

Healing & Development

2009 Edition

PARÓQUIA
SANTO ANDRÉ
JAQUELING

Forty years



on mission
in Brazil

**Yearbook of the
Medical Missionaries of Mary**



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MALAWI



UGANDA



Volume 70 – 2009

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin, to-day MMMs number 400 Sisters, who come from eighteen different countries, and a growing number of men and women from ten countries who are Associate Members. 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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Leader's Letter



IF GOD WANTS THE WORK...

Our Foundress, Mother Mary Martin, often said to her early companions 'If God wants the work, God will show the way'. In very many ways this has proved to be true.

This Yearbook begins with our celebration of forty years in Brazil. We took our first steps in Latin America back in 1969. The way was not always easy, but I feel sure you will be interested in reading a little about it. Today, our Sisters are also working in Honduras, where a new centre has recently been blessed and opened. This story is also covered in the following pages.

In Africa our work stretches from Ethiopia in the north-eastern corner down as far as Malawi, and again on the west coast in Nigeria, Republic of Benin and Angola. In each mission we try to respond as best we can to the needs of the local people. Everywhere there are MMM Sisters, you will find a team of local women and men, trained appropriately to serve their own people. There are also many local volunteers who give their time and talent willingly to work in our programmes.

We are also happy to bring you the news that the MMM Associate Movement is growing around the world. You will see that from Tanzania to Brazil, in Europe and USA, men and women find they can put the MMM spirituality and charism of healing to work in their own lives. This gives us great support and strength.

In the past year, God called eight of our Sisters to heaven. They are greatly missed by us and by their families. But as the Yearbook says 'their hope is full of immortality', and so is ours.

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.*

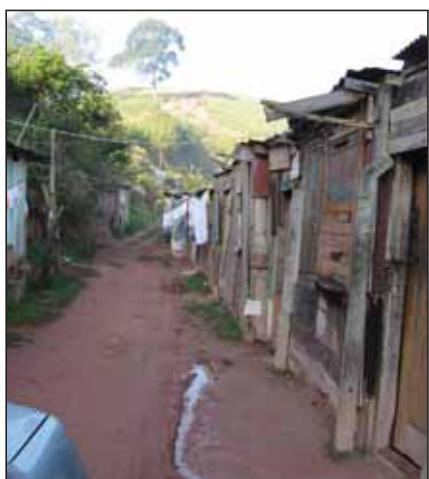
*Engaging our own pain and vulnerability
we go to peoples of different cultures
where human needs are greatest.*

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

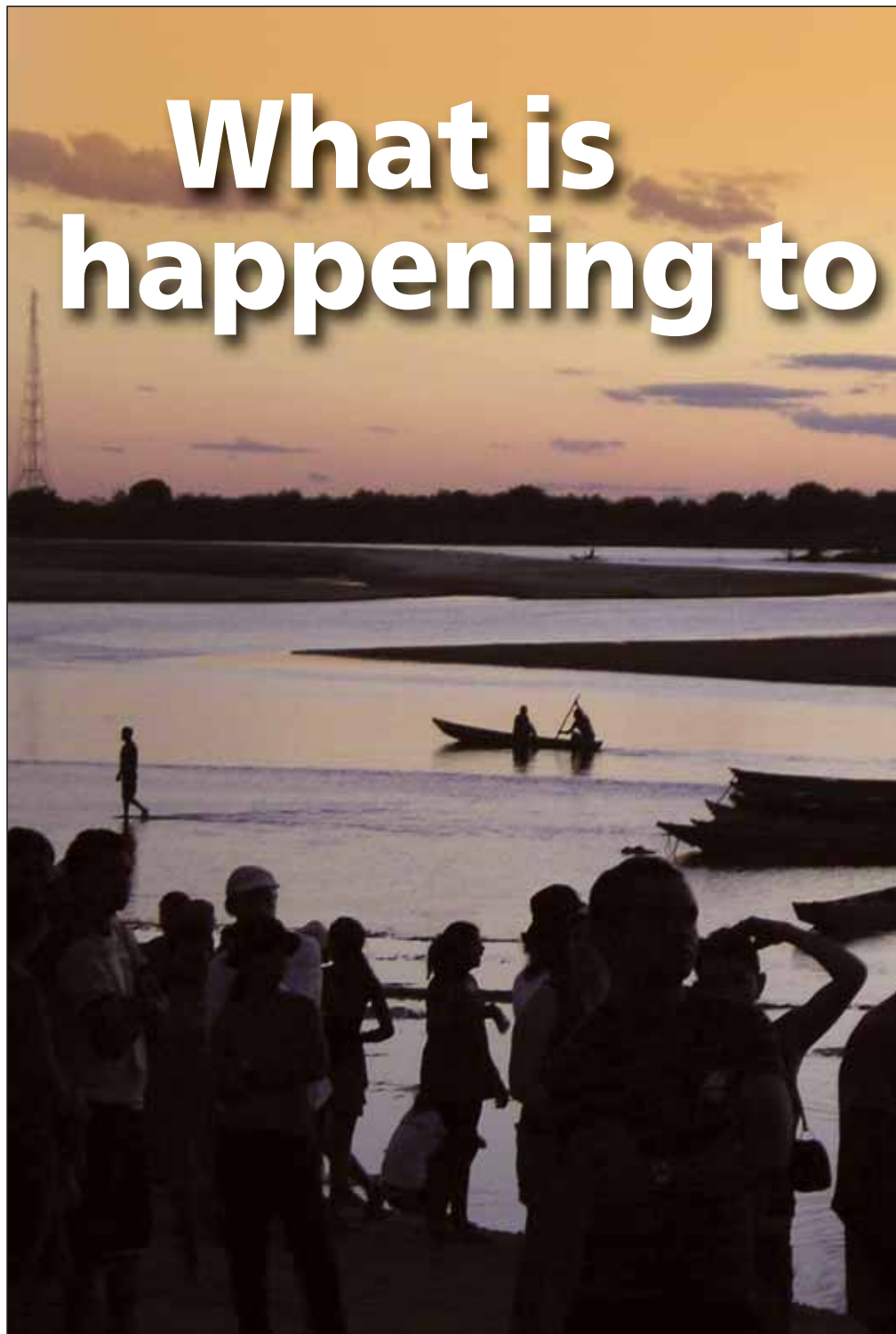
You, our readers, are among the partners who make all we do possible. Thank you for your support. Whether you are part of a development agency, or a small donor group, or an individual who sends us regular or occasional donations, know that we are grateful. Without you, we would not be able to send our Sisters overseas and maintain them in places of great need. Without you, we would not be able to pay the salaries of our staff, or meet the needs of those we serve.

Every evening as we gather in prayer in all our communities around the world, we remember you and ask God to reward you. Please pray for us too, that we may remain faithful to what God asks of us.

Se. Margaret Quin
Congregational Leader



What is happening to



SISTER SIOBHÁN CORKERY is Zonal Co-ordinator of MMM in the Americas. Asked what we have to learn from our forty years on mission in Brazil, she points to the Church's social teaching on development. She thinks especially of the teaching enshrined in the great encyclical of Pope Paul VI, *Populorum Progressio*, published in 1967, just about the time MMM was considering our first steps in Latin America.

With the publication of *Populorum Progressio*, development became an integral question for missionaries everywhere. But not 'any old kind' of development!

The Jesuit missionary, Fr. Peter Henriot, has said 'according to the

message of Catholic social teaching, the question to ask in relation to any development planning, implementation or evaluation is 'What is happening to the people?' *not* 'What is happening to the economy?' This critical distinction is important everywhere in these times.

the People?

What is happening to the people is closely linked to what is happening to the land and the rivers and the seas. Brazil's mighty São Francisco river, stretching over 1,975 miles, is shrinking before our eyes. Now only small canoes can pass stretches where large vessels once proudly sailed. People walk on mudflats that replace the gushing waters now gone. This highlights the value and cost of water and the politics of who gets priority in the distribution of this precious resource.

1979 this would mature further at the Latin American Bishops' Conference at Puebla in Mexico.

When Sisters Brigid McDonagh and Sheila Lenehan arrived in Brazil in 1969, they quickly realised that the oppression of the military regime could not deter the commitment of the church to serve the people at the most basic level of society. The principles of *Populorum Progressio* had fallen on fertile soil, and the praxis of the church

in Brazil at that time gave a clear orientation to how the MMM mission of healing would be expressed in our lives and our work among the poor.

In line with the pastoral options of the church, MMMs in Brazil chose to avoid establishing institutions, but rather to immerse ourselves within local communities, helping the people to improve their health and social well-being and to struggle for their rights. This choice

meant the outcomes would not be as visible nor as measurable as the clinical work of hospitals or health centres. Progress would be measured by that ever-present question and challenge: *what is happening to the people?*



Franciscan Bishop Luiz Cappio, pictured here with Sister Siobhán, is bishop of the Diocese of Barra, in the State of Bahia, one of five States along the watershed of the Rio São Francisco. He has walked the entire length of the river, in solidarity with each community that lives along the bank. He has twice embarked on a period of fasting and prayer, taking only water from the river for his sustenance for up to 24 days – calling on the Government to develop the river for the use of the poor rather than redirect its course for a huge commercial irrigation project. Supporting him, the Conference of Bishops declared a national day of fasting. Dom Luiz was awarded the 2008 Pax Christi International Peace Award, which also honoured the members of the Brazilian community who worked with him. But the commercial interests who want the river diverted are very powerful.

In 1987, Pope John Paul II marked the 20th anniversary of *Populorum Progressio* with his own encyclical on social teaching '*Sollicitudo Rei Socialis*'. In it he says, 'The process of development and liberation takes concrete shape in the exercise of solidarity, that is to say the love and service of neighbour, especially of the poorest'. (n.46)

The unfolding of the MMM Story in Brazil reveals the patient work of exercising this essential 'solidarity' of which Pope John Paul speaks.

People Centered Development

Forty years ago, Brazil was in the grip of a military dictatorship. In 1968 the Bishops of the whole continent of Latin America had met at Medellin in Colombia for a Conference that became famous for its social consciousness. A few years earlier, these same bishops had endeavoured to influence the Second Vatican Council to adopt a more socially aware approach to the work of the church. In



Sister Brigid McDonagh

Deep Strong Moments of Mission

SISTER BRIGID McDONAGH first visited Brazil in 1968 as part of our research with a view to establishing the Congregation in Latin America. She returned the following year and apart from short breaks for leave she has been in Brazil ever since. She plays a leading role in the work of her Diocese, co-ordinating the ongoing education of catechists, meeting with them to discuss the content of the programme, methodology used and the relationship between the catechist and the child. She is also responsible for pastoral work with women's groups. Some years ago when she received a donation of \$100 she set up a small revolving loan fund and savings scheme which has been very successful and is still going. Looking back now on her forty years in Brazil, she says:

'Telling the Story presents me with a certain difficulty in balancing the historical moments with the deep strong moments of mission – the heart of being with the people, learning with them and from them.'

In 1969 when Sister Brigid, together with Sister Sheila Lenehan arrived in São Paulo they were warmly welcomed by Cardinal Rossi. They lived and worked in a shelter for pregnant women who were single and poor, often rejected by their families.

Sheila, already trained in general nursing, had to revalidate her final exams and then began studying midwifery, while Brigid had to re-sit her final pharmacy exams in order to get on the Brazilian register of pharmacists. That was no small challenge in a new language!

Brigid recalls:

'In our room we had an electric ring, one saucepan, two knives, two spoons and two forks, no fridge. In many ways it was one of the happiest times.'

Walking Clinics

Two years later the Sisters moved to the periphery of the city to a parish run by the Kiltegan missionary priests among the very poor. Brigid recalls: 'We were given polio vaccines from the Central Health Depot and we became 'walking clinics' going from house to house with *Isopor* boxes. The children thought we were selling ice-cream!' During this period Brigid also commenced part-time work in the pharmacy of the down-town Amparo Hospital which served the poor.

When the two pioneers had completed their first three years in Brazil, wonderful news came with the assignment of three more Sisters, and then eight others in the succeeding years, with more yet to follow.

In 1987 which marked the Golden Jubilee of the foundation of MMM, the Sisters asked themselves some searching questions. The outcome was a decision to respond to the greater needs of the north-east of the country. More research was done, eventually leading to the handing over of most of our commitments in São Paulo and establishing new work in the State of Bahia. We first went to the small rural town of Capim Grosso and six years later another house was opened in the city of Salvador. Our newest mission is in Feira de Santana.



A newly-built VIP Latrine is not the backdrop celebrities would choose for a photo call. But for a missionary like Sister Sheila Lenehan concerned with healthcare and the development of her rural people around Capim Grosso, the achievement of good sanitation in a semi-desert area is very rewarding.



Sister Phyllis Heaney has been working in São Paulo since 1975. Her great gift is with people who have special needs. She is currently the co-ordinator of a centre called 'Child of Hope', where there is a great spirit. Four full time staff work with forty children and adults. Most of the mothers of the children are also involved. They are supported by a number of volunteers. Each morning a minibus collects the children and staff, all have breakfast together, then daily activities commence.

Every two weeks a psychologist comes to work with the mothers in groups, providing support in coping with their child. Sister Phyllis, accompanied by other staff members, visits the home of each person once every six weeks, helping to address any particular problems they find.



Sister Maria José



Sister Regina Reinart



LOOKING BACK over these forty years, a very big moment was the profession of our first two Brazilian MMMs in 1986. Sister Maria José da Silva (*above*) is now responsible for formation for MMM in Brazil. Sister Cleide is on mission in Honduras – see page 35. Two young Brazilian women, Josinete and Miranilza are currently in initial formation at our inter-cultural Novitiate in Nairobi.



Brazilian novices, Josinete and Miranilza, visit Mukuru Health Centre run by MMM, in one of Nairobi's large slums.

Sister Regina Reinart from Germany first went to Brazil in 2000. As well as her training in science and theology she brought her special talents for working with young people through music and choreography. She learned the local culture through work in a women's project called Tree of Life. The project in Salvador is run by Sister Maria José and MMM Associate Cristine Andrade Baião Dultra. It helps more than eighty women. In groups they work to improve their self-esteem through art therapy and craft work which can lead to some small income generating projects.

Regina then moved on to work in the small Christian community known as Maranatha, where she made friends with the young folk, helping them to develop their faith. Dance Workshops and drama were very popular. The leader of this group is MMM Associate Itania Neri dos Santos. Regina also teaches theology on the famous National Summer Course organised by the church in Brazil for lay workers.



Feira da Santana is the second largest city in the State of Bahia and has plenty of poverty. The Archdiocese rents a house for people with HIV and AIDS. Sister Ursula Cott is the co-ordinator of the house along with Aldeize Telhas de Sá. Two Sisters from other Congregations are also working with her. It is a small and conducive environment for people who have HIV and AIDS. Those who cannot come are visited at home.

The Government takes care of drugs but asks the Church to take care of psychological needs, counselling and other personal support. Ursula is also involved with the local community

and is part of the Parish Team for the formation of pastoral workers.

Two lay missionaries, Legeane Cardoso from Brazil and Mary Egan from Ireland live in community with Sister Ursula. They work with young people and women's groups on human development.



Legeane Cardoso



Marlene dos Santos Santana with Sister Ursula Cott on International Women's Day.



Mary Egan from Ireland has worked as a lay missionary with MMM in Honduras for several years. She has recently joined Sister Ursula Cott and lay missionary Legeane Cardoso in our newest mission in the city of Feira da Santana.



Working with women in Brazil

IT OFTEN HAPPENS that the first step in exercising solidarity is exploring the lack of self esteem among people who are marginalized. In one women's group participants were asked to draw something that expresses 'who am I?' Elizabeth complained that she couldn't draw. 'You don't have to be an artist,' it was explained, 'just any rough picture that helps you say who you are, or how is your life just now.' She drew a cockroach.

The discussion began. Why did she choose that? Her reply came softly at first until she felt secure enough to express the real anger she was feeling:

'What do you do when you see a cockroach,' she asked? 'You step on it and try to kill it. This is what has been happening to me all my life.'

Starting from this low point, it takes a lot of patience to help women to accept their true worth, to realise their potential and begin to explore their talents, which may hopefully lead to some capacity to generate even a small personal income.



SISTER SHEILA CAMPBELL works in the city of Salvador with women from the poorest class of society, trapped in prostitution by illiteracy and poverty and traumatized by violence since childhood. Alcohol abuse and drug taking are other traps for these women.

'Their health needs are my special concern,' she says. 'As well as all the range of sexually transmitted diseases you would expect, most also suffer from stress-related illnesses – hypertension, gastritis, cardiac problems. Many suffer from the violent behaviour of their clients or their home partners but are reluctant to go to the police to complain, as their complaints are not treated seriously. Last year we had three women assassinated by clients.'

'One of our pastoral responses to this situation is to set up literacy classes. This gives a better chance of integrating with the wider society. Lucia taught me this yesterday. She is 46 years old, and came to Salvador as a teenager from another State. She works all day in a brothel near the port. Lucia told me how excited she was when she managed to join up her letters and how much she was enjoying her literacy class. Last year she bought a long distance bus ticket to go to visit her mother, but missed the bus because she could not read the name of the destination written up on the front. "I will never miss my bus again," she said happily.'





*Harvesting cassava is labour intensive for the individual.
Harvesting the rain requires the effort of the whole community.*



Harvesting the Rain



Sister Sheila Lenehan

IN CAPIM GROSSO, a semi-desert area, you usually get heavy rains in December and January and milder ones in July and August in a good year. But we haven't had a good year now for some time.

Outside the urban area there is no public water supply. Families who live in the rural area have to provide their own. This is not an area where it is possible to dig wells, and artesian wells are very costly even if the land was suitable. So families dig out a shallow basin-shaped hole and when it rains the water gathers there.

This water is shared with the animals and also used for washing clothes and bathing. While this is great for community building it not good for your health. Here the children – especially – suffer from chronic diarrhoea and parasitic infestations. This leaves them under-nourished and anaemic. The small resources of the family are spent buying medicines instead of food.

Good to drink

In 2001 we began to work with the local people to try to improve the situation. Together we started to build cisterns to collect the rainwater from the roof of the houses. This is clean water and good to drink.

A family of five needs 16,000 litres just for dinking and cooking for eight months and so the cistern has to be large enough to hold this amount. Hopefully it will rain during the other four months.

The process for acquiring a cistern is a community affair. They hold a meeting and together decide who should get priority, families with small children, sick or handicapped members or those who live furthest from the water tank. Then they get together to dig the hole approximately twelve feet in diameter and six feet deep. Next comes the actual construction of the cistern, the family provide the labourer to help the builder and they also feed him and if necessary he sleeps in their house.

There is lots of community cooperation during this process. When all the cisterns are built for an area there is a community meeting and the families undertake to pay back half the cost of their cistern over two or three years. This means more families can have a cistern later on. There is also a training course for the families to teach them how to manage their cistern and to economise on the use of water.

It is often very difficult for the families to find the money so then we organise another course for them to learn a new skill, which will help them to earn



Sister Pauline Connolly spent many years in Africa before going to Capim Grosso. She says: The challenge of being a missionary here is to be among the people, discerning together what might improve their family life. Many have problems through lack of employment, alcoholism, drugs, or banditry. They may be worried because somebody has been hired to kill. When they are sick, we visit them. All our houses are situated in midst of the local community where they can reach us and from where we can go out and be among them. Bible sharing groups in their homes at night are a source of strength for them.

some pin money. Sometimes it is making biscuits, or painting on cloth to make tea towels or tablecloths, or crochet work to sell locally.

People Power

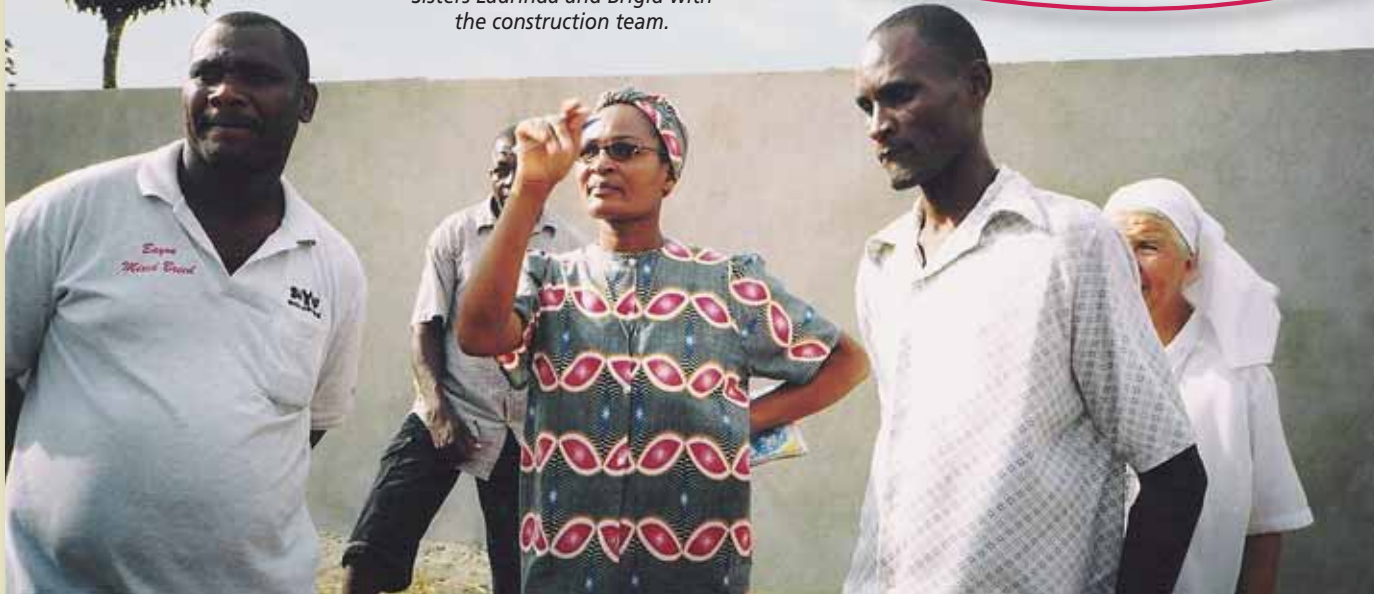
Over the last four years we have had a campaign to get a law passed in our town which would oblige the Local Government authority to work on improving the water supply both for the urban and rural area.

We worked with the people. Workshops were held and eventually we wrote out the law, as we thought it should be, with the help of a lawyer.

We then collected signatures and sent all to the Mayor and Council for approval. When it was to be discussed at a Council meeting we gathered the people to be present. It was finally signed into law on the 23rd September 2008 after four years of effort.

A Good Start at Viana

Sisters Laurinda and Brigid with the construction team.



THEY SAY that if you make a good start with any task it's half the battle! No matter how you go about it, getting started with a new mission is never easy. Every project is fraught with obstacles. You dream, you plan, you sit down with the local people to discuss their needs, you do a baseline survey and eventually the day comes when workmen move in on the site. All these days and weeks and months it is the dream that keeps you and the people going. The constant awareness of the needs around you spurs you on.

There are times you feel like giving up. But you see the hope in the eyes of the people, and the trust they place in you. That is why you are here. You and they believe that together you can bring about the mission given to us by Jesus Christ who came on earth *'that they may have life and have it to the full.'*

Viana is a satellite town on the outskirts of Luanda, capital of Angola. The local water supply was destroyed during the long years of civil war. Along with the people of Viana, the Sisters are hoping for the day when this long-promised need will be fulfilled by the local Council.

Last year we installed a borehole to bring water to the surface, but the water is somewhat salty, and not suitable for drinking. Until the Council solves the water problem, a tanker has to come and fill the 14,000 litre tank every two months.

Even while they were struggling to overcome obstacles like the planning permission for the new Health Centre, the sisters had to deal with the fact that there is no electricity supply and no drinking water available.

A generator is needed not only to provide light and household needs, but





most especially to power the fridge and freezer. To keep the generator going they need to buy 1,000 litres of diesel at least every three months. When the tanker comes, they have to have the money ready to pay.

Then there is the construction of housing for the night watchmen. Pit latrines and some shelter have to be completed. At present they are using the Sisters' laundry for their accommodation. Slowly they watch the building stage by stage until the keys of the first building are handed over. It is called 'The Annex'. The Sisters are living in it at present. Now that planning permission has come through, they will take steps for another new building on the site. The dream continues. They would like to be at the stage of buying furniture and fittings for the new Health Centre, but that is still in the future.



Sister Brigid



Sister Laurinda



Sister Rosemary



Sister Jaquelline

Wherever we come from, the same God calls us all to serve those in need. Sister Brigid Archbold from Ireland, Sister Rosemary Akpa from Nigeria and Sister Laurinda Bundo from Angola are the core community in Viana, while Sister Jaquelline Nalubega from Uganda is giving a hand there before taking up her appointment to our mission at Huambo.



The keys are finally handed over





In Zaffé we are asked to come to the help of a New Year Baby



By Sister Irene Balzan

THE LITTLE BOY was born on New Year's Day. The birth took place at a rural clinic, about half an hour's journey from our Health Centre and Maternity Unit at Zaffé. On account of the day he was born, everyone agreed the little boy should be named 'Janvier'.

Tragically, the young mother had a post-partum haemorrhage. There was no doctor at this remote clinic, which is beyond our catchment area and not under our control. A maternal death is the worst possible outcome for everyone concerned in the management of childbirth. The grief of her bereaved husband and children – a girl of about ten, and three younger boys – was echoed throughout the entire village.

The father felt unable to rear the newborn infant. They were a poor family. Tins of infant formula would be far too much for them to purchase. In despair, he came to us asking for money and transport to take the child to an orphanage about an hour and a half away.

The baby was crying in my arms as I sat down outside their home to talk to this heart-broken man, burdened with his great loss. I asked him did he really want to part with his infant son? Did he realise how much the child would lose by not growing up in his village, among his own people?

Clearly, the father really wanted to keep and look after the baby. It seemed the biggest problem was the cost of the milk. That problem, we assured him, could be overcome.



Baby Janvier where he belongs, surrounded by his caring family.

In the family compound at their village, the father's elder sister said she would be happy to care for the infant. The baby's big sister said she would love to help. His brothers were happy to have the new baby home.

We set aside a fund to provide the milk little Janvier would need. His father said he could buy it himself for some of the time. Our outreach team visited their home village regularly, frequently checking on the baby's progress.

When Janvier was six months old, his aunt put on her best clothes and came to our Health Centre at Zaffé to show us all how he was thriving. Janvier didn't smile for the camera, but he looked healthy and we knew he was guaranteed a loving family upbringing thanks to the generosity of our donors who made it possible for us to save him from being sent to the orphanage.



Janvier at six months old, safe and well, in the arms of his aunt.



The seventeen members of staff at Zaffé are divided between those who cover the static services at the Health Centre and those on the Mobile Outreach Team. A monthly vaccination clinic is held on an open verandah at the Health Centre, known as the 'Paillotte'. Staff nurse Richard (sitting) is helped by two staff seconded by the Government. Babies are vaccinated against polio, TB, hepatitis, diphtheria, measles and tetanus. Ante-natal mothers are vaccinated against tetanus.

To bring this service to seven outlying villages, the Mobile Outreach Team visits each place once or twice each month, depending on the population.

IN Zaffé, agricultural development is seen as an extension of the health programme. It can improve nutrition and guarantee better income for local farmers.

The picture below shows Development Consultant and MMM Associate, Eamon Brehony (*centre, back row*) visiting Zaffé to help local farmers to set up a revolving fund for agricultural development. They will use this to develop production of maize, cassava and breeding of rabbits and guinea fowl.

The picture includes Sister Antoinette Oghenejode (*centre, front row*) who had obtained a degree in Agricultural Economics from Delta State University in her native Nigeria before she joined MMM. Following her first profession, Sister Antoinette was assigned to our community at Zaffé and set off to study French at the language school in Cotonou. Afterwards she was sent to the famous Songhai Centre in Porto Novo, where she began a general course in practical agriculture. This included assignments in the departments of poultry, gardening, compost making, and fruit processing.

This Songhai course lasts for one year, but Antoinette was called up by the Nigerian authorities to participate in the National Youth Service Corps. This is an obligatory year-long service for men and women who graduate before reaching thirty years of age. So she had to put her studies in Songhai on hold and return to Nigeria.

Following three weeks of military training, she was posted, along with four other graduates, two women and three men, to a Community High School in Anambra State, and assigned the task of teaching agricultural science to boys and girls aged between 12 and 20.

She says: 'At first it was very difficult but I have adjusted now. We are known as 'Corpers' and we each have our own room in the 'Corper Lodge' on the school compound. We do our own shopping and cooking.'

As well as teaching, each Thursday the 'Corpers' visit factories and local government premises in the area where they are introduced to the administration methods of these institutions and learn how small scale enterprises can be set up. It takes more than



Sister Antoinette

two hours to travel to the nearest MMM community at Abakaliki. Antoinette looks forward to being back in the Republic of Benin early in 2009 to take up her work there once again.



Setting Realistic Strategies

Sister Carol Breslin writes from Addis Ababa



TWO YEARS AGO, working with a Consultant, we made it our main strategic objective to maximize the potential that new HIV treatment regimes offered. The planning involved management personnel at our two locations, the MMM Counseling & Social Services Center, founded in 1992 and at St. Mary's Laboratory for which we took over responsibility in the year 2000.

By 2006, Ethiopian Government health institutions were beginning to make Anti-retroviral Therapy (ART) freely available for treatment of HIV. Drugs were also available for prevention of mother-to-child transmission of the virus (PMTCT). However there were indications that the health system was becoming overwhelmed. For example:

- doctors gave out the medications but did not have time to discuss the importance of compliance and side effects;
- hospitals were not able to follow up clients at home, so people were defaulting on treatment;
- the cost of laboratory tests was prohibitive for the poor;
- clients were dying while awaiting completion of their tests because hospitals did not have sufficient

laboratory facilities to deal with the increasing numbers of tests needed to start ART.



Michael Alemayehu, one of the Laboratory Technicians at St. Mary's Laboratory.



St. Paul's is one of the hospitals we work with in supporting provision of ART services.

RESOURCES

The MMM Counselling Centre and St. Mary's Laboratory had knowledge and experience to help deal with some of these gaps.

We had in place a well-equipped laboratory, we had skilled and experienced counsellors and a home-based care approach. We could see that by working with the Ministry of Health institutions authorized to give out HIV treatments, we could fill the gaps in each other's services and avoid duplication.

We decided to begin with a 3-year pilot project to be carried out in two areas of the city. The main elements of the project are:

- Counsellors at the Counselling Centre and St. Mary's Laboratory do initial counselling of clients for HIV testing;
- Clients who are HIV positive receive follow up counselling and are advised to have a CD4 count;
- If eligible for ART, they have other tests at the Laboratory to assess their status;
- If clients cannot afford these tests, we provide them at a subsidized price.

Then our counsellors refer these clients with their HIV, CD4 and other basic tests to the designated hospital, which supplies the treatment and/or preventive drugs.



Some of the staff at St. Mary's laboratory including Martha Mekonnen, Etsegenet Admassu, Yeshe Alemu, Negat Negusse, Michael Alemayehu and Addisu Kidane.

An important component is that the hospitals accept our laboratory results and do not repeat them. Hospitals involved with the project refer clients who have started ART to our Home Care Teams in the Laboratory outreach and at the Counselling Center for integrated holistic home care. This includes counselling about adherence, side effects and issues related to disclosure of their HIV status to their family.

TWO-PRONGED APPROACH

The Social Services Unit, based at the Counselling Center, provides social and nutritional support for clients referred from Home Care Teams.

Many of our clients live in very poor circumstances and do not have adequate food. This describes one prong of the pilot project, for medical, laboratory, hospital, and home care services.

Our HIV Education Department is implementing the other prong of this project to provide better access to anti-retroviral treatment. Our staff teach communities and families the importance of HIV testing, compliance with treatment, the benefits of PMTCT, and give general information about treatment and prevention and where these are available.

WHAT IS UNIQUE

What is unique about what we do in Addis Ababa is that we try to identify the gaps in services and meet them at grassroots level. We are not duplicating services that the hospitals already provide but we are building on the knowledge and experience that we have developed.

There are other gaps which we try to close where possible. One of our donors provides money for transport to the hospital for those who would otherwise be unable to receive treatment. Sometimes people are too sick to go alone for hospital appointments, especially when they are starting their treatment. In these cases, one of our



Health Workers goes with them. Clients need adequate nutrition to benefit from ART and we provide food for them. Many people already on ART are coming to the Centre asking for food.

We plan to carry out a review of the pilot project in the next few months. In the meantime, the staff at the hospital and St. Mary's Laboratory are pleased with how the project has developed. More important, of course, is how our clients who are now on ART are feeling.

One man who was visited by one of our Social Workers had stopped taking his ARV therapy after three months. 'Look at me,' he said. 'All of my family are dead. I have no shelter, no food, and no job. I have nothing to live for. Why should I take this medicine?'

He was provided with a blanket, a mattress, a plastic house, and some food. It seemed very little in view of his situation. At the next staff meeting, the Social Worker reported with tears in his eyes that the man said to him 'This is the first time anybody has shown that they really care, that they can give me a reason to go on living.'



Kifletsadik Dandena provides education on HIV-related issues in the local community



We sat on the charred metal frame of her salvaged sofa



Sister Patricia Hoey with Eda and Isaac



Eda's new compound



Eda's former home burned as a result of post-election violence.

Eda's Homes

by Sister Kay Lawlor



THIS MORNING I MET EDA, a wife, mother, and Community Health Worker trained by Sister Patricia Hoey and her team at St. Mary's Clinic in Eldoret. Eda is a remarkable woman. When she told me her story, when I saw the pain in her eyes and glimpsed her hope for the future, I came away feeling privileged and humbled to have met her.

Eda has worked hard all her life, supporting her husband, Isaac, who had a problem with alcohol dependency. Despite this, she raised and educated her children, built her home-stead and helped her neighbours.

The family owned a five acre plot which they farmed, growing mainly maize. Their cement-built home consisted of six rooms and was beautifully and comfortably furnished. Her husband joined a recovery programme which led to a very good outcome. The children moved on with their lives after finishing school. Eda and Isaac were a happy, late middle-aged couple looking forward to years of contentment and peace on their farm. All that was shattered on the night of 31st December 2007.

Kenyans had gone to the polls on the 27th December. The campaigns for

Members of Parliament and President had been heated and tribally based. There was a lot of negative ethnicity. When the results were eventually announced, violence was unleashed and it was tribal, pitting neighbour against neighbour. It was especially bad around Eldoret in the Rift Valley, an area that has suffered land clashes in the past. The people knew what was about to happen!

Eda's home and farm is just outside the town of Eldoret, situated on a hill. On the night of the 31st December, she and Isaac were sitting in their home when they heard a lot of noise in the distance. Looking out they saw houses on fire – houses of people they knew, friends and neighbours who were Kikuyus. Eda and Isaac were of the same tribe, unwanted in that area. They knew what was coming.



So they gathered up what they could – some household belongings, chickens, papers – and gave them to a neighbour to keep for them. This neighbour was of a different tribe and would not be disturbed. As the crowd of rampaging youth drew nearer, Eda and Isaac fled for their lives. Many attackers headed their way. Eda said ‘there must have been a thousand.’

It was well planned and very well organized. They worked in groups – each large group taking a different pre-selected homestead. Within each group there was division of labour. Some took the animals – Eda had seven goats and a cow – some carried away cupboards, tables, chairs and cushions, while others cut down trees. When all was looted, they set fire to the house, dousing the roof with petrol.

When the attackers had gone and it was safe to return from the camp to which they fled, Eda found their animals gone, their 100 sacks of maize gone, and their house a burned out shell. Isaac collapsed when he saw the work of a lifetime so totally destroyed. He was unable to stay in the area and went to relatives for a while.

Eda spent two days camping at a local church until a kind person invited her to stay with her family. She spent her days helping others as a Community Health Worker. People were sick and babies were being born. She would go without food all day so as not to disturb the family who had taken her in. She lived this way for three months. She had nothing. Even some of the belongings that she had left with her neighbour had been used by him. His family ate most of their chickens. Eda was left with only the burnt iron sheets from her house and some charred metal sofa frames. But she had her faith in God and her will to live and begin again. She was not going to give up.

On a sunny day at the end of May she took me to her new home. With a small amount of financial help from Sister Patricia’s emergency fund and a lot of ingenuity and courage, Eda has managed to rent a small plot of land. There she built a house with three small rooms – all made from the charred iron sheeting and two wooden doors that a friend gave her. She has a small enclosure for her two remaining hens and has planted the small area with maize and green vegetables.

Isaac has returned and is working alongside her. In their mud-floored sitting room we sat on the charred metal frames of their original sofa which they had salvaged from the wreckage of their home. It had rained the night before and was muddy. There was a kerosene stove and a wheelbarrow in the corner.

They took me to see the burnt-out shell of their former home – roof, floors, windows – all gone. They have plowed their farm but they were not given seed or fertilizer so have not been able to plant. People of their tribe are not wanted in the area and are being discriminated against.

The work and dreams of a life time were gone in such a short time – gone because of tribal hatred fueled by unequal distribution of land; because of the greed of a few and the poverty of the many. Gone because people greedy for power and wealth incited and used the poor to burn and kill.

As we left Eda and Isaac, bravely standing in front of their new home, I knew that behind the smile on their faces there was pain and sadness in their eyes. I too felt sad and angry. At the same time I am awed at the faith and hope of Eda and Isaac as they try to face the future.

Eda pictured outside her new house.



MMM Associate Movement around

The group of MMM Associates in Brazil has four new members who made their Covenant in the past year. Andreia de Jesus dos Santos, Itania Neri dos Santos and Sueli Santos Nascimento, bring to five the AMMMs in the city of Salvador, along with Cristine Andrade Baião Dultra and Roseilda Silva Azevedo. A new member in Capim Grosso, Marcus Henrique Felix brings to eight the AMMMs in that town including three married couples. They are pictured below with some of the MMM Sisters: *Back:* Dai Guimarães, Sister Pauline Connolly, Dey da Silva, Sister Sheila Lenehan, Juscy da Silva, Sister Sheila Campbell, Sueli Carneiro Morais. *Front:* Eleine Guimarães, Sister Regina Reinart, Nara dos Santos, Sister Siobhán Corkery, Natan dos Santos.



Andreia



Marcus



Itania



In Angola, following patient preparation, the first four Associate Members of MMM made their Covenant in 2008. Pictured here with Capuchin friar Fr. Avelino who presided at the ceremony are: Maria de Lourdes, Rosaline Mutito Segundo, Josefa Nahumba and Costodia Hambeleleni Simão.

California Workshop for World Service

ASSOCIATE MMM, Nancy Hinds founded the Hinds Hospice in Fresno, California, back in 1981. Its mission is to uphold the dignity and ease the suffering of the terminally ill while supporting their caregivers and those who are grieving.



Pictured with Nancy on the left, are speakers Pashika Tshmika, Dr. Judith Hill, Sister Carla Simmons and Dr. Bjorn Nilson



In collaboration with the Medical School on the Fresno campus of the University of San Francisco (UCSF), Nancy organized an International Conference for healthcare professionals interested in developing countries. Its aim was to help participants to understand the principles and practices of hospice and palliative care in developing countries.

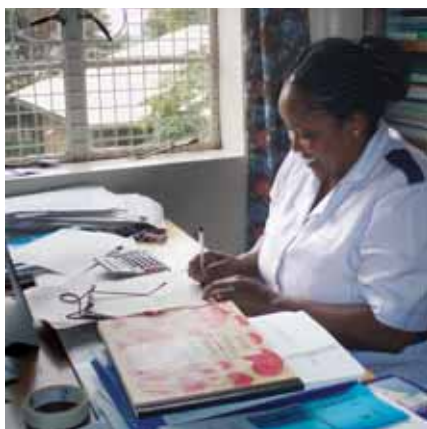
It offered an understanding of the World Health Organisation's pain management protocol and myths associated with the use of morphine in pain management. It also covered symptom management and treatment of side effects of opioid administration.

The complexity and magnitude of treating HIV/AIDS in patients suffering from TB, dysentery or malnutrition was also addressed. How different cultures view death and dying was covered as well as identifying factors influencing the provision of care access and infrastructure, in rural versus urban populations.

IN NIGERIA, a number of new members are preparing for their commitment as we go to press.

Back in 1948 the first MMMs arrived at nDareda where they were asked to take over a small church-run dispensary. nDareda is located on a ledge of the Escarpment that forms the wall of the Great Rift Valley, some 5,000 feet above sea level, and about 300 km south of Mount Kilimanjaro.

Before long, nDareda was on its way to becoming a fully functional hospital with 177 beds. A short time later, plans to open a General Nurse Training School were realised and it became very well known.



Juliet Isaay is Senior Nurse Tutor

The Sisters continued to manage and staff the Hospital until 1985 when it returned to the Diocese of Mbulu for management and future direction. Today the Hospital continues to flourish, with three different local religious congregations among the staff.

Alongside them, a deeply committed group of Associate MMMs helps to ensure the original tradition of healthcare and pastoral care continues both at the hospital and in the nearby village. Every day at 3.30 p.m. they come together to pray for the patients, visiting those in the wards who would like pastoral help.



Francisca Masele, anaesthetic nurse was off duty when the photographer came but posed with her equipment.



Margaret John, one of nDareda's earliest graduates and former Staff Nurse, now retired.



Justina Darabe, Assistant Matron, is currently studying Management at Morogoro College of Nursing.



Dympna Tsafu, known to everyone as Mama Dympna, has the longest association with MMM. She is pictured here with Joseph Aweda, also an Associate Member of MMM, who is her adopted son. Together they have almost completed the construction of a fine home in nDareda village for many orphan children of the area for whom they are caring.



Student Nurses' Residence at nDareda Hospital.

Pub quiz provides clean water for Uganda

MMM Associate Phena Doran (right) pictured with Sister Jean Clare Eason, John Delea, and Sister Breeda Ryan at a Dublin Pub Quiz which raised €1,250 for a well to serve three villages in Uganda. Sister Helen Delaney from our community at Masaka gratefully accepted the funds.



She tells us: "This money has made a huge difference. The cheapest way to get clean water is to protect an existing spring creating a well with a hand pump – the handle has to be cut short so the children cannot make a swing out of it. About 350 people from three remote villages can access this new well. They cannot believe that they don't have to boil drinking water any more. We notice the children's health is better, their school attendance has improved, and we are not seeing so many deaths of tiny infants.

"It is a lot of work preparing the people for their well. You have to form a Committee with a responsible Chairperson, and a Secretary and I like to see at least two women on that. People using the well are asked to pay a small once-off fee to cover the cost of oiling the parts. It takes many meetings.

"Preparing for the launching of the new well is like a Carnival. There is a great buzz of activity and it is like a miracle when the water begins to flow. As we launched this particular well an old man said to me: 'It is amazing to think how all those people so far away who never saw our faces could collect the money and send it out here to us for our well. It proves to me that there is a God.'"

Manuscripts and

by Sister Isabelle Smyth

‘**Manuscripts and Memories**’ is the title given by the American Jesuit poet, Michael Earls, to his book about great scholars who became his friends. Among them was Charles Robinson, a fellow student at Holy Cross College, Worcester, Massachussets in 1895.

The young Mr. Robinson had already achieved much in his 25 years. He first worked in London as a Fleet Street journalist reporting for the *New York Sun*. He was known, even then, to be a ‘walking encyclopedia yet an affable companion’.

Later in life, the same young journalist played a crucial role in the foundation of the Medical Missionaries of Mary, as evidenced by a trawl through manuscripts in the Archives at our Motherhouse. Our older Sisters have memories of how his wisdom and friendship guided our foundress, Mother Mary Martin, through the delicate beginnings of our Congregation.

Dublin Born

Charles Robinson was born in Herbert Street, Dublin, on April 26, 1870 to Nugent Robinson and Jeanette Neville Robinson. His father was a well known Catholic writer. After moving to live in New York, he became one of the founders of *Collier's Weekly*. His literary interests influenced Charles, the second of his three sons.

After his assignment in Fleet Street, Charles worked for two years as Assistant Editor of the *North American Review*, one of the best-known magazines of the time. His rooms in New York were across the street from the headquarters of the Commissariat of the Holy Land in the United States. A close friendship sprung up between Charles and Fr. Godfrey Schilling OFM, who was the Commisary.

Charles joined the Third Order of St. Francis. Later he followed his Franciscan vocation further, becoming a Friar, at St. Bonaventure College, Allegany NY in 1896, and taking the name Brother Paschal.

His talents were developed as he studied and worked with the Franciscans for the next thirty years. He taught English Literature at St. Bonaventure's before going to Rome to complete his studies for priesthood. He was ordained on December 21, 1901.

International Scholarship

His writings appeared in many learned reviews. He also contributed generously to the Catholic Encyclopedia, and worked for the Franciscan Research headquarters at Quaracchi in Italy. In 1909 he made his first extensive trip to the Holy



At the Nunciature, Mother Mary with pioneers Sisters M. Joseph Moynagh and Magdalen O'Rourke

Land, to Palestine, Syria, Egypt and beyond. He became well known for his scholarship on Franciscan and medieval history, eventually being appointed to the chair of medieval history at the Catholic University of America.

In 1919, following the end of World War I, together with professors of other universities, Fr. Paschal was asked to serve on the Educational and Economic Mission at the Peace Conference of Versailles. At the same time, the Holy See invited him to sit in on discussions concerning the Holy Land, for which he had a deep love and an interest in the work of the Franciscan Custodians of the Holy Places. He also took part in the work of the League of Nations.

Not surprisingly, after the Peace Conference, the Holy See chose him as Apostolic Visitor to the Holy Land. For the next ten years, this very delicate work drew upon his versatile talents and gentle nature. Franciscan Annals record that ‘he kept his hand on the pulse of the political situation in the Holy Land and was able to smooth out many difficulties in that ever turbulent field of mixed races and multiple religions’. They note ‘one could rely on him to do the right thing under all circumstances.’

In 1927 he was consecrated Titular Archbishop of Tyana by Pope Pius XI. Two years later he was given the very delicate task of investigating differences which had arisen in Malta, then under British rule, between the Prime Minister, Lord Strickland and ecclesiastical authorities and involving Mussolini's fascist Italy. His masterly report led to a peaceful settlement.

Ireland Again

His appointment as Apostolic Nuncio to Ireland on November 27, 1929 was also considered a delicate one. Ireland was still in need of healing from the civil war that ended just seven years earlier. There had been no Apostolic Nuncio in Ireland for three hundred years since the time of Cromwell.

It was a winter's night when Archbishop Paschal Robinson arrived in Dublin. The Pro-Cathedral was thronged as the people, led by Archbishop Edward Byrne, gave him the

Memories

Most Rev. Dr. Paschal Robinson



warmest welcome anyone could desire. Despite his often expressed wish to retire to some quiet monastery to spend his last days in peace and prayer, he was nevertheless happy to be back in the city of his birth.

It was here that the experienced and erudite scholar would serve the Church for the last nineteen years of his life. During that period, his role in enabling the foundation of the Medical Missionaries of Mary was paramount.

A Friend in Need

The friendship that had been experienced by so many others throughout his years of service, was now to extend to our foundress, and – as the years unfolded – to our young Congregation. When the new Nuncio arrived in Dublin, our foundress, then known as Marie Martin, had been more than ten years trying to figure out what steps she should take to bring medical assistance to the mission fields. She had worked in Nigeria in the early 1920s and had seen the enormous needs. Her efforts since then had been frustrated by obstacles and dogged by ill health. She later wrote about her first meeting with the Nuncio in 1933:

‘After my long illness in 1932, I was asked to try once more to do something to bring medical assistance to the Mission fields. I contemplated going to Rome to learn the wishes of the Holy Father regarding the question of religious doing all branches of medical work, especially the care of Mother and Child, and to my joy I remembered this was not necessary, Rome had come to Ireland in the person of His Excellency Most Rev. Dr. Paschal Robinson, and at the Nunciature I would learn the wishes of our Holy Father. Having received an introduction to His Excellency, who graciously granted me an interview, I told His Excellency of the work I contemplated for the Mission. Most Rev. Dr. Paschal Robinson read the little sketch I had written in Africa in 1921 and said it was an inspiration from God. His Excellency was most sympathetic and understanding, giving me his blessing and a promise of prayers, advising me to wait patiently before taking any steps to become a religious until the Holy Father had spoken on the matter of religious doing all branches of medicine. His Excellency added, with a smile: ‘This may be ten years, or it may be one hundred years hence, but God will accept your desire’.

A Loving Father

Later she recalled: ‘All His Excellency’s wide knowledge and experience were ever at our disposal and no matter what our shortcomings, I felt I could approach the Nuncio as a loving Father’. And so she did, again and again and again.

Paschal Robinson became for Marie Martin the kind of friend to whom you relate all your movements, with whom you share all the happenings in your life, all the developments in your plans, the advisor whom you feel you can pester, even while you reverence their knowledge and high office.

He didn’t seem to mind one bit. He was a very busy man. But he took on her project to establish a medical missionary congregation with enthusiasm and dedication to match her own. When she thanked him for the initial interview he replied: ‘I trust you will not hesitate to call on me for whatever aid I can give in connection with the very difficult task you are so anxious to undertake.’ He meant it and she knew that.

With hindsight we can see the amazing unfolding of Divine Providence! The Secretary to the Nuncio was the young Monsignor Antonio Riberi (later Cardinal), born in Monte Carlo and appointed to Dublin in 1930. He was aware of all the discussions and negotiations. By 1933, Marie Martin had made plans to help the monks of Glenstal who were having domestic difficulties regarding their new boys’ boarding school. The Nuncio was informed that Dom Gerard OSB, Prior of Glenstal, was also an important figure in the future plans.

The News everyone awaited

February 11 1936 brought the news they had all been awaiting from Rome. *Constans ac Sedula*, the decree permitting women religious to practice all branches of medicine, including obstetrics and surgery, was published. The Pope called for the establishment of new groups of religious to bring health care to mission lands.

It is hard to believe that this was not sufficient to raise all barriers and ecclesiastical obstacles! But, sadly, it was not.

To establish a religious congregation, it was essential to have a Bishop who would welcome the initiative in his Diocese. Where appropriate, the Nuncio gave Marie Martin introductions. Otherwise, he gave valuable advice. Initially, every door she knocked on was quickly closed. First Cashel, then Cork said no. It was expected that Waterford would be the same, and it was known that Dublin at that time was a ‘no go’ area for new religious communities.

The fatherly relationship Marie Martin developed with the Nuncio is revealed in her correspondence with him about these refusals.

They decide to petition Rome. The Nuncio borrows a copy of Constitutions of the Franciscan Missionaries of Mary for her, written in French. In thanking him, she says:

‘My only fear is that there is anything I should do that I leave undone... If you see anything I should do for the little infant society please let me know and I shall do so immediately, as things are at present it is hard to know exactly how far to go.’

They are corresponding every few days now. She tells him she has had another letter from the great missionary, Bishop Joseph Shanahan, who is supporting her plans. She is anxious to get things moving as quickly as possible:

‘You can understand how anxious I am to follow the Instruction received from Rome and to have the work taken up by a Bishop in Ireland so as to allow the work to grow as rapidly as possible owing to the urgent need there is for medical help on the mission field, especially in the Vicariate of Calabar, S. Nigeria, where we have our first field of activity, where the hospital and a leper settlement await our first unit.’



*In Drogheda at the opening of the Hospital Extension in 1942
Dr. Paschal Robinson was present, as on other important occasions pictured below.*

Not Hopeful

Things are not looking hopeful. They talk of starting as a lay group, maybe going to Africa in the Autumn of 1937 and beginning the work, with a view to forming as a religious society later on. Marie says she will contact Monsignor Joseph Moynagh in Calabar about this proposal.

However, some of the early candidates were still pursuing studies in nursing. Marie would need a house in Dublin as a base for them. For several weeks she keeps the Nuncio informed of houses for sale and houses they might rent. Eventually a house at Rosemount in Booterstown is located. They would negotiate renting it for a year with a view to purchase if found suitable. All is going well, but then at the last minute the owner dies suddenly! Back to square one. The ever supportive Nuncio is given a blow-by-blow account of it all.

He also takes time to look at the draft of a recruitment pamphlet needed for future vocations and fund raising.

Then, Monsignor Riberi re-enters the scene. The timing was perfect! In 1934 he had left Dublin, was consecrated Archbishop and appointed Apostolic Delegate with responsibility for the missions in East and West Africa. He resided in Mombasa, Kenya.

In October 1936, Archbishop Riberi visited Dr. Paschal Robinson and enquired if he was still in touch with the Miss Martin who was intent on founding a medical missionary

congregation. Archbishop Robinson picked up the phone and called Marie, asking her to come immediately to the Nunciature.

There and then it was decided that the new Congregation should have its beginnings in Africa, at Calabar where Monsignor Joseph Moynagh had responsibility. They all knew that he was extremely supportive. His sister, later Sister M. Joseph, was among the small nucleus of women who had joined Marie Martin in Glenstal.

Archbishop Riberi was returning to Africa immediately. He promised to expedite matters in Rome and in Calabar.

Flurry of Activity

This changed everything! The succeeding weeks were a flurry of activity as the first small group prepared to sail for Nigeria – all of which has been well documented elsewhere.

Once again, the reassuring words from the Nuncio must have cheered the hearts of the pioneers: ‘I shall of course be glad to do all I can to aid you...’

By now the Auditor at the Nunciature was Monsignor Giuseppe Bearzotti. He was asked to view the property at Rosemount, and gave a very favourable report on it. However, the situation was very delicate, because establishing a house for religious would require the permission of the Archbishop of Dublin. The future foundress did not have a religious congregation as yet. If she had, there was no expectation that permission would be forthcoming.

On October 13 1936, she shares her anxieties with her friend at the Nunciature:

‘On leaving the Nunciature this morning, I felt we had become very depressed about the prospects of MMM on reviewing our discussion. However, I cannot now see any new difficulty has arisen... After all, the crux of our problem has been that we have had always to bear in mind two things which for so long have seemed incompatible. Firstly, to get our work started in accordance with the ‘de Propaganda Fide’ and secondly to accomplish this in such a way as to cause no clash with or embarrassment to the Hierarchy.’



In the succeeding weeks every cable and letter from Monsignor Moynagh is shared with the Nuncio. She waves Archbishop Riberi off at the pier on his voyage back to Africa, and tells the Nuncio that she hopes to follow him by November 25. In fact, it was not until after Christmas that they were able to sail. Monsignor Bearzotti was at the ship to see them off.

On 30 Dec 1936, Marie writes to Archbishop Robinson from the RMS *Abosso*. 'All went well last night and again today. We got all the luggage safely through. We are well provided for with two priests on board.'

The Dream is Realised

The dramatic developments of early 1937 in Nigeria are told elsewhere. The foundress, gravely ill in hospital in Port Harcourt, writes to Archbishop Robinson on April 1 as if there is no crisis. She tells him that Monsignor Moynagh sent her a wire the previous day saying all petitions to Rome have been granted. She will relate all to him when she has the privilege and happiness of visiting him again.

A few days later, on April 7, she thanks him for his very welcome latest letter with Easter greetings, and gives him the great news:

'The Medical Missionaries of Mary came into being on Low Sunday when Monsignor Moynagh held the first ceremony and professed me in hospital. It was all so arranged by His Excellency Monsignor Riberi, who said there was to be no delay'. She says her health is slowly improving and she hopes to see him early in May.

That was only the first step. Many difficulties had yet to be overcome, through all of which Archbishop Robinson remained a staunch support. Mother Mary Martin later recalled:

'At every function celebrating a further step in the development of the work of the Congregation, His Excellency honoured us either by his presence in person or by sending a representative from the Nunciature.'

Her last letter to him was on August 13 1948 while she was confined to bed with shingles: 'I know Your Excellency will pray more than ever for me and I trust continue to help and teach me how to found and govern the Congregation.'



A Time to Mourn

His unexpected death came just two weeks after that, at the Nunciature at 4 a.m. on August 27, 1948. He had worked the previous day till evening, when he became ill. He had ignored a chill he got some days previously, not thinking it necessary to interrupt his work.

The whole of Ireland mourned. The Franciscan community worldwide, the Church and the academic circles he so influenced, all expressed their grief. He was given a State funeral but his wishes to be buried as a simple Franciscan among his brothers at Glasnevin Cemetery were honoured. His grave lay close to that of Charles Stuart Parnell, whose famous trial he had covered as a young Fleet Street journalist.

Mother Mary Martin wrote with much feeling:

'His Excellency's death is a source of immense sorrow and tremendous loss to us all. Although his time was so occupied with all the important work of Nuncio Apostolic to Ireland, he was so gracious with the disposal of his precious time to counsel and encourage us, nothing was too small or insignificant when it was in any way to further our religious life or the work of the missions... We feel sure he will continue to watch over us from Heaven.'

She recalled his last visit to our Motherhouse at Drogheda on Pentecost Sunday in 1948. It was 'but a short three months ago, during my absence on Visitation in East Africa, when His Excellency gave the following address to the Sisters:

'It is the first time I have been out of Dublin for three years, as I have been ill. I have taken such an interest in Mother Mary and the Medical Missionaries of Mary that I am glad my first visit is to Drogheda, and I am glad to see that since my last visit here there has been such a wonderful growth in the buildings, but more especially in the numbers. I was very sorry I could not come before Mother Mary went away, but for various reasons with which I will not trouble you now, I could not come. I am sorry I have to leave you again tomorrow, but I must get back to Dublin... Next time I come, if God spares me, this place will all be covered with buildings... Leave the future in the hands of God and His blessings will continue to pour down on you. I am too tired to say any more now.'

A few months earlier, in a hand-written letter to Mother Mary he described himself as 'one who has been deeply interested in the welfare of the Medical Missionaries of Mary from the outset.'

Writing in *The Crusader's Almanac* Fr. Paschal Kinsel OFM noted that in the sudden death of Archbishop Paschal Robinson, the Holy Father lost his longest serving Apostolic Nuncio, the Franciscan Order its most distinguished son. The world at large lost a profound scholar and kindly gentleman who had walked on equal level with the intellectual giants, leading statesmen and churchmen of half a century. He was a real Franciscan who never lost the common touch, but was honoured in death as one of the great men of all time.

The Medical Missionaries of Mary will always be profoundly grateful to God to have had such a man as our helper and our friend.

Sisters, families and friends celebrate Golden Jubilees



Gerry Brodnitzki, sister of Sister Margaret Anne Meyer, with her daughter Anne and grand-daughter Kaelin.



Sister Elizabeth Dooley with her sister Monica Kervick



Dr. Gerard Kervick and Rosaline Kervick, nephew and niece of Sister Elizabeth



Sister Catherine Dwyer with her sister Norah, nephew Pat and grand-nephew Jack, who presents her with a bouquet.



Sister Triona Harvey with her nieces Catherine and Sarah



Mary Harvey Ling did the first Scripture reading



Sister Veronica Tarpey with her niece Ronnie



Sister Bernadette Freyne with Father John Dooley



Corona O'Brien and Rose Rispin, niece and sister of Sister Corona



Christine Kelly and Breda Ralph



Sister Gabriel Ashe with her godson, Seamus O Ceallaigh



Sister Joan Cosgrove with her sister, Sister Ann OP



Maureen Kiely



At the USA celebrations Sister Jeane Lynch renews her vows.



Fr. Vincent McNamara SPS



Bridget Harvey, sister-in-law of Sister Triona



Dr. Roland Ling, brother-in-law of Sister Triona



Edward Rispin, nephew of Sister Corona



Sister Margaret Anne Meyer at the jubilee celebrations in USA surrounded by her family and friends



Marie Rispin



Carmelite Sister Veronica O'Connor



Ita O'Dwyer



Ann Begley



Evelynn Gallagher

Deceased Sisters who belong to the Jubilee Group

Sister Rosetta Furlong
Sister Bernadette Larney
Sister Finbar O'Driscoll
Sister Patrice O'Leary
Sister Marie Stack
Sister Shirley Smith
Sister Margaret Bede Thorpe



A group of young folk enjoying the Jubilee Lunch at USA Celebration



Sister Corona O'Brien with her friend Mary Upton TD



Kathleen O'Brien, Fr. Peter Finnegan SPS, Sister Anne Marie O'Brien

On the Mission Appeal Trail in the USA

IT ALL STARTS AROUND THE MIDDLE OF JULY. Next year's work, that is. Our Sisters are still busy coping with the current year's round of Mission Appeals but July is the time to start planning. Dozens of letters have to be despatched, applying to be part of the Missionary Co-op Plan for the following year.



Sisters Triona Harvey and Mary Ann MacRae

Replies begin to trickle in and are filed away till there are enough to take a look at how the new year will shape up. How many Sisters will it take? Who will go where? Who will go with who? Who knows which highways from previous experience? How many Sisters can be released from overseas to give us a hand?

The Sisters in Chicago are faced with these questions as they try to piece together the jigsaw that is the MMM summer Mission Appeal effort in the United States.

Sister Mary Ann MacRae says: 'Some Pastors tell us they love having us come, but there is only one weekend in the year where they can fit us in. If they are in Texas, Louisiana, Kansas or Colorado, you line them up and try to make a circle so that two people can cover them without returning to Chicago. That pair of Sisters will be on the road all summer'.

Last year this fell to Sister Bernadette Gilsenan, an old hand at the work, and Sister Edna O'Gorman who joined her for the first time. First they cleared Minnesota and Iowa. Those could be done on weekends travelling out from Chicago and back.



Sister Bernadette Gilsenan

Then at the end of May they left for Louisiana and Kansas, covered a couple of Dioceses there. Then they headed to Colorado. Just two churches there, then on



Sister Radegunda Shayo



Sister Edna O'Gorman



Sister Mary Donato



Sister Eleanor Donovan

to Corpus Christi, Texas. There were two churches at different ends of the Diocese.

Sister Edna stayed in Austin, which is quite far north. The sisters who provided hospitality for her would see she got to her church, and then to the airport to fly to Dallas, en route to Omaha, Nebraska. There was still one remaining church in



Sister Nina Underwood



Sister Therese McDonough



Sister Bernadette Kenny

Kansas before they were ready to return home to Chicago.

Mercifully there was one weekend with no appeals where everyone could draw a breath. Then it was down to southern Illinois, to Springfield.

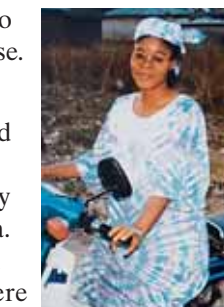
Meanwhile on many a Saturday morning Sister Mary Ann heads out on a 500-mile drive to reach her church, returning Sunday evening. She doesn't use a SatNav but prints the routes from Mapquest.

She tells how on a recent trip she marvelled at the cornfields and rows of soya beans as far as the eye could see. "However you don't get very precise directions in a locality like this. If there is no sun it is hard to know which direction you are heading.

But with the help of a mobile phone you can contact those who are awaiting you and get directions for the last few miles, all depends on whether you recognise the right barns and silos," she says.



Sister Paula Smith



Sister Felicitas Egeolu



Sister Catherine Carey



Sister Jeane Lynch

She is referring to Dietrich, a rural community, generous as they come. "Nearly everyone is of German origin. It is very different to a city parish where you could have a little mini world in the borders of a single parish."

The 2008 Mission Appeal Trail in USA



Sister Margaret Anne Meyer

Raising Awareness

Sister Margaret Anne Meyer's overseas missionary experience as a doctor took her to Uganda, Tanzania and Nigeria where she spent many years serving people with leprosy. Her work has given her a wealth of

stories and insights to tell and untold zeal to raise awareness of the worldwide mission of the Church. Now back in USA she does mission awareness work all year round, and last year covered Minnesota, Pennsylvania, Iowa, New Jersey, New York, Savannah, Georgia and Ontario.

Sister Paula Smith visited Cincinnati and also Los Angeles and San Diego. Sister Triona Harvey covered parishes in Minnesota, Ohio and Wisconsin as well as Chicago.

Sisters Therese McDonough and Nina Underwood from our community in New Hampshire did other places including several churches in New York, New Jersey, Massachusetts and out to Colorado.

Others who helped include Sisters Eleanor Donovan and Jeane Lynch, based in Florida; Bernadette Kenny based in Clinchco, Virginia; Mary Donato and Felicitas Egeolu based in Somerville, Massachusetts; Catherine Carey and Mary Shepard based in New York. Sister Radeguna Shayo from Tanzania went to USA for the summer to lend a hand.

MMM Associates also give enthusiastic support in this work. Nancy Hinds takes on northern California and her own local area around Fresno. Kathy Velakkanan does the Rochester end of New York and Kathleen Albee New Hampshire.

Sister Mary Ann is Director of our Mission Development office in Chicago. She says:

'We find ourselves always having to revisit the plan. You can expect a few emergencies and arrangements have to be made to pick up what people are not able to do. By the time August comes, most churches have been covered and we begin to slow down.'

Slowing down means gearing up for the autumn and winter desk-work – all part of the major fund-raising effort carried on year in, year out, by our Sisters and Associate MMMs in the United States, and supported by the faithful mission-minded Catholics who respond so generously to our needs.

'Everyone knows what they have to do and we'll do it extremely well'



These were the closing encouraging remarks of Malachy Mannion, Chairman of our Chicago Fund-raising Committee, at the final meeting before an event that had taken months of preparation. He understood the MMM Sisters and our loyal Chicago supporters

very well indeed. All would be well on the night.

For decades Malachy and his wife Maria had been part of the wonderful partners of MMM who take a daily interest in our overseas commitments and do all they can to help us keep financially afloat.

Malachy's death on September 16 2008 brought us great sadness. He will be sorely missed by Maria and his loving family, and by all the MMMs whose lives he touched. From heaven as during his life we know he will continue to watch over our needs.

May his generous soul rest in peace.



Goodbye to Gussoro

by Sister Sylvia Ndubuaku

GUSSORO, made up of twelve villages and seven hamlets, is surrounded by the Kaduna River on the north and west. There are only two routes you can take, one that leads south, and the other that ends in the river.

The river serves as a source of income through fishing, a source of recreation through swimming, a source of drinking water, a means of washing dresses, dishes, sleeping mats and other washables and as the main route to other nearby villages and towns. Gwari is the name of the tribe in the area. They are mainly farmers.

Sister Bernadette Etuk crossing Kaduna river



Objective

When MMMs first went to the area in 1981, the general aim was the building of a Christian community of care and self reliance. Initial steps involved raising the level of the people's health through a process of awareness and education and organized community action.

This involved training leaders and volunteer health workers selected by the community. It meant putting existing facilities and resources to the best use in development of self support systems for health promotion.

The pioneer Sisters, Pauline Connolly and Theresa Jane Ogu, saw themselves as animators and facilitators while the people led the way. They focused on preventive health services. Sick people were either referred to the Local Government Dispensary or given a prescription to buy in the local pharmacy.

As new adventurers, they encountered a lot of difficulties and resistance. In the early days, Sister Pauline wrote, *'Here we must travel slowly, listen deeply, pray and await the birth of the unexpected. We must be prepared for a slow response and live in hope that things will grow patiently like the tree which sprouts from a tiny seed.'*

Teaching by Drama

They lived close to the people regardless of the social, academic and cultural barriers and other differences. Most of the teaching was done by drama. The Sisters formed women's organizations. They introduced the idea of the health festival. Each village presented a drama according to the topic chosen in agreement with the Sisters. The best presentation was rewarded with the winning cup while others got consolation prizes. No group was ever left without compensation for their efforts.

The programme expanded to many villages with a lot of impact on the life-style of the community. Many people



were able to build latrines and gutters for drainage. Sanitation was considered important.

As time went on, new ideas and methods were brought into the programme. Again, as the needs of the community changed, the Sisters listened to the needs at the time. Curative services became part of the project.

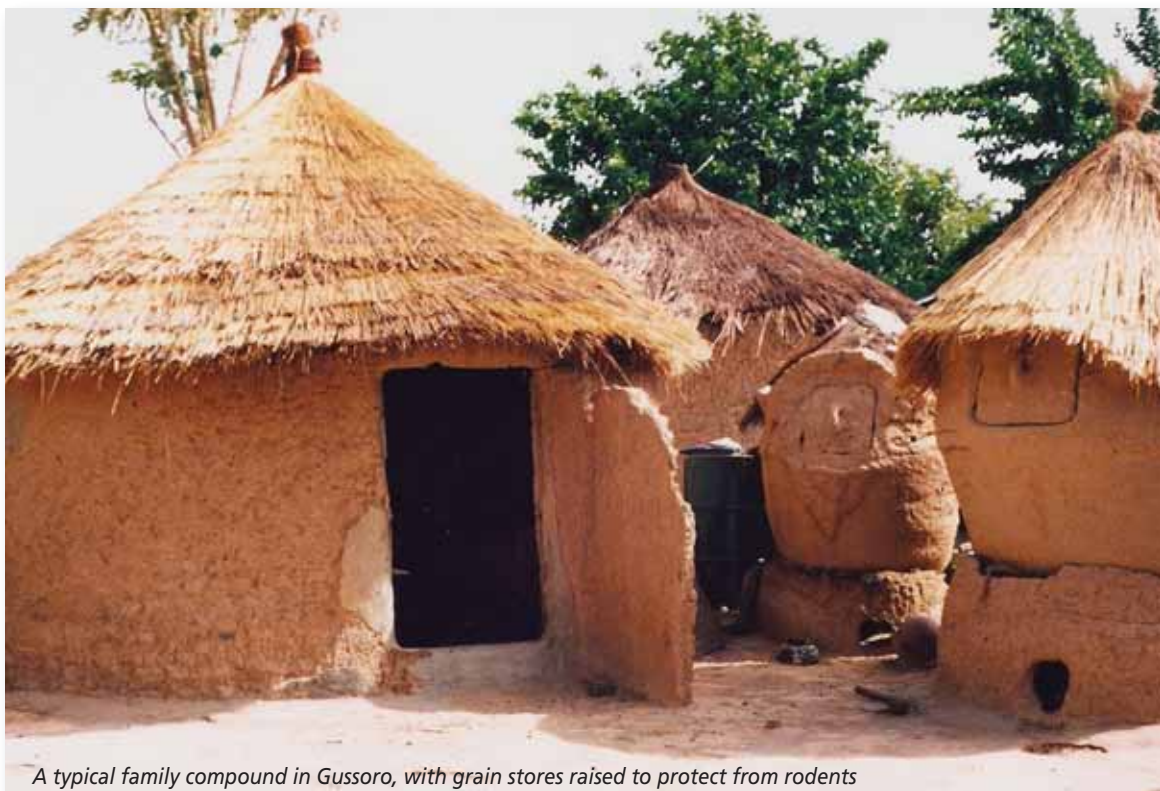
In April 1996 there was an outbreak of cholera in the area. It spread very wide and fast and killed a lot of people in Erena and other villages but Gussoro lost only three people due to the care and education and leadership available there.

Many mentally and physically challenged children were helped through Lillian Fund. Some were sent to special schools, some had corrective surgery, some got walking aids and some were helped with income generating projects. Wells were provided for potable drinking water. Income generating projects were introduced, including the production and sale of soya beans and cassava. A HIV and AIDS programme was put in place.

Gussoro remains a very needy area with no electricity, no road, no good market, schools or good houses. Traditional beliefs and practices are highly respected. For example, sickness is still seen as a punishment for some offense against the gods. Most often, a diviner has to be consulted when someone is sick to know the cause. Very few believe in children's education. Changes or new ideas are rarely welcome. However, the Gussoro people are very friendly and caring and they love the Sisters.

Hard Decision

Sadly, the question of sustainability forced us to make a hard decision. Due to shortage of personnel, one Sister was left on her own for almost a year, and despite the fact that the local people were very supportive and caring, always coming around in the evenings to make sure things were



A typical family compound in Gussoro, with grain stores raised to protect from rodents

alright before going to sleep, that could not substitute for the presence of another Sister or a community life.

Around the same time, some major donors changed their funding system. A service like that provided in Gussoro is unlikely to be sustainable without a large amount of funding from outside. Also, the take-up of the services provided was low compared to the great demands elsewhere.

When the time came to say our final goodbye, the Bishop came to celebrate a farewell Mass. Many villages were represented but the local chief and his assistant did not come. It was unbelievable because they have always given us their support no matter what. I visited them the next day and they were still in shock that we had made the decision to go. The junior chief could not hold back his tears; he left us to cry in his room. It was very painful.

Unforgettable Day

The morning we were due to leave people came early to say goodbye. They brought eggs and some local rice. What a widow's mite! It is a day I will not easily forget in all my life. I left the house at about 7.30 am to see a neighbour who had had a caesarian section and she started crying. Her mother came in and joined her. We could not say a word to each other

but we did through the expression of our tears.

We finally assembled in the chapel to say our final prayer together. Some sang, prayed and cried. We cannot but give praise for our friends and neighbours, especially those who helped us at the beginning and continued throughout the years to be by our side.

We proceeded to the cars. I will never forget how the people gazed after us as we drove out.

The things we will remember about Gussoro are the simple lifestyle of the people, their hospitality, their generosity, no matter how little they had, their appreciation, their attachment to culture and beliefs, and their great sensitivity.

Our gratitude goes to our beloved traditional rulers, and those before them, who were like fathers, friends and brothers to us. Thanks for your generosity, support, protection and encouragement. We thank God for you and will always remember you in our prayers.

We will miss Gussoro – the natural atmosphere and remoteness, the surging of the river, the early singing of the birds, the hot rocks, the fish and the special greetings of these lovely people.

Sister Pauline's *Suitcase*



IT TOOK ALL OF 40 YEARS for Sister Pauline Dean to catch up with her suitcase. In 1968 she packed it in Urua Akpan, in south-east Nigeria during the civil war. But they had to leave in a hurry in the end, and were evacuated through Uli airstrip on a relief plane.

Someone, somehow, came across the suitcase and decided to send it after her. We don't know the route, only its final destination – Ealing, London, W13. There it lay in our garage awaiting its owner's return.

Inside, among a cluster of faded clothes, lay the copy book in which Sister Pauline had kept her Diary during the first six months of 1968 as the warfront grew closer and closer. The host of memories the suitcase sparked is another story!

While the suitcase was searching for her in Europe, Sister Pauline had returned to Nigeria. Her medical specialty was paediatrics. A review of children's charts at St. Luke's Hospital, Anua, showed that 73% of admissions were from diseases that could easily be prevented – tetanus, measles and malnutrition chief among them.

With proper health education, immunization and improved farm skills these children need not be sick.

In a road traffic accident Sister Pauline was thrown through the rear window of the jeep onto the road. The eleventh car that passed stopped and took her to a hospital in Abuja. She had three broken ribs and was in terrible pain. The accident caused further injury

to her back that had already been hurt previously.

Her forced return to England became the opportunity that spurred her on to develop basic visual aids on community based health care. Dr. David Morley was working at TALC, and they discussed the issues of preventive care on many occasions. With her talent for simple illustrations, Sister Pauline's series 'CBHC Link' is still an invaluable resource today.

In 1988 she was asked to begin a health service for people living with HIV and AIDS in one of Nairobi's biggest slums. To prepare for this, she found a London hospital treating patients with AIDS. She became aware how much we are all affected by the stigma around the disease. But the staff at this hospital were a fine example. On arrival in East Africa she joined our Sisters in Uganda for a month. They were already well ahead in their community-based work in this field.

Sister Pauline's work in Nairobi is a legend in itself. She organized a course of 22 classes for Community Health Workers among the basic Christian communities in the huge Nairobi slum known as Kibera. Soon they had a network of services up and running.

Now Sister Pauline has retired to the MMM Community at Solihull, West Midlands. Many weekends she travels the length of England to make mission appeals in Churches allocated to MMM.

On Tuesdays you'll find her at the local hospital in Solihull where she is involved in pastoral care. It takes a full three hours to do a round, and you never sit down! On Wednesdays and Fridays she is with kindly English people who want to welcome the stranger in their midst.

'In our parish hall we put out tables and chairs, set out clothes people may need and toys for the children to take away. We prepare tea, coffee and soup. We make toast. Some of us go across to the Midlands Enforcement Unit and stand outside with the would-be immigrants waiting in line. We talk to them and invite them to come in for tea and have a chat. It is all about making them feel welcome despite the terrible bureaucracy they face. It is amazing the stories you hear.'

The word 'retire', we are told, should be spelled 're-tyre'. It is a time when you get a new set of whatever gets you up and going to make you ready for the next challenge life brings!

Let's Free Women from

By Sister Maura O'Donohue

THE World Union of Catholic Women's Organisations chose the above theme for their recent Conference in Verona, Italy. They asked me to talk about the body of Catholic Social Teaching as it enlightens our response to this problem.

We are all aware of the insistence of the Old Testament writers on issues of justice. Isaiah's words come to mind immediately:

'This is the fasting that I wish: releasing those bound unjustly, untying the thongs of the yoke, setting free the oppressed... (Is.58:6-7) Almost all the prophets spoke out against unjust behaviour in their times.

Jesus outlines his mission in Lk:4:18: 'The Spirit of the Lord is upon me. He has anointed me to bring good news to the poor, to proclaim liberty to the captives...' When Jesus spoke these words in the Temple, he identified himself with the great Hebrew prophets whose twofold task was to denounce injustice and announce a new way of being.



Trafficking

Jesus shows concern for prostitutes. The woman caught in adultery is a prime example – 'Has no one condemned you?'

Fathers of the Church

THE FATHERS of the Church also take up the theme. Tertullian (155 – 220 AD), in *De Spectaculis*, refers to prostitutes as '... the victims of public lust ...'

I find that very interesting. In our counter-trafficking work today, we often comment on the worldwide problem of demand for purchased sex.

St. Ambrose (338 – 397 AD), Archbishop of Milan, in his *Treatise of The Clergy* speaks of the slave market and prisoners:

'So once I brought hatred on myself because I broke up the sacred vessels to redeem captives ... Why are so many captives brought to the slave market and why are so many unredeemed left to be killed by the enemy?'

As far back as 1435 Pope Eugene IV wrote to Bishop Ferdinand of Lanzarote about people held in slavery throughout the Canary Islands. He ordered that within fifteen days of the publication of his letter, people who held slaves were to restore them to their earlier liberty. He added that they were to be totally and perpetually free and were to be let go without demanding any money.

From Pope Eugene IV in 1435 protesting the capturing for slavery of natives of the Canary Islands, through to Pope Leo XIII urging Brazilian bishops, in 1888, to work for the abolition of slavery, successive Popes have denounced the holding of people in bondage.

Religious sanctuaries were set up specifically for prostitutes who wished to quit the profession.

Modern Times

If we 'fast forward' a few centuries to 1891 we find the famous encyclical of Pope Leo XIII, *Rerum Novarum*. In challenging the excesses of the industrial revolution, it condemns the treatment of workers as slaves, the oppression of others and the seeking of gain from another's poverty. This last point, once again, reminds me of our present-day issue: people become victims of trafficking because of their terrible economic situation.

In 1931, on the fortieth anniversary of Pope Leo's landmark encyclical Pope Pius XI wrote *Quadragesimo Anno*. It was written in the midst of a world-wide depression. Once again issues of social injustice were addressed.

In 1961, thirty years after *Quadragesimo Anno*, Pope John XXIII wrote *Mater et Magistra*. This signifies a new turning point in the Church's understanding of social responsibility. It adopts an international perspective, denounces the unequal distribution of the world's wealth and resources. It is important for us to note that Pope John XXIII in this encyclical recognises that one of the signs of the times is the emerging consciousness of women.

Two years later, in 1963, Pope John XXIII wrote *Pacem in Terris*. In it Pope John includes a comprehensive charter of human rights. It addresses a person's social and economic duties and rights. He speaks of the right to work and the right to a just wage.

Peace needs to be 'founded on truth, built according to justice, vivified and integrated by charity, and put into practice in freedom'. He goes on to say '...since women are becoming ever more conscious of their human dignity, they will not tolerate being treated as inanimate objects or mere instruments'.

Second Vatican Council

THE VATICAN II Document, *Gaudium et Spes*, published in 1965, condemns arbitrary imprisonment, deportation, slavery, prostitution, selling women and children and disgraceful working conditions as ‘infamies which poison human society...’

I find it interesting that *Gaudium et Spes* makes the comment that these practices do more harm to those who practice them than to those who suffer from the injury. These are words we find ourselves repeating today in trying to stem the demand for purchased sex.

With the Vatican Council over, Pope Paul VI in 1967 wrote *Populorum Progressio*. In it he focuses on the widening gap between rich and poor nations. In our anti-trafficking work, we know that it is this very gap that is at the core of the problem.

The year 1971 marked the eightieth anniversary of Pope Leo’s landmark Charter. Paul VI marked the anniversary with *Octogesima Adveniens*, an encyclical that is a call to action. He says theory is not enough. He makes action in the political arena an integral part of being Christian.

Synod of Bishops

IN 1972, the Synod of Bishops wrote: ‘Action on behalf of justice and participation in the transformation of the world fully appear to us as a constitutive dimension of the preaching of the Gospel, or, in other words, of the Church’s mission for the redemption of the human race and its liberation from every oppressive situation.’ Here the Synod of Bishops recognises that the credibility of the Church’s social teaching is determined by its ability to be just in its own life.

In 1975 Pope Paul VI wrote *Evangelii Nuntiandi*. In this he reaffirms the link between proclaiming the Gospel and struggling for justice.

Pope John Paul II added many more elements to the body of Catholic Social Teaching. In 1979 in *Redemptor Hominis*, he emphasised the link between the Gospel and social justice.



In 1981 in *Laborem Exercens*, on 100th anniversary of *Rerum Novarum*, he reminds us that Leo XIII’s call to solidarity was a reaction against the degradation of people as subjects of work.

In 1987 in *Sollicitudo Rei Socialis*, written on the 20th anniversary of *Populorum Progressio*, John Paul II addresses themes of development, global solidarity and the need for structural change.

In 2002, on the occasion of the International Conference on 21st Century Slavery, Pope John Paul II spoke at length on the issue: ‘The trade in human persons constitutes a shocking offence against human dignity and grave violation of fundamental human rights’. Attention, he said, needs to be paid to the causes of the increased demand, which fuels the market for human slavery and tolerates the human cost which results. A sound approach to the issues involved will lead also to an examination of the lifestyles and models of behaviour, particularly with regard to the image of women, which generate what has become a veritable industry of sexual exploitation in the developed countries. Similarly, in the less developed countries from which most of the victims come, there is a need to develop more effective mechanisms for the prevention of trafficking in persons and the reintegration of its victims.

Pope Benedict XVI

THE present Pope has spoken repeatedly about the issue of Trafficking in Persons. In a message entitled *Migration: a Sign of the Times*, written for the 92nd World Day of Migrants and Refugees, he describes trafficking in human beings as a scourge, within the migration phenomenon.

‘It becomes easy for the trafficker to offer his own ‘services’ to the victims, who often do not even vaguely suspect what awaits them. In some cases, there are women and girls who are destined to be exploited almost like slaves in their work.’

On another occasion Pope Benedict wrote: ‘In recent times, there is an increase in the number of women who leave their countries of origin in search of better conditions of life, in view of more promising professional prospects. However, women who end up as victims of trafficking of human beings and of prostitution are not few in number. In family reunification, social workers, especially religious women, can render an appreciated service of mediation.’

In June 2005 at a Vatican-sponsored conference, a statement was published by the Pontifical Council for Migrants and Travellers. This document stated the importance of recognizing that sexual exploitation, prostitution, and trafficking of human beings are all grave violations of basic human rights. The need for the universal Church to get involved by working to recognize victims and rehabilitate them back to their human dignity was highlighted. Each bishop was encouraged to place the eradication of human trafficking and slavery as a priority on his agenda.

In May 2008, Pope Benedict met with bishops from Thailand and strongly condemned the trafficking of women and children. The Pope called it ‘a terrible exploitation’. And he praised efforts by the Catholic Church in Thailand to alleviate poverty – an underlying factor in human trafficking and prostitution.

Millions of people, mostly women and children, are forced into slavery each year, not only for the sex industry, but also for cheap labour. Combatting this is no small endeavour given the extent and power of the gangs who make this the third most profitable global industry, after armaments and the drug trade. An important first step is for everyone to help raise awareness of the problem. We must work to bring about a cultural shift that views the purchase of sex as unacceptable and that slavery for any purpose must be abolished.



A Place of Healing

IT WAS A MOMENT OF GREAT JOY for us when we heard our parish priest, Padre Enemecio Del Cid, begin his homily in Spanish at the Mass of the Inauguration of the new Parish Centre, 'Casa Visitación', with the words of our Foundress, Mother Mary Martin: *'Si Dios quiere el trabajo, nos enseñará el camino.'* (*If God wants the work, God will show the way*)

During the past four years since our arrival in Choloma, God has shown us a way of sharing our MMM Healing Charism in a poor area of the parish – culminating in the building of this centre. It offers a place of healing which will be here for many years to come.

More than 500 people joined us for the celebration. Padre Enemecio spoke of Mother Mary's life and struggle in founding the Congregation. It was surely a positive message for so many present whose lives are also a constant struggle.

That day reminded us, too, of the miracle of the loaves and fishes. How do you feed more than five-hundred people on the most meagre resources? It was done through the generosity of these poor communities who volunteered to prepare and bring dishes of rice and chicken, tamales, cakes, soft drinks, and all we needed to serve the meal. The communities also volunteered to help us serve the food and clean up afterwards. It was a marvellous experience of generosity and solidarity.





Right: Sisters Rosalinda Gonzales, Joanne Bierl and Renee Duignan form the MMM community in Choloma.



Below Members of the Health Care Team: Roger Bonilla, Sandra Maldonado, Itsmenia Funez, Lilian Torres, Sirleny Pena, Rosamaria Maradiaga and Mauricio Portillo



HERBAL PLANTS

We were deeply touched during the offertory procession when members of our Health Committees presented herbal plants and trees – which are already taking root as we write this article.

The Centre has a hall with a seating capacity of 100 but we had three tents for this special day. There are rooms for offices, reflexology, massage, counselling, a medical clinic and treatment room, all set around a garden. The garden was planned as a healing space. It is a joy to see people relaxing, sitting in the hammock, reflecting and simply 'being' for a while.

BRIGADE

After the celebratory Liturgy and meal, we had a '**Brigade.**' That is the

word we use here to describe a group of Honduran doctors and their teams who volunteer to give service in this poor community as part of their Christian commitment to a Diocesan program for medical professionals. In other countries it would be called a 'Health Fair'.

More than 120 people were seen by dentists, gynaecologists, and general practitioners. It poured rain the entire afternoon, the effects of tropical storms Alma and Arthur but it did not dampen the spirits of those who came and those who cared.

We finished the blessing of the building with an unveiling of the plaque which honours those benefactors who made this building possible. Two benefactors came from New York for the occasion and were very moved by the whole

celebration and spirit of generosity of the people.

We were delighted to have our MMM Marcala Community with us for the week-end. The presence of Sisters Bernie, Rita, and Cleide meant a lot to us and to the people who work with us here in Choloma.

All of us on the team of the Centre wore polo shirts with the MMM logo of the Visitation. On the back were the words... 'that they may have life' which is part of the motto of our health ministry here:

'I have come that you may have life and have it in abundance'
(John 10:10)

It is our dream and prayer that all who are a part of this project will experience healing life in abundance.



Marcala

Sisters Bernadette Heneghan, Rita Higgins and Cleide Daniel da Silva live in the mountainous area of Marcala in Western Honduras, about 5 hours drive south of Choloma. They work among the Lenca indigenous people who are subsistence farmers and labourers.



Sister Bernadette works with school children and adolescent girls in the two most remote sectors of the Parish. She and her co-worker Martha are involved in Health Education and try to develop the creativity and confidence of the children as the level of general education is very poor and self esteem very low among the indigenous people.



Sister Rita and her co-worker, Aida, work with women's groups in the rural communities using health themes such as sexual education, pregnancy and birth to try to improve the health status of the women and give them the confidence to seek help early for their health problems.



Sister Cleide with Doña Anastasia.

Sister Cleide works with women's groups around the town area, teaching about the most common illnesses and their prevention. She and her co-worker, Reina, are involved in visiting the sick, elderly and house-bound. The number of requests from families has increased recently so they are organizing a group to assist in these pastoral visits.



Sister Cleide with Doña Celia.

New Challenge for a Chief

Overseas experience bears fruit in Ireland



The Centre has a capacity for some 380 residents. As well as the Area Medical Officer, the current health team is composed of two General Practitioners, two nurse/midwives, one clinical nurse specialist in asylum seekers' health, two psychologists, one part-time visiting public health nurse, one secretary and two play therapists. They are all sensitive to the special needs of their clients who, the study says, 'leave their homes because of war, famine, poverty and human rights violations, e.g. fear of being persecuted for reasons of race, religion and political opinion.'

Case studies include:

- A female Ugandan, aged 46, a mother of four, captured by the rebel army in north Uganda. Husband and brother killed. Physically and sexually abused for two years and worked like a slave to feed and clean for the rebels in their camp. She escaped and with help reached Ireland. Screening revealed that she was HIV-positive. She was referred to a HIV specialist and psychologist.
- A female Rwandan, aged 19, brought by agents with two others to Ireland for the sex industry. She escaped from a brothel. Screening revealed early pregnancy and HIV-positive. She was referred to maternity and a HIV specialist and psychologist.
- A male Georgian, aged 40, travelled in a lorry crate for four weeks across Europe. He presented with severe dyspnoea, productive cough, dehydration and marked clubbing of fingers. He could not speak but it was obvious that he had possible TB and was referred. Later, TB was confirmed and treated.

Voluntary health screening is offered to all new residents. They receive an invitation in their own language shortly

BACK IN OCTOBER 1995, Sister Maureen Brennan was conferred with the title *Obong Abia Uman* (Chief Midwife) by unanimous decision of the Council of Chiefs of Essien Udim Local Government Area of Akwa Ibom State in south-eastern Nigeria.

The Clan Heads of 73 villages decided to confer a Chieftaincy upon her in recognition of the work she had done in the *Safe Motherhood* programme in their villages. Research published on the effects of training Traditional Birth Attendants showed a 50% decrease in maternal mortality.

Sister Maureen had no inkling in the run-up to the event of the honour to be conferred upon her, though she became curious when some women from the Palace of the Paramount Ruler arrived to take her measurements.

When the day came, it was only after she had been led by the women to a robing room and dressed in the robes that had been designed for her, that Sister Maureen realised she was to be invested with an honour which, in that area, had only once before been conferred upon a woman – and never before on a European.

New Experience

Sister Maureen qualified in medicine at University College Dublin in 1970. She has worked in Kenya, Uganda, Malawi and Zimbabwe as well as Nigeria. She became a Fellow of the Royal College of Obstetrics and Gynaecology in 1991.

Now back in Ireland, she is Area Medical Officer at the Baleskin Direct Provision Reception Centre in north Dublin. Her long years of service among people of other cultures has prepared her well for the task.

The holistic health services provided to asylum seekers at the Baleskin Centre is revealed in a study published in the *Journal of the Irish College of General Practitioners* last year. Based on five years of observation, it highlights several healthcare challenges, as well as the need for more resources.

after arrival. Screening consists of a holistic comprehensive interview, including a full medical/psycho-social history including a TB questionnaire. Blood tests for HIV, hepatitis B and C, varicella zoster antibodies and a chest x-ray are done routinely with fully informed consent. Referrals to other services, e.g. maternity, GP, medical-surgical, psychology, dental, and voluntary charity supports are made if necessary. A hand-held copy of the interview and results are given to clients.

In the study of 8,139 patients, approximately 5% were children, otherwise the age ranged between 18 and 40 years.



Sister Maureen with staff nurses at St. Mary's Hospital, Urua Akpan, Nigeria

Mobile Population

The paper highlights the complexities of healthcare for a mobile population coming from many parts of the world. It reveals loopholes that need to be addressed in future planning. These include the problem with follow-up of those infected with HIV and hepatitis B and C, which are a public health concern.

The Baleskin Health Team liaises with colleagues nationwide. When clients are dispersed to other centres there is poor follow-up because of lack of psychology services nationwide. This is a big problem – given that asylum seekers tend to be at a higher risk of psychiatric disorders. Some present with nightmares, insomnia, anxiety, depressed mood, suicidal

ideation, psychosomatic problems and panic attacks.

The needs of asylum seekers are complex. It requires much skill, patience and training on the part of healthcare staff to care for them. Translators are needed not only to translate but also to act as cultural mediators, to explain cultural context of a patient's symptoms, especially in mental health.

The report concludes:

'The global transcultural march of peoples will continue as the southern hemisphere gets poorer and the northern hemisphere gets richer... we need to get our house in order to meet the challenges that this vulnerable group in our midst presents to our healthcare delivery services.'

Five Sisters take Final Vows



Sisters Jacinta Chinenye Lumenze (left) and Nkeiruka Edochie (right), both nurse-midwives, staff our Health Centre at Zaffé Benin.



Sister Ufuoma Ogigirigi has already been on mission in Brazil, but is now a medical student in the University of Benin, in Nigeria.



Sister Petronilla Irozuru is a nurse-midwife co-ordinating our Primary Health Care services in the Nigerian capital, Abuja.



Siser Dumka Michael is business administrator for MMM at Chipini in Malawi. See story on page 47.

Before taking final vows in Nigeria, they were in Ireland for an intensive three-month programme of preparation. At its conclusion they wrote:

'This programme has been specially packaged to increase our knowledge of self, God and creation. Our hope is that this knowledge has deepened our relationship with God and will improve our relationship with the people we live and work with and all that we meet each day of our life.'

Thanking the Sisters at our Motherhouse for all they shared during this time they said: 'We are proud of you, our senior Sisters. Your hard work and sacrifice has left us a great legacy and we will not let you down. What would MMM have been for us if you had not made such efforts? We are standing on your shoulders and we promise you our shoulders will be there for those who come after us. Pray for us as we pray for you.'

A gradual change of attitude

SISTER HELEN SPRAGG, a pharmacist from Sheffield, has worked in Rwanda since 1998. She is proud of the fact that Kirambi Health Centre was the first in Rwanda to prescribe Anti-retroviral drugs (ARVs) to HIV positive patients with a low CD4 count. This was initiated in 2005. Now the centre supports nearly 200 patients on ARVs. She says:

The availability of ARVs has changed the way in which HIV positive patients are supported. Previously the emphasis had been on medical treatment of the opportunistic infections and on individual counselling. Now, although there is treatment available the emphasis is on peer counselling.

The Community Health Teams run Home-care Centres where treatment is provided to persons living with AIDS (PLWAs) near their homes. When this was initiated the clients tended to present their problems expecting the programme staff to solve them. Nowadays as problems are presented, the group discusses how they can assist one another. People share how they have addressed similar problems.



Pictured with the new ambulance are Sisters Gorette and Helen and (below) Drivers Andre, Alexi and John Bosco.



I really find this energising. I cannot explain what caused the change in attitude. I can only thank God for the staff we have who continued in a gentle way to encourage the clients to work together and gradually changed attitudes.

We have three separate teams working in the community. One works with Kirambi Health Centre, one with Mweya Health Centre and the other forms a development programme in the parish. They work with 96 Community Health Workers, as well as 40 Traditional Birth Attendants, 75 volunteer Nutrition Workers and 9 Agricultural Extension Workers to improve the health and wellbeing of the community.

These teams depend on community volunteers who give a lot of their time and energy to helping the less fortunate in the community. The generosity of these volunteers is remarkable. Some of them open their homes every month so that the staff can hold clinics for those living in their area. This can involve welcoming about thirty people, allowing them to use the kitchen and living room and in some cases even the bedroom, for consulting rooms or for discussion groups!



Auxiliary and Nutrition Staff at Kirambi Health Centre

In the past few years Rwanda has made great progress in the area of education and health, although there is still a long way to go as the educational standard remains very low. Security has improved and there is relatively little corruption when compared with the surrounding countries. However poverty is still a huge problem, with people having insufficient land to support their families and no other viable means of income. There is an increasing problem of conflict within and between families in the communities. This has resulted in many people becoming isolated and marginalised, thus contributing to the poverty.

Three Agriculturalists and two Social Workers and a Co-ordinator work in the parish. This has brought about some exciting changes! The Social Workers in the team have been more involved in marriage preparation as well as in preparation for choosing leaders of the small Christian communities and in training justice and peace groups in the parish. These groups are very involved in addressing injustices against women.

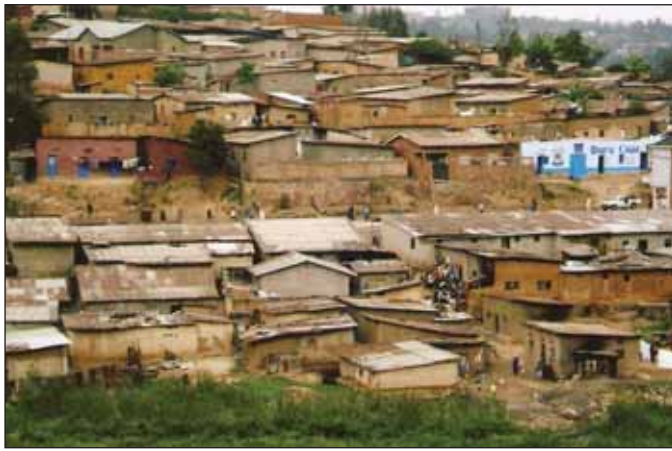
Sister Helen says:

‘Our Social Workers spend a lot of time addressing underlying causes of poverty or malnutrition and often this involves conflict management. Perhaps this, and the high incidence of alcoholism, is a result of the unresolved trauma due to the genocide in 1994.’

The workload in the laboratory has increased greatly. Sister Angelina Osuagwu, (below) a Nigerian MMM who is a medical laboratory scientist, joined the Kirambi community in 2008.



Sister Angelina



A hillside in Kigali



Drum beats call people to Sunday Mass



Xavier Bizimana and Batwa people



Farm School Students learn literacy, health care and modern farming techniques

Maternal Care

Sister Goretti Nalumaga is the Director of Nursing at Kirambi Health Centre and has a particular interest in the programme for Prevention of Mother to Child Transmission of HIV (PMTCT). When this started very few men accompanied their wives to antenatal clinics, but now about 70% of husbands come.

The government has a policy of encouraging pregnant women to deliver their babies at the Health Centre, so our Maternity Unit is much busier than it used to be, with approximately 30 deliveries each month now. We hope that this will reduce the number of women with vesico-vaginal fistula (V.V.F.) which results from prolonged obstructed labour. In the past year, six women from Kirambi have travelled to Kitovu Hospital in Uganda where Sister Maura Lynch arranged V.V.F. repair operations for them. This was a very exciting venture for them. In preparation they met together each week and formed a kind of support group. We are delighted to learn that all had very successful outcomes to their surgery and returned to Rwanda to what is, effectively, a new freedom from the terrible burden of V.V.F.



*Above: Sister Helen with two nursing students from Dundalk Institute of Technology, both named Orla!
Below: the group of students and their Tutor, John McDonald, with the staff of Kirambi Health Centre.*



Their Hope is Full



Sister Barbara Faulkner

died 8th January, 2008.

Barbara grew up in Kent and when she was 18 years of age she decided to become a Catholic. A friend gave her a statue of Saint Thérèse to mark the occasion, which led her to develop a great devotion to the Saint of the

Missions. Even before starting her nurse training, she staffed a wartime First Aid post. As a student nurse and midwife in the early 1940s, air raids would interrupt the journey to lectures. 'On one occasion I remember we had to jump off our bikes and roll up in a ball nine times along the way.' After her religious profession Barbara served as Assistant Matron in Drogheda and Waterford where she is still remembered by countless grateful mothers. Overseas she served in Nigeria as Tutor at Mater Hospital, Afikpo. She is also lovingly remembered for her pastoral work in the parish of Ealing Abbey, London, where she spent the last twenty years of her life.



Sister Philomena Doyle

died 19th April, 2008.

In the late 1930s Josie Doyle, as she was then, left her native Wexford to study hairdressing in Dublin. MMM was not yet established, but the small founding group was already gathered. When one of the pioneers

went to get her hair done, she wasted no time in telling the apprentice hairdresser about the new Congregation they hoped to form. In December 1938 Josie joined the fledgling group of MMMs, and took the name Philomena. In 1945 she sailed for Nigeria with the small group who would establish leprosy services in the Diocese of Ogoja, then known as 'The Lost Province', where over 50,000 people had leprosy. Her work there is legendary and well documented in the film 'Visitation'. Administrative and pastoral work filled her later life in Ireland, England and USA – always willing to serve wherever she was needed.



Sister Mary Reynolds

died 3rd February, 2008.

At the age of 21, Mary left her family home in Ballinamore, Co. Leitrim and joined MMM. She had already qualified in Institutional Management at the well-known college at Cathal Brugha Street in Dublin. It has been said of her 'There are many vital tasks

which only gentleness can accomplish'. Everyone who came to know Mary can echo those words. Even as a young person her gentle ways deeply touched all whom she encountered. Mary served with MMM in Ethiopia for eleven years, after which she filled several leadership roles both in Ireland and in USA. She qualified in Reflexology and Clinical Pastoral Care and practised these ministries during the last sixteen years of her active life, while based at our Motherhouse in Drogheda.

'Let not your hearts be troubled, believe in God, believe also in me. In my Father's house are many rooms, if it were not so would I have told you that I go to prepare a place for you? And when I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also.'

John 14: 1-3



Sister Angela Durnin

died 30th April, 2008.

In 1944 Angela left her home in Dunleer, Co. Louth, not far from our Motherhouse. She qualified first in midwifery and then in general nursing. Later she trained many young midwives. It was said of her 'when Angela was around you knew both mother and

baby were safe'. Her overseas service with MMM included Tanzania and Nigeria. She also cared for sick Sisters at our Motherhouse, and worked with our fund-raising committees. Later in life she qualified as a Reflexologist and brought pain relief to many people in this way. In the 1990s Angela began to suffer from Parkinson's disease, which progressively worsened until she was completely dependant on others, and had difficulty communicating. It was then, more than ever, that we realised the depth of her faith and graciousness. She inspired everyone by the patience and dignity with which she bore this suffering.

of Immortality...



Sister Teresa Purcell

died 6th May, 2008.

A native of Dublin, Sister Teresa joined MMM in 1943. If she could choose she would have opted for the most difficult assign-

ments. She didn't always have the choice, but she got very difficult assignments all the same! She went to Nigeria in 1948 and for the next ten years covered a multitude of jobs as administrator in our leprosy work at Ogoja, Obudu and Ikom. This was followed by seven years showing the film 'Visitation' and promoting the work of MMM in USA, Ireland, England and Wales. She spent several years at Gambo in Ethiopia before returning to Nigeria for a further six years. In the 1980s she was assigned to Kakuma in Kenya's harsh Turkana desert. When she might have retired, Teresa took on work in Dublin's inner city at a Methodist-run drop in centre. Then she continued this type of work with the poor and marginalized in England as long as her health permitted.



Sister Joan of Arc Clifton

died 1st June, 2008.

Another Dubliner, Sister Joan joined MMM in 1951. She already had first-hand experience of illness, as she had contracted TB of the bone which left her with a permanent disability in one knee. She was

undeterred by this, putting her many talents at the service of the missions. Most of her life was spent in Ireland, though she did relief work in Ethiopia and Nigeria. Joan was gifted with her hands, making clothes for the community and curtains for the hospital, while our fund-raising efforts were supplied with toys and crafts of great beauty. She was also gifted with secretarial and management skills. Most of all she served us through her great love for the Liturgy. She provided us with up-to-date hymn books and never missed a choir practice at our Motherhouse bringing enthusiasm and joy to this service.

'Their passing away was thought an affliction and their going forth from us utter destruction. But they are in peace... Their hope is full of immortality... they shall be greatly blessed because God tried them and found them worthy.' **Wisdom 3: 1-5**



Sister Miriam Therese Quinn

died 12th September, 2008.

A native of Liverpool, Sister Miriam Therese came to MMM in 1953 after an interesting career that lasted for several years, first with the UN in its very early days in Germany, then

with a bank in Toronto and a locomotive company in New York. It was a Benedictine monk who helped her to decide about her missionary vocation. She joined MMM at our American Novitiate in Winchester, MA. From then on her travels would be mission-linked. She first went to Tanzania in 1958, and filled many administrative posts there including acting as Secretary to Bishop Winters in Mbulu Diocese, and at MMM-run hospitals at nDareda, Makiungu and Kabanga and later as Regional Secretary in Tanzania. She returned to the US for two years where she worked as bursar at Winchester and also helped with administrative work for MMM in Ireland, bringing serenity and graciousness to all she did.



Sister Zita Twomey

died 13th September, 2008.

Sister Zita came from Macroom in Co. Cork and joined MMM in 1948. Her early life in Nigeria was spent in administrative work. She also spent six years promoting the work of MMM in USA and later in Ireland.

It was only in 1977 that she got the opportunity to commence nursing studies, and though older than the other students she brought all her previous experience and skills to this profession with great success. Once back in Nigeria she staffed at the remote mission of Ikot Ekpene and later at the Leprosy and TB unit in Obudu. Sister Zita was renowned for her hospitality and generosity. Many a missionary was known to take the long way round in order to visit her community and avail of the great hospitality Sister Zita would provide. When thanked she would simply reply 'it will always come back to you'.

One Hundred Years of Faith



Here is how the elders tell the story of the arrival of the first missionaries in Makiungu.

In 1908, two priests of the Missionaries of Africa, Fr. William Schregel and Fr. Bernard Mengarduque, together with Brother Ernest, were sent by their bishop from Tabora to open a mission among the Wanyaturu people. They followed the road which was used to transport slaves till they arrived at a place known today as Kimbwi. In this village there was a very rich man known as Kisuda. Every year Kisuda went to seek advice from a famous traditional healer known by the name of Suku.

For three consecutive years, at each visit, Kisuda was told by Suku, "Very gentle and kind visitors will be coming to you, never send them away". On the third occasion, a few days after he got

back to his home from visiting Suku, the prophecy came true. It was like this:

When it was morning, Kisuda and his family were very surprised to find tents camped at their compound, near to where the cattle were kept. Very strange people appeared, their skin white, the colour they had never seen in their life. They thought they were gods.

Since Kisuda had already been told by Suku about these visitors, he went to the house and brought butter to anoint them as a sign of reconciliation and peace between them. But, some servants who accompanied the visitors appeared and among them was a man of their own tribe, who had gone to Tabora to escape famine and came to know the missionaries. Speaking their own language, he told Kisuda not to anoint them, but instead to give them sheep to use for food. There was a very big welcome.



Makiungu

The missionaries remained there for one year, and then told Kisuda they would like to build. He consulted Suku, asking him to send away the visitors as he feared losing the land he needed to graze his cattle. Suku gave him medicine, instructed Kisuda to put it on the branch of a tree and drag it to a rock known as "Ng'ongo ama Yiungu", a place where a terrible massacre had taken place. The missionaries were not able to pronounce this the way the local people did. Instead they pronounced it "Makiungu", the name which has remained to this day.

This remote village lies some 25 km from the town of Singida in the very centre of what is now called Tanzania. The missionaries planted a row of eucalyptus trees in the sandy soil of this semi-desert area, and set about planting the seed of faith among the people. It took much patience as the Chiefs and people, while friendly, were slow to accept the new teaching. As if to remind us that the seed must go into the ground and die, on September 1 1909, Brother Ernest died from infection following tonsillitis.



In the processional Dance of the Word, warriors symbolise their willingness to protect the message of Christ (above) and (below) a lamb is presented at the offertory procession.



Celebration

On August 17 2008, the celebration of one hundred years of faith in Singida Diocese was an impressive event. Bishop Desiderius Rwoma of Singida was joined by the Indian-born Papal Nuncio, Archbishop Joseph Chennoth, by Cardinal Polycarp Pengo from Dar es Salaam and 18 of the country's 23 bishops, all Tanzanian. There are 59 priests in Singida Diocese today, all Tanzanian with the exception of a handful of white-haired missionaries.

A special highlight was the processional dance to the altar bearing the Word of God. Women balancing on their heads bowls of flaming oil led the procession through the vast crowd and up the steps to the altar. The dance of the fire symbolised the fact that the Word of God is alive and active, a burning flame that warms us into action. Then came the Bible decked with flowers and carried aloft. This was followed by male dancers bearing traditional spears and bows and arrows. This dance symbolised the precious gift that they wish to protect and their willingness to defend their faith.

The song they sang indicated they have been entrusted with the Word of God. They would only offer it to those who are ready to receive it. 'Are you ready?' In their song and dance they asked the Cardinal and the Bishops. 'Are you ready?' They asked the priests and the people. When a positive answer was received, the Bible was



Members of the men's Organizing Committee wearing the cloth specially printed for the Centenary proclaiming the theme 'Unity and Love'

handed over to the Master of Ceremonies and proclaimed to the waiting multitude.

Missionaries who served in the Diocese through the years were warmly thanked. After the exchange of gifts, more than 3,000 people were served a hot meal under the trees.

As the sinking sun turned the sky red we headed home along the bumpy road to Makiungu. Next morning the small plane of the Flying Doctors would be landing on our airstrip bringing a specialist orthopaedic team from the Kilimanjaro Christian Medical Centre. 40 patients were on the list for surgery. All hands would be needed on deck!

Cardinal Pengo, Archbishop Joseph Chennoth and Bishop Desiderius Ruoma.

A short time after arriving in Makiungu, the missionaries opened a dispensary. The parish register for 1909-1910 showed the fruit of their work: 13 people were following instruction, 3 were baptized before death, there were 6 Christian families who had been rescued slaves and followed the missionaries to Makiungu, there had been 1 church wedding and 678 patients treated at the dispensary.

In 1954 the Medical Missionaries of Mary were invited to develop the dispensary into a hospital, which is a modern and busy facility with 150 beds today.



Bishop Desiderius Rwuoma with Sister Mary Swaby, MMM Area Leader in Tanzania

As well as the work at Makiungu Hospital, founded in 1954, MMMs today run the Faraja Centre in Singida town. It takes its name from the Swahili word for 'compassion'. People who are worried about HIV and its devastating effects can avail of a range of services provided by the 17-person team. The Home Care Team of Faraja goes out three times a week to the poorest of dwellings to follow up those too ill to come to the Centre. There is also an extensive Orphan Support Programme.



Sister Marian Scena from Denver is the MMM doctor on the Faraja Team.



Volunteer Connie O'Halloran and Grace Shao, both members of the Faraja Team.

Five weeks in Makondo

By Anna Camp

COMING TO VOLUNTEER in the area warmly referred to as ‘the bush’ of Makondo, Uganda was an impulse decision. It was one that I made when overcome with passion for promoting awareness, acceptance and advancement for all people with disabilities, a passion that I am often overcome by. What I expected to find was a third-world situation. Being a special education teacher in a government-funded public school in America, I knew there would be significant differences in the education system I was to find in Makondo. I was prepared to deal with dismal facilities, a population hardened by their constant daily struggles to survive and a primitive education system with disregard for students with disabilities. Yet it is in what I did *not* expect to find, that I have found the most.

I found young children with severe physical disabilities who walk miles to come to and from school daily, a sight that would be impossible to encounter in my modern day America. I found a young boy who wheels an old, disabled woman over calloused, craterous terrain so she might earn a few shillings selling tea to those seeking medical treatment. I found a staff of dedicated teachers that often stay after hours to clean the school grounds with brooms crafted from dried grass stalks,

and I have found the Medical Missionaries of Mary.

The seven women who make up the Makondo community of the Medical Missionaries of Mary are unlike any other people I have encountered in my entire life.

Yes, I have met those dedicated to the Lord, and I have met those that are committed to serving others, yet the zeal with which these strong women do both is unequalled.



David with his teddy bear

One of the many projects that they have fostered is a nursery school for both young children and students with disabilities. At St. Kizito's Nursery School, the Sisters make sure the children get daily nutritious meals. They provide wheelchairs for students with disabilities. They make it possible for teachers to get proper training and make countless home visits to encourage education for every child, whether disabled or not.

In the past, students with disabilities have been neglected, outcast and hidden in homes of families who are



Anna Camp is a special education teacher from Denver, USA who volunteered for five weeks in Makondo in order to provide teacher training and to assess and create goals for current students with disability.



Clean Water at last!

By Sister Celine Jones



Working with David

often ashamed of their children who have learning differences or physical disabilities. Traditionally, these people are thought of as a curse or a burden to the harsh small village lifestyle of the people in rural Uganda. With the start of this nursery, a little monetary aid and the encouragement of the Sisters, many disabled students who would have gone uneducated and unchallenged throughout their lives, now get a chance to advance their learning, improve their life skills and therefore increase their independence levels.

While I do not foresee myself being able to make the same promises as the Sisters have – to a lifetime of poverty, chastity and obedience – I have been inspired and awed by the positive changes that have come to people with disabilities as a direct result of the Sisters' work. I will carry their spirit back to America with me, in order to be a leader in the fight for universal equality for those living with disabilities.

A GOOD SUPPLY OF CLEAN water was a long time dream of St. Agatha's Primary School.

This would save the children from trekking long distances to water sources – swamps and ponds that were totally unsuitable for human use.

The Lions Club of Portmarnock, Co. Dublin made this dream come true. Funds were received in 2007. We had

Lots of local mud houses and our own roads were washed away.

This created many problems for us! The lorry transporting the materials for the well became stuck in the mud road for a number of days. Meanwhile the well itself was filling up with rain water, adding to our work. It meant that the work had to be abandoned until the rains had ceased.



Children from three schools enjoy clean water from a well funded by Portmarnock Lions Club.

After many trials and tribulations we managed to reach the goal of completing the school well, with a little help from our friends, students and teachers who prayed with us, encouraged us, and stood by us until we achieved this dream.

There are over 700 children at St. Agatha's Primary School. Nearby,

at St. Denis Secondary School there are a further 600 children. And, of course, our own St. Kizito's Nursery with 145 children, all of whom are benefiting from this wonderful new School Well.

We thank God for the abundance of clean, flowing, living water which we now have for our school children.

many difficulties in finding a good water source nearby and finding a qualified well mechanic but our biggest enemy of recent times has been the weather! We had torrential rains and storms the like of which had not been seen in over nine years, since the last El Niño rains.



The economy and the environment are helped by the arrival of the

Bicycle Ambulance

*Sister Cecily Bourdillon
writes from Chipini
Health Centre*

On my Home-based Care round, I visited Matsautso at his home only to find him very ill and in much pain.

In the local language spoken around Chipini, the word 'Matsautso' means 'suffering'. It is strange that this is the name given to our patient by his parents long before his illness became apparent.

Although he had contracted HIV some time earlier, we had hoped to be able to keep him fairly well for a long time to come. But he was prone to the opportunistic diseases that occur when a person's immune system is not functioning properly.

Clearly, Matsautso was much too ill to sit on a bicycle to be taken in to our Health Centre for whatever relief we could provide. Luckily, we have bicycle



ambulances here at Chipini. They are invaluable at a time like this. His home was only a few miles away from us.

His younger brother, Moses John came to borrow the ambulance and bring him in. At the clinic we were able to treat a very painful ulcer that was really bothering him. And we renewed his supply of anti-retroviral treatment that we hoped would help him regain his strength.

When it was time to send him home, Moses John came again and the ambulance was made ready. Matsautso was made comfortable with the help of his brother and Frank Kwenda, one of our Counsellors. A leaf of *aloe vera* was provided to give ongoing relief to the ulcer.

We wished them well as they set off for home. Matsautso was grateful for the concern and the support. I was moved to see him try to raise his hand and wave goodbye as they took the path out of our compound into the countryside en route home.



We did not see him again. Sadly, he had a set-back. A few days later, news reached us that Matsautso lost his battle with AIDS. This young man was laid to rest among his ancestors, his suffering now over. The killer disease that we have been battling for more than a quarter of a century had claimed another victim.

Chipini Health Centre



Sister Teresa Agbam from Nigeria is in charge of Chipini Health Centre



Sister Cecily Bourdillon, from Zimbabwe is Medical Director of the Public Health and Home-Based Care programme.



Chipini Health Centre has a staff complement of 50. In an average year, there are more than 15,500 visits to the out-patient department. Malaria is the number one problem. But respiratory conditions, skin problems, oral problems, injuries and wounds also make up the reason for seeking medical assistance.

There are over 3,000 admissions for various illnesses, while there are over 800 admissions to the Maternity Unit following over 4,000 ante-natal clinic attendances.

The small laboratory carries out more than 8,000 tests in a year.

Outreach Programme



Sister Christine Lawler from Sheffield UK is a nurse-midwife at Chipini Health Centre

The Outreach Programme covers 78 villages with a population of 22,500 people. There is a well functioning public health programme based on Village Health Committees and active Health Surveillance Assistants – upon these is built a strong environmental health programme.

The Home Based Care programme is vibrant. There are 73 volunteers who visit the chronically sick. They also supervise orphans living in child-headed households and other vulnerable children.

Voluntary counselling and HIV testing is carried out extensively, with provision of anti-retroviral therapy where appropriate.

Food Security



Sister Dumka Michael from Nigeria in the cane sugar fields

To increase food security, goats and poultry have been distributed to 79 families. When the goats bear offspring, these are passed on to other families in the village.

In addition, 1,260 farmers have been encouraged to cultivate 600 acres with drought resistant crops and better soil fertility. There are 18 Farmers' Clubs with 300 farmers doing winter cropping. 93 farmers were trained in soil and water conservation, manure making and rain water harvesting.



Sister Dumka who oversees the financial and business administration at Chipini, inspects an improved latrine with washing facilities at a rural village



Some of the 93 farmers trained in soil and water conservation

Medical Missionaries of Mary

*Bringing
healthcare
to places of
great need*



*Rooted and
Founded in Love*



Forty years



*on mission
in Brazil*

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