francis to send some birds and wondered had I set more hopes high to be sent dashing with all their others, for they had been refused their first application to stay, being told that they didn't have to live in Baghdad, they could go to Basra – and Dad on a known list, to follow his brothers who had both been shot dead and his son, Ali, kidnapped.

Finally we got a different type of feeder and a different type of seed and the *tii tii* came. The whole family enjoyed watching them.

Little Hassan is the only one with no memory of their very beautiful garden in Baghdad where the birds came because the flowers were so beautiful and the seeds and fruits so enticing.

'The Solihull Welcome'

The bird-feeder is only a little thing. But little, ordinary things, are what we are doing.

'The Solihull Welcome' is now open two days a week for God has blessed us with over forty volunteers from the various churches around and including some of the Jewish faith, who were sent here themselves as children to escape from the Nazi camps.

We receive about twenty to thirty visitors, men, women and children at each session. They come from all the main conflict zones in our world; Iraq, Iran, Afghanistan, Zimbabwe, Eritrea, Somalia, Congo, Cameroon with an increasing number of Christians from Pakistan. They come with stories using words the meaning of which we can barely dare to imagine.

We listen. We offer a safe place. We offer refreshments. We offer clothes and toys. We accompany people down to the Office. We talk to others in the queue as they wait to go in.

We sometimes go to the Immigration court so that the person will not go alone. We put people in touch with others and with Offices in their local area. We have had several invitations to tell different Church and school groups about our work thereby giving facts and breaking some of the Asylum myths.

Through RESTORE, which is Birmingham Churches Together helping Refugees and Asylum Seekers, under whose umbrella we exist and whose training we do, we are able to signpost families and individuals to many caring people and facilities.

We need to remind ourselves often of our country's commitment to the UN Convention of Human Rights – with particular reference to the Human Rights of those fleeing persecution and danger and requesting refuge in another country.

Europe cares for 18% of refugees world-wide.

The Americas for 10% But Africa, the poorest continent in our world, cares for 25% of the world's refugees.

As missionaries, many of us are only too familiar with the seas of blue plastic sheltering some of the 32,861,500 refugees – that is thirty two million, eight hundred and sixty one thousand, five hundred refugees*. Dare I say that number out loud?

*UNHCR Oct. 2007

Peoples' names have been changed to protect their identity.

Rescued from 'Streets of Humiliation'



by Sister Blandina Ryan



St. Joseph's Parish Choir sang at the opening of the new Centre.

IN RECENT YEARS DURING international meetings in Rome, Superiors of the Nigerian Conference of Women Religious came face to face with the reality of Nigerian girls who are involved in prostitution in Europe. Many of them have been lured to Europe under false promises and been trafficked into the sex industry.

Back in 1999 the Conference of Women Religious of Nigeria appointed a committee to address the problem. The committee quickly co-opted Catholic women who were lawyers.

The Archbishop of Benin, Bishop Ekpou, provided free office accommodation. Benin city was recognised as one of the areas most affected by the problem of trafficking.

In July 2007, the dream of having a transition home for survivors was realized. Many religious communities from Nigeria were represented at the official opening – an occasion that drew attention to the size of the problem.

The Sisters were very pleased to have present for the opening the President of the Conference of Bishops of Nigeria, Most Rev. Felix Alaba Job. In his homily at the Opening Mass, the Archbishop pleaded that as

early as primary school age, young people should be informed of the repercussions of going into the business of prostitution. He urged all those involved in the sex industry to find another way of living and to bring back those still wandering on the 'streets of humiliation' in Rome and other parts of Europe.

The Archbishop spoke in Italian to the delegation of fifteen people who had travelled from Italy for the ceremony. These included Sister Eugenio Bonetti representing the Union of Major Superiors of Italy. She is a well-known and dynamic campaigner against the trafficking of persons. She presented gifts for the chapel at the Centre. The Italian Consul General, Maurixio Bongaro, was also there. The Bishops of Italy had made a substantial contribution to the costs of the new Centre.

Elma van den Nouland from the Dutch Foundation of Religious against Trafficking in Women also presented a gift and promised that the religious of the Netherlands will continue to collaborate with the Nigeria Conference of Women Religious.



Her Royal Majesty, wife of Omo N' Oba N' Edo Uku Akpolokpolo Erediauwa, The Oba of Benin, in conversation with Elma van den Nouland of the Dutch Foundation of Religious Against Trafficking in Women when the overseas visitors were received at the Oba's Palace in Benin City.

After the ceremony, local officials took the overseas visitors to see significant villages in Edo State, where they met families of Nigerians now freed and settled in Italy, or those who have been helped to get free from their traffickers. The visitors were also received by the Oba of Benin at his Palace.



Archbishop Felix Job, President of the Catholic Bishops' Conference of Nigeria, with Sister Eugenio Bonetti who is well known in Italy for her campaign to eradicate trafficking in persons.



Italian Consul General, Maurixio Bungaro, (centre) was among the guests at the opening of the Women's Resource Centre.

Vocational Education seen as Key to Prevention

DRAMA, SINGING, a Fashion Parade and a Cultural Display were part of the second Graduation Ceremony that took place at the Mother Mary Martin Centre in Benin City, Nigeria. The Centre was established to prevent trafficking in persons by providing vocational education for young people. Since its foundation in 2006, one hundred and eighty students have been enrolled.

Of these, one hundred have successfully completed the programme in Computer Training, four of them graduating with distinction and twenty-three in the Upper Credit category. Standards are maintained at a very high level and the training is second to none, according to Sister Blandina Ryan, who has been involved with combating the problem of trafficking since 2002.

“No matter how bitter it may sound”, she says, “the truth is that a majority of the Nigerian young people are struggling to survive at all levels, including University graduates. A career in armed robbery or prostitution in Europe can have more appeal than the struggle to make an honest livelihood. However, we must do our best to offer young people the start they deserve and encourage them. That is why the Medical Missionaries of Mary embarked on the establishment of



Sister Blandina Ryan

the Mother Mary Martin Vocational Centre. Our broad objective is to meet decent professional needs of the Ugbekun Community youth. That is our starting point.”

The response from the young people has been overwhelming. Within four weeks of the second Graduation, a further 84 students were enrolled. The Sisters would like to provide more vocational training, but given the high costs and the token fees the trainees can afford to pay, they have to get much more financial assistance before they can develop the other courses in the pipeline, including catering, bag and bead making, tie-dye, and others.

“We are appealing for collaboration from all caring and spirited individuals and organisations, both locally and internationally to help us to bring our dream to fruition,” Sister Blandina said.



A dangerous snake is killed by Onome G. Fred just before the ceremony!

DAILY PRAYER

O GOD, we cannot express what our minds barely comprehend and our hearts feel when we hear of women and girls deceived, transported to unknown places for purposes of sexual exploitation and abused because of human greed and profit. We can only lift our voices and cry to you, “Strengthen the broken-hearted.”

Our hearts and spirits are saddened when the dignity and rights of those who are trafficked are violated, threatened by deception and force. We cry out against this degrading practice of trafficking and pray, “Heal the broken-hearted.”

Give us the wisdom and courage to learn more about this tragic reality in our world. Help us stand in solidarity with our sisters so that together we may find ways to nurture that freedom which you give us all. We will be there, howsoever we will be there.

(Adapted from a prayer by G. Cassini)



Sister Breeda Ryan, Central Business Administrator for MMM, was visiting Nigeria during this year's Graduation Ceremony and presented the Certificates.

Vulnerable

to Pressure and Persuasion



By Sister Mary O'Malley



WHEN DESPERATION AND NEED meet pressure and persuasion, vulnerable young people become easy prey. Here in Kenya we are becoming more aware of the problem of young people, including children, being trafficked abroad for the labour market or the sex trade.

Several recent reports in Kenya's daily newspapers have drawn attention to the problem. The vulnerable child does not always end up abroad. There is a tradition in the extended family system for poor parents to send their children to serve as domestic helpers in the home of better off relatives.

Increasingly however, this tradition is extending to the provision of children for cheap labour beyond the family circle in order to earn some income.

However, Kenyan children and young people – especially young women – are also sold abroad. It is known that they have ended up in Middle Eastern countries, Europe and North America for domestic servitude, massage parlours, brothels and forced labour.

Poverty is one of the major factors responsible for child trafficking. Poverty is the most important 'Push Factor'. There is a huge demand for purchased sex and there is an abundant supply of orphans and vulnerable children. Coupled with this is the dilemma of HIV/AIDS, which has decimated the most active persons of the labour force. Many families are faced with huge medical bills; this has eaten away their dwindling resources.



THE RECRUITMENT PROCESS

CHILDREN can be trapped into trafficking by abduction or kidnapping. But worldwide the most common approach is by direct recruitment. Since trafficking relies on deception and lies, the victim is placed at a considerable disadvantage.

The young person's planning process is rooted in a fictitious world – the 'friend', the proposal, the promise. The recruiter may be known to the victim but working for the trafficker. The recruiter may be an acquaintance, neighbour, family friend or relative.

In Kenya contact may come from the girl who seems to have made it good in Nairobi or at the Coast and in turn is asked by her boss to recruit young girls from her village. This recruiter is by now a new 'co-director' of a crime syndicate.

Victims are promised a future entirely inconsistent with the reality that awaits them. They are unprepared for the shock. In the face of this horrible reality, their aspirations remain but they do not have an emergency plan or the will to surrender to failure, so they tolerate exploitation. The burden of failure is heavy for the victim since she has failed to meet the expectations and hopes of her family

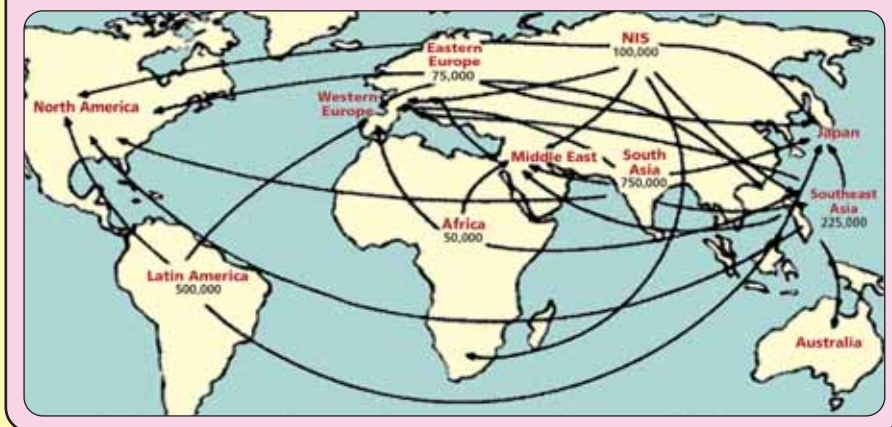
Female recruiters have by far outsmarted men in their ability to access an easy supply of other young girls for the trade. This is what makes trafficking so difficult to penetrate. It requires several players in the field and relies on deception, lies and prefabricated methods of recruitment.

Typically, the traffickers promise their victims respectable work as waitresses, perhaps domestic servants in the city or another country. In the case of minors, they promise the parents that they will have chances to better their education. More than likely the parents will be very relieved when such an opportunity arises for their daughter to escape vicious poverty in the rural area. Some of these parents or girls may suspect that they will be involved in sex work. What they do not suspect is the extent of the abuse and degradation they will suffer and the likelihood that they will be trapped in debt bondage.

Trafficked persons are shipped all over the world to work in brothels, bars, hotels, lap dancing clubs and red-light districts. They are largely invisible and are regarded as perishable goods, mere commodities to be sold and re-sold. Reports we read in the media only reflect a tiny picture of the situation due to its hidden nature. Trafficking in Persons is the third largest criminal trade in the world today – after arms and drugs. It is also the fastest growing industry.

Women and children can be bought and sold repeatedly for as little as \$100. However, a trafficked women can earn \$75, 000 to \$250,000 for her 'owner' or pimp in one year alone.

GLOBAL TRAFFICKING ROUTES



The Physical and Mental Health problems faced by these young victims are enormous. The burden of mental torment can break the courage of even the most heroic among them. They suffer from:

- Stress & distress
- Isolation & loneliness
- Lack of sleep, intrusive dreams and hypervigilance
- Loss of family, country and social networks
- Anxiety, a sense of panic and constant fear
- The different cultural setting is daunting
- Feels overwhelmed which increases their vulnerability and compliance
- Profound Post Traumatic Stress Disorder (PTSD)

The everyday life of a trafficked young girl consists of

- Violence, rape or constant threats thereof
- Threats of violence against her family in order to keep her in prostitution
- Debts fabricated or real e.g. for her airfare, which must be repaid to the pimp before she is allowed to earn money on her own
- Fear of reprisal from pimps if she does not earn enough money
- A chaotic life-situation far from her family or networks back home
- Diseases – inevitable in her situation and forced abortions to keep her always ready to earn more money for her pimp

A recent newspaper report in Kenya says:

‘The reality is that while various NGO’s have done splendid work to make communities aware of the evils of child labour, their efforts have not been matched by concrete measures to empower families economically so they can provide for their children and keep them in school.’

Young prostitutes are forced to engage in some of the most repulsive forms of abuse. The recovery process is lengthy and arduous. The trafficked person must face the fact that that he or she was tricked, exploited. The dream of a better future took a terrible turn for the worse.

He or she feels the family has been let down. There is a total loss of self worth. This sense of betrayal slows down the recovery process and the young person may abandon the rehabilitation work altogether.

Since Kenya is a source country, a transit country and a destination country for trafficked persons, there are very serious implications for our ministry. Our communities and dioceses face enormous pastoral challenges from this issue. First we must face our own fears before the enormity of the problem. There is the fear of being left with long-term responsibility for those we undertake to help. We also know that we can learn from these survivors, if we can listen deeply, be open to them, develop skills in counseling and above all, be there for them.



Sister Rosaria Pierse

Back in 1941 when Sister Rosaria – known at home as Mary Rose – left her home in Tralee, Co. Kerry to join MMM, our Congregation was only four years old. She generously placed her many personal talents at the service of a new endeavour that was fragile and risky.

Along the way she was never daunted by what was asked of her, always bringing graciousness and great creativity to the task.

She qualified as a Radiographer and served in most of our hospitals in Nigeria, and for a short while in Spain. She also filled several leadership positions, including the task of accompanying our first Nigerian Sisters through their early formation. In the second half of her life she studied a number of complementary therapies.

In 1985 she felt her life was changed following her appearance on the Late Late Show, when Gay Byrne asked her to demonstrate the technique of Reflexology on live television. For some time before that, she and others played an important role in bringing Reflexology to Ireland. After the TV coverage she was inundated with calls from people wanting to know more. A room for therapy was made available at our Motherhouse long before Reflexology became as well-known and popular as it is today.

Her creativity extended to the liturgy, beautiful flower arrangements and painting. She was a woman of deep reflection and prayer, always willing to offer a listening ear.

Her final illness and her death on January 21 2007 caused a deep sense of loss to her loving family and to all the MMMs in Ireland and Nigeria who had reason to be grateful for the touch of her presence among them through her long life. May she rest in peace.

Watch out for the Butterfly

By Sister Thérèse McDonough

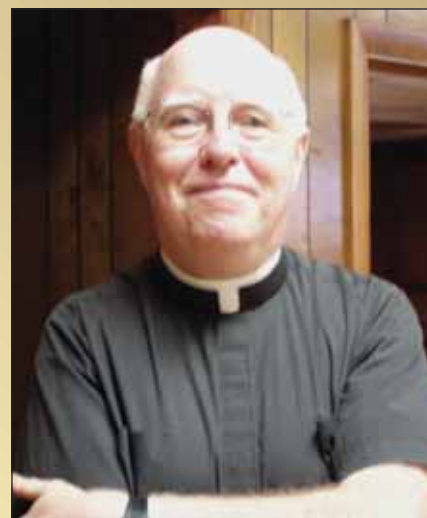
There's nothing in a caterpillar that tells you it's going to be a butterfly'. So wrote the Massachusetts-born poet and inventor, Buckminster Fuller. That thought gives us courage as we try to get to grips with our latest foundation in the US – for us another leap in faith!

Fr. Michael Kerper is Pastor of Corpus Christi Parish in Portsmouth, New Hampshire. Three parishes were amalgamated, leaving a former Rectory vacant. Fr. Kerper phoned me saying he was hoping MMM could enter into this new adventure.

The parish could offer the Sisters a rent-free home in return for visits to the homebound, nursing homes and hospitals in the area. He thought there might be Sisters available who are beginning to 'slow down a little'.

The Pastor said he has come to hold MMM in the highest esteem and has even visited our Motherhouse in Drogheda on a number of occasions. The greatest MMM impact on him and the parish has been the healing presence of Sister Nina Underwood. After many years in East Africa she returned to the USA in 2001 and moved to Portsmouth, NH to be of assistance to her elderly mother.

Slowly but surely Nina inserted herself into the life of the Portsmouth



Father Michael Kerper

community. She is Minister of Spiritual Care at Portsmouth Hospital and the newly formed Parish of Corpus Christi. The parishioners felt they would like more Sisters to join her.

When our Area Leadership Team met to discuss it the general sense was one of joy, experiencing this invitation as a gift. Before long we had three volunteers.

Our welcome from both the staff and parishioners at Corpus Christi was very warm and helpful. Sister Veronica Cawley brings her experience of working in the same field of care at Somerville, MA. Sister Mary Ellen Sambuco joined us from New York, where she had been ministering as a school nurse in the Bronx.

Gratefully, as I write, the new community is adjusting well to our new setting and one another. Nina continues to live with her mother nearby and we gather regularly.

We go with the flow of what seems to be God's Spirit working with us. Watch out for the butterfly!



Corpus Christi Parish Church in Portsmouth, New Hampshire



Sister Nina Underwood

Sister Nina Underwood as a young Sister was very well known among the missionaries and medical personnel throughout the Turkana Desert in Kenya. As a pilot with the Flying Doctor Service, she was also well known at Wilson Airport where she flew in regularly for a check-up on her one-engined Cessna aeroplane.

Later in southern Sudan, she provided immeasurable help to people displaced by the war between the Khartoum government and the SPLA rebel forces, until she was captured by an armed gang and marched through the bush to a make-shift detention centre. After a week she was freed, without food or water, and sent with a group through the heavily landmined marshes, till they reached the Nile, and eventual deportation to northern Uganda. A month later she got a permit to return to Sudan

where she resumed her work. Now helping in the care of her elderly mother at her family home in Portsmouth, New Hampshire, Nina also works in the Parish of Corpus Christi and provides pastoral care at the local Hospital.



Sister Thérèse McDonough

A native of Hyde Park, Boston, following her nurse training at Boston State College, and midwifery training in Drogheda, Sister Thérèse was assigned to Brazil. Health care and health education in the Basic Christian Communities on the periphery of São Paulo kept her busy for many years, and then she did a further two years among the people further south in the town of Colorado in the State of Paraná.

By then MMM had decided to open new missions in the north-east of Brazil and Thérèse moved to a small town called Capim Grosso in the interior of the State of Bahia where she spent a further ten years.

After she returned to the United States she took up work in New York with the Maryknoll Institute. In 2003 she was elected Area Leader for MMM in USA. When the Leadership Team decided to accept the invitation to staff a new mission in Portsmouth, New Hampshire, she was ready to volunteer!



Sister Veronica Cawley

Sister Veronica comes from Jamaica Plain, Boston and is famous for her special gifts as a listener, counsellor and carer. Her life as an MMM has taken her far afield. She has filled several posts at our Motherhouse in Ireland, fund-raising in Chicago, and is very fondly remembered in Malawi where she served as Hospital Administrator at St. John's in Mzuzu.

She studied Clinical Pastoral Education at St. Louis, MI, after which she took up pastoral work in one of the most down-trodden suburbs of Lagos, Nigeria. She also worked for two years as pastoral counsellor among people with HIV and AIDS at Masaka, Uganda.

Back in the United States, she served as Area Leader, and for the past number of years worked with the Shepherd Center which links older adults together with the aim of enriching the later years of a person's life with opportunities for service to others. All of this experience will be a great blessing to the new MMM community at Portsmouth.

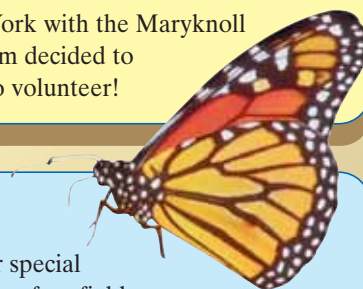


Sister Mary Ellen Sambuco

Sister Mary Ellen grew up in Irwin, Pennsylvania and completed her nurse training in Rhode Island and her midwifery training in Ireland. Later she specialised in rehabilitative nursing. As well as assignments in vocation ministry and fund-raising, she worked for several years in Malawi at St. John's Hospital in Mzuzu and at the Health Centre in Chipini.

On return to the US she was assigned to San Ysidro on the Mexican border. She has also done voluntary work in Family Counselling in Boston and has worked in Pennsylvania with mentally challenged people and their carers.

Mary Ellen has also been a visiting nurse-midwife in Mother and Child Health in Boston and in Pennsylvania. Most recently she has worked as a school nurse in the Bronx in New York. No doubt all these skills will be drawn upon as she joins the new MMM community in Portsmouth, New Hampshire.



Not for the Faint-hearted

Encouraging Developments in Angola

VIANA IS THE NAME of a municipality located about 15 km from Angola's capital city, Luanda. It is home to MMM's latest missionary endeavour. As in every mission, the first steps are fraught with problems that are not for the faint-hearted.

Veteran missionary, Sister Brigid Archbold, who has spent more than 45 years in Angola, was one of the first to volunteer for this latest venture in a satellite town where there are no health services.

Along with her, Sister Laurinda Bundo, a native of Angola, is patiently negotiating the finer points with various authorities. At this early stage of the developments, the two Sisters are lodging in an annexe in the compound of the Salesian Fathers.

Two more Sisters assigned to the project are still outside Angola – Sister Rosemary in Nigeria and Sister Jaquelline in Rwanda. They are anxiously watching for news of their visas for Angola. Hopefully, before too long this will be a vibrant international team heading up a vibrant new health service.

Our new neighbours in Viana cannot wait to see that happen! Already they are coming to ask for help with one ailment or another, and asking when will the Health Centre be running? Already they can see the perimeter walls completed. Construction of the house where the Sisters will live began on July 2. The builder says it will take four months to complete.

You cannot mix cement without water! When the drilling of the borehole began everyone held their breath till clean water flowed. It yields 1,500 litres per hour, but is a bit salty. The area has no town electricity supply,

so the Sisters had to raise funds for a generator to power the pump to bring the water from the borehole.

The plans for the building include two Consulting Rooms and a Laboratory.



Sister Laurinda Bundo

The services at the centre will be preventive and curative, with special emphasis on maternal health and child welfare.

Each time Sister Laurinda has to go to Luanda to talk to the various officials, she begins with a twenty-minute walk to the local taxi rank. As soon as the taxi fills up, it will take her to the main road. There she has to wait for a 'town taxi' to fill up before beginning the 15 km drive to Luanda.

When her round of visits to the various offices and suppliers is done, she makes her way to a Cyber Café to collect the emails and then repeats the above process to get home to Viana.

The Sisters ask us to support them very specially with our prayers during these 'hidden' months of getting started. And of course, they welcome donations big or small, to help get this new service up and running. The people have been a long time waiting!



Sister Brigid Archbold was one of the first to volunteer for the new mission.

WHEN SISTERS Josefina Nambombi Lissimo and Linda de Sousa Jaime made their first profession of vows in 2007, they brought to four the number of native Angolan Sisters in MMM.

Sister Laurinda Bundo, the senior among our Angolan Sisters, and our Vocation Directress barely made it to the bomb-wrecked city of Huambo in time for the Ceremony. It was 'touch and go' whether she would get there, as flights are often cancelled at the last minute due to fuel shortages in the country.

"I just made it," she said, "and when I called out their names at the beginning of the Profession Ceremony, and asked if they were ready to take this step and follow their calling as MMMs, they each stood up and said, 'Yes'. It was a wonderful moment!"

For Josefina it was also a joyous family reunion. She was joined by her two brothers and her God-parents. Both her parents are deceased. The family was separated for many years by the country's long civil war. None of them knew whether they would ever see one another again. They have only been reunited very recently and this was the first family celebration following all the years of sorrow and anxiety.

Both newly professed Sisters, Linda and Josefina, are nurse-midwives. They recently returned to Angola following their Novitiate in Nairobi. Linda has been assigned to our mission in Lubango while Josefina will remain in Huambo working at the Health Centre of São Luis. Also in that community is Sister Mauricia Tete Liahuka, who made her first profession in Angola a year ago.



Sisters Mauricia, Linda and Josefina

Generous Children give MMM a Helping Hand



Ninety Children from three First Communion Classes from Scoil Muire na nGael, Bay Estate, Dundalk, Co. Louth who made their First Holy Communion in Holy Family Church Dundalk. With the help of teachers M. Woods, G. O Gallachoir and A. McCabe, they put together a very big contribution to help children who need medical care in poorer countries.



Class 4B all aged 9-10 at Michael Hall School, East Sussex, raised funds to help children who have become orphans through AIDS at Kapsoya Mission, Eldoret, Kenya. Class Teacher Mr. Marcus Cheney.



Thank You FOR ALL YOUR HELP



Nothing delights us like the smile of a well baby! Vanessa represents thousands of children who can smile happily because of your support to MMM. We continue to work hard with other babies who suffer from malnutrition, and in preventing the killer diseases that can rob them of life before they reach five years of age.



What your gift can do!

£15 helps us provide food supplements to a malnourished child for one month.

€75 buys a bicycle for a rural health volunteer.

\$150 helps us to get a child with polio walking again



Our Promise

When a donor specifies a country, project or special need (e.g. famine or AIDS), **100%** of that donation is transferred to the specified country or project. Non-specified donations are allocated by us to the most urgent current needs overseas, or may be added to our General Mission Fund, which pays for airfares, professional training of young Sisters, and the numerous emergency needs overseas for which assistance is required.



OUR ADDRESS: Please mail your donation to:

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MMM Communications,
Rosemount, Rosemount Terrace,
Booterstown, Co. Dublin, Ireland.
Tel: +353 1 2887180.
OR donate online at:
www.mmmworldwide.org

USA:

Mission Development Office
4425 W. 63rd St., Ste 100
Chicago, IL 60629
Tel: (773) 735 3712
OR donate online at:
www.mmmusa.org

Bank Details:

Medical Missionaries of Mary
Bank of Ireland
Merrion Road
Dublin 4

Account Number: 62835417
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