

Healing & Development

2013 Edition

MEDICAL
MISSIONARIES
of MARY



MMM

*Rooted and
founded
in Love*

*Our belief in the
interrelatedness
of God's Creation
urges us to embrace
Holistic Healing
and to work for
Reconciliation,
Justice and Peace.*



"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."

Justice in the World – THE 1971 SYNOD OF BISHOPS

Volume 74 – 2013

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin, today MMMs number about four hundred Sisters, who come from twenty different countries. A growing number of men and women from twelve countries 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



Dear Friends,

I am happy to introduce our MMM Yearbook, Healing and Development, for 2013. This year the theme is taken from our Mission Statement: "Our belief in the interrelatedness of God's creation urges us to embrace holistic healing and to work for reconciliation, justice and peace."

Pope Francis, during his recent visit to Brazil, said that "the position of missionary disciples is not in the centre but at the periphery: they live poised towards the peripheries." In this Yearbook you will find a variety of

stories and reports from our Sisters, colleagues, and Associates who are "poised towards the peripheries" in MMM mission and ministries. Our response as MMMs is always to where the need is greatest. I feel sure that you will be inspired by the responses of our Sisters and their teams.

Violence is one of the realities of our times. You will read how we meet people affected by violence, including people who have been trafficked. Pastoral care and prison ministry are becoming essential to healing. These are part of our work for peace and justice.

We have chosen a symbol for each country – not necessarily an official symbol but something that is significant to the country and reflects the interrelatedness of God's creation. Concern for the natural environment is an integral part of our MMM Healing Mission. As we live our relationship with God more consciously and with more integrity, we become more aware of the sacredness of all creation. We see the relevance of our Benedictine spirituality, in which balance and moderation in the use of resources are fundamental.

In our work we are constantly made aware that many of our essential resources are under threat. Decreasing availability and quality of water and the growing demand for it are creating significant challenges for us all. The poor suffer the most. For them, inadequate water can mean long and dangerous walks to fetch it, high prices to buy it, and disease from contaminated supplies.

Our MMM Associate Movement is growing not only in numbers but in both commitment and involvement in our ministries. An example of this is the corporate work that three Associates undertook at RAM in the USA.

Without your partnership and generosity our work could not continue. We are very grateful to all of you - our supporters, friends, and benefactors – for making God's mission of healing possible in an often violent and divided world and for working with us to bring about reconciliation, justice, and peace.

Thank you.

Sister Sukhān
Congregational Leader

MEDICAL MISSIONARIES of MARY



MMM

*Rooted and
founded
in Love*

*The spirituality of St. Thérèse is based on
finding holiness in the ordinary, of doing
"little things with great love".*



*St. Thérèse and her sister
Céline in Carmel*

Women on the margins

In 2010, the World Health Organization (WHO) stated: "Each year, between 50,000 to 100,000 women worldwide are affected by obstetric fistula." This injury usually results from childbirth, occurring because most women in poor countries give birth without any medical help. Many are young girls.

WHO continued: "Vesico-vaginal fistula (VVF) is directly linked to one of the major causes of maternal mortality: obstructed labour, which occurs in 5% of live births and accounts for 8% of all maternal deaths." During contractions the baby's head constantly pushes against the mother's pelvis. This causes tissue death from lack of blood flow. After days of agonizing labour, a hole, or *fistula*, is created between the birth canal and organs such as the bladder or rectum. A woman cannot control her urine, and sometimes her bowel contents.

The baby is unlikely to survive. If the woman survives, she is usually rejected by her husband because she cannot bear more children and because of the foul smell. Her community will shun her. Forced to live in isolation, these women suffer profound psychological trauma from their loss of status and dignity. They are in constant distress from their physical injuries.

WHO estimates that more than two million young women live with untreated fistulae in Asia and sub-Saharan Africa. It has been largely eliminated in the developed world with improved obstetric care and the use of Caesarean section to relieve obstructed labour. Obstetric fistula can largely be avoided by delaying the age of first pregnancy and timely access to obstetric care. Health care systems still fail to provide accessible, quality maternal care, skilled care at birth, and basic emergency obstetric services. WHO says that while levels of antenatal care increased in many parts of the world during the past decade, only 46% of women in low-income countries benefit from skilled care during childbirth.

Vaginal fistula can also result from violent rape. In *Reproductive Health Matters* in 2008, A.O. Longombe, K.M. Claude, and J. Ruminjo stated that this injury has become common in some war zones, where rape is used as a weapon against female civilians.

A fistula can often be cured with an operation. In 2008, for example, over 2,000 health professionals were trained in preventing and managing obstetric fistula. Nevertheless WHO said that from 2003 to 2010 "only 12,000 women



The VVF unit in Kitovu: a beacon of hope for thousands

in over 45 countries received obstetric fistula treatment in Africa, Asia and the Middle East." They often save for years to get the money for transport and an operation.

Clearly, this is a condition of women already on the margins of society. As Medical Missionaries of Mary, we have been committed to the prevention and treatment of fistulae, working with others to provide relief for women with this terrible suffering. While better care and training of health professionals are essential, the wider issue of the rights of women and girls in society must also be addressed.



Women wait for assessment.

Sister Doctor Maura Lynch, MMM, visits Itam

Sister Fidelia Adigo, Programme Coordinator at Mbribit Itam, Nigeria, described how MMMs in East and West Africa are working together to provide services for women with vesico-vaginal fistula.

Pope John Paul II Family Life Centre/VVF Hospital was established in 1983 by Sister Doctor Ann Ward, MMM, an obstetrician-gynaecologist and vesico-vaginal fistula (VVF) surgeon. She worked in St. Luke's Hospital, Anua, Nigeria for many years and was already doing VVF surgery in St. Luke's in the 1960s. Because the number of women attending for VVF repair was increasing she decided to establish a centre dedicated to this work. So began VVF Mbribit Itam, the first of its kind in Nigeria. In its early years, it provided services



It takes a team approach.



MMMs Fidelia Adigo, Maura Lynch, and Gladys Dimaku meet staff in Itam.

for the whole country and beyond, including Ghana and Cameroun. Sister Ann retired to Ireland in 2006 and Sister Doctor Mary Molloy took over. Work continued at the Centre when she left in 2010, though not to the same extent.

It is estimated that 400,000 to 800,000 women have VVF in Nigeria. We want to continue the service we pioneered as MMMs and support the efforts of the government in restoring dignity to these women.

Sister Doctor Maura Lynch, MMM, pioneered VVF surgery at Kitovu Hospital in Uganda. Kitovu Hospital is a recognized centre for training in fistula care. Doctor Maura visited Itam in January 2013 to assess the possibility of having regular fistula surgery in camps. The camps would be organized four to six times per year with visiting surgeons. Many operations can be done within a short time.



Nursing staff at Itam: essential for good patient care

Doctor Maura met with the Sisters, staff members and others. After the visit, she felt that there are adequate facilities in Itam to provide the camps. We are encouraging women to come for treatment and are tracking women who were advised to return but did not. We are also appealing for support to purchase equipment. We have renewed enthusiasm for our work to bring healing to these women on the margins.

In Loving Memory: A life bringing hope and healing

We were greatly saddened to hear of the death on 2 August of Doctor John Kelly in England. John was an obstetrician-gynaecologist who shared his skills to bring healing and restore dignity to countless women around the world. He ensured that this work would continue by training others. In April he contributed an article about his work to our e-newsletter. The following are excerpts.

"In 1967, I was owed some time in my post as senior registrar at the London Hospital. I went to Nigeria, where I had the privilege of working with the MMM in their famous hospital, Saint Luke's, in Anua, South East Nigeria. I was 'allowing' the famous Sister Doctor Ann Ward, obstetrician-gynaecologist and fistula surgeon, to come to England to study for a higher qualification. My first week in Anua was spent as a locum for Sister Doctor Pauline Dean, a paediatrician. Malaria had struck again!"

Doctor Kelly later took over in the obstetric unit, where he first performed fistula surgery. He continued, "In 1970, Doctors Reginald and Catherine Hamlin asked me to be their locum for their fistula repair work in Ethiopia and I have continued this each year since. My wife, Chris (R.I.P.) kindly agreed that while I was in full time employment in the UK part of my annual leave would be given to the 'Third World.'" He set aside funds from his practice in the UK to support his work.

"In Birmingham, we established a training programme for Sisters wishing to obtain higher qualifications and

experience in their specialty. Chris also provided the shelter and welcoming heart to the many who arrived unexpectedly in Birmingham from warmer climes! Since I retired from Health Services work in 1996, I have been able to work for up to nine months per year in the developing world.

"I have worked in Afghanistan, Angola, Bangladesh, Cameroon, DR Congo, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Pakistan, Somalia, Somaliland, Sudan (Darfur), Tanzania, Uganda, and Zambia."

Doctor Kelly trained surgeons in fistula repair in Kitovu Hospital in Uganda and elsewhere. He prepared former patients from Darfur to be midwives. In Ethiopia, he worked at Attat Hospital, a rural health facility, where he focused on providing women with safe deliveries.

"As I try to continue to do a little bit in fistula work, I realise that I am only a member of a large TEAM. I marvel at the contribution and dedication of the cleaners, laboratory workers, and others who contribute so much. They play leading roles in our team work. We go to heal and be healed. Some people may say you'll never prevent [fistula], but we must prevent it! It's the only complete cure we have."

We have all lost a wonderful friend and true physician.



An important part of Doctor Kelly's work was training others.



Nurses in Kitovu: Nurse Winnie (l) has dedicated many years to fistula work.



Doctor John Kelly: bringing healing to marginalized women



Angola

In Angola, once the world's fourth largest coffee producer, a 27-year civil war decimated the industry. Millions were displaced and many farms remain plagued by land mines.

One man's journey on the road to justice

On mission in Huambo, Sister Therese McDonough has been involved in work with prisoners. She told us about Chilala, whose courage and faith enabled him to choose life for himself and others.



"I was in prison and you visited me."

Mt 25: 36

Chilala was one of the first people I met in December 2011. As had other Medical Missionaries of Mary, I started to visit the men and women incarcerated in the prison on the periphery of Huambo. Chilala's warm smile and firm handshake and the company of Sisters Brigid Archbold and Jacintha Akonaay put me at ease. Chilala was married with four children and a civil servant with the Department of Education when he was arrested in April 2011. He was charged with embezzlement of public money and sentenced to five years in prison. While awaiting appeal he was appointed liaison between the prison authorities and the local Catholic Church.

Chilala accompanied us to the courtyard where the prisoners gathered every other weekend to chat with us and prepare the liturgy for the following Sunday. For me, this marked the beginning of another extraordinary journey as an MMM among some extraordinary and challenging people.



Chilala conducts the choir during Mass.

Chilala had not known any MMMs personally until shortly after he arrived. He said that when he met the Sisters at a Saturday session, there was an immediate spiritual connection, awakening him to new life. With each encounter with the MMMs, he felt the inexplicable touch of God at work in his life, molding him into someone he did not yet understand.

As I came to know and minister with Chilala, it was clear that his faith and generous service sustained him as he awaited a new verdict. His days were full with giving classes in Portuguese and moral and civic education to the inmates. He led evening prayer with those preparing for first Communion and Baptism. He took responsibility for the choir and preparation for the Eucharistic celebrations. Above all, he continued to ponder the significance of what was happening in his life and wondered where God was leading him.

By the time his appeal was heard, Chilala had spent two years in prison. The court found no proof of guilt and he was released in June 2013. He said that the Sisters' unfailing and caring presence was a source of strength and healing as he grew into a greater awareness of his own missionary vocation.

He said, "That's it! If these women can come from distant countries and minister so faithfully and lovingly to our people, many of whom are neglected, surely this is my call, too. This is what I have been awakened to! I will never abandon my sisters and brothers in prison, many of whom have no one to visit them or advocate for them. I will be a missionary to them. This is my call."



Christian leadership class in prison

Chilala is now at home with his family and is resuming his position with the Department of Education. He continues his ministry at the prison and has been instrumental in reinstating a Peace, Justice and Reconciliation Committee in the Archdiocese of Huambo. Its purpose is to advocate for those who have no access to legal counsel from lack of finances or of someone to intervene for them.

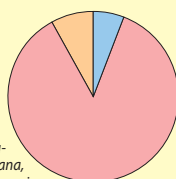
Angola has 28 MMM Associates.

2012 - ANGOLA

INCOME

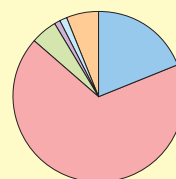
- Donations - 6%
- Patient Fees - 87%
- Other - 7%

Patient fees account for most income. This is mainly due to the utilization of our new clinic in Viana, which is now well up and running.



EXPENDITURE

- Administration - 19%
- Curative Health Services - 68%
- Preventative Health Services - 5%
- Social, Economic, Pastoral - 1%
- Capacity Building/Training - 1%
- Capital Expenditure - 6%





The Amazon Rainforest, home to 1/5 of all the world's plants and birds, is the source of one of the most powerful drugs for childhood leukaemia. Every second 1 ½ acres of rainforest are being lost.

Hearing the cry of the poor

Sister Miranilza Nascimento dos Santos wrote about her field work on Projeto Consolação in Salvador. She is currently studying for a BA in Sustainable Human Development in our MMM House of Studies in Nairobi.

"They took away my Lord and I do not know where they have laid Him." Jn 20:13. This is the cry of a faithful companion named Mary Magdalen, who pleads to know where Jesus' body has been taken. "Tell me where you have laid him and I will take him away." Jn 20:15

This, too, is the lament of the mothers to whom the Consolation Project (*Projeto Consolação*) reaches out. This cry resounds in the ears of the team members who climb the hills in the narrow streets of Nordeste de Amaralina to encounter a tender mother or a faithful companion who is crying because they have taken away the body of her beloved son or friend and she doesn't know where they have laid him.

The 82,976 inhabitants of Nordeste de Amaralina live in an area of poor housing, high unemployment and illiteracy, as well as a high incidence of crime and violence with impunity. The majority are unemployed youth who get involved in drug trafficking and consumption. Statistics from 1996 to 2008 showed that nearly 12,000 people lost their lives in the city of Salvador from assassinations because of urban violence. These facts illustrate the social and cultural reality of the people in the *favelas* or periphery of big cities in Brazil.

The MMM Sisters in Salvador started *Projeto Consolação* in 2011 in Nordeste de Amaralina. It was inspired by a thesis presented by Regina Reinart in 2010, entitled: "Mission in the Context of Violence: Despair and Hope in Women Whose Sons/Daughters Were Murdered in Salvador/Bahia". Regina worked for many years in the area with groups of women, many of whom had suffered the loss of their sons and daughters through violence. Beginning with five women, a group of eighty gradually came together. The women shared their stories while the others listened.

The MMMs reflected on how to intervene in the reality of Latin America countries: how to be the gardener or perhaps another Mary, who goes in haste and reaches out to others. The staff members and others who are involved are channels of peace in the painful process of grieving. They organize meetings with these women who are stigmatized and excluded from society. The women are empowered to transform their pain into wellbeing. "*Projeto Consolação* is like a balm in the lives of these women and families," said one volunteer. Another adds, "*Projeto Consolação* has been... a Veronica who dries the tears and blood on the face of Jesus, who became a martyr in this culture of extermination."

I thought of the words of Father Paulo Nunes, the parish priest where the MMM Sisters live in Salvador. He said that when he came to the parish he thought that he would be a pastor only to the Catholics who are suffering. Then one day he found himself in the house of a woman priest in the *Candomblé*, an Afro-Brazilian religion. In listening to her, he realised the real meaning of being a pastor. He learned that he needs to say to all that there is hope. With the staff of *Projeto Consolação*, Father Paulo visits families who have lost their children due to violence.

For me this is one of the ways in which we can be channels of justice, peace, and reconciliation. The project staff do that in their daily activities. They are like Jesus who came to us and said, "Peace be with you. Do not fear." This has been our mission.



Bringing comfort to the sorrowing:
Project Consolation

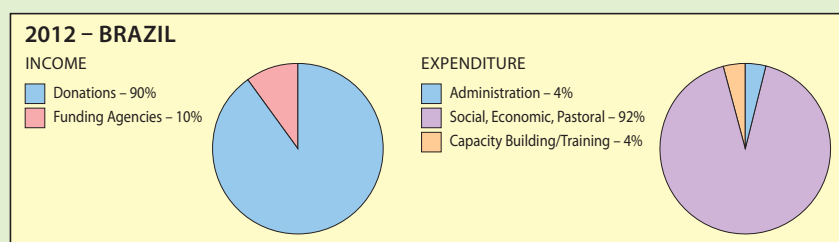


Sharing stories in a support group



Demonstrating to raise awareness about women's rights

Brazil has 13 MMM Associates.





Honduras

Maize is the staple food of most American and Caribbean cultures. Used to make mats, baskets, and mattress stuffing, it is also burned for fuel. It had spiritual meaning for the ancient Mayans.

"I thought I was the only one..."

Sister Renée Duignan described how MMMs in Choloma work for peace and justice in very practical ways.

In Honduras our life and mission are deeply inserted in the Church. During the past year we participated in a diocesan Synod. Groups were formed in the parishes and every month we participated. We reflected together on prepared gospel themes that touched our lives. These were very fruitful. Many of the themes dealt with Justice and Peace issues. People were able to express their feelings about the country in which they live, where organized crime, drugs and violence have penetrated society and Christian values are being lost. We are becoming more aware of the importance of working together and finding ways to respect each person and the environment.

At our centre, *Casa Visitation*, all our activities are directed towards the most disadvantaged. We have an integrated approach to health care with both curative and preventative services. The focus is on prevention of disease. There is a culture of volunteerism. People are keen to learn and pass on information to their families and friends. We work with health committees that have been formed in the communities since our arrival nine years ago. During the past two years we have concentrated on education about human rights issues, especially children's rights and the social doctrine of the Church, through monthly workshops and talks in the communities. It has been a source of life and energy for the people. They receive information enabling them to access other services to improve their situations. During our evaluations we hear comments such as:

"Because of the education we have received we have been able to identify children in our community who suffer from malnutrition. We are giving talks to the parents on balanced diets and provide food where necessary."

"My child can integrate into his class in school now because of the psychological help he has received in *Casa Visitation*."

"I thought I was the only one suffering from domestic violence until I joined the women's support group. Now my self-esteem has increased and I am able to cope and care for my family."

The staff of twelve and more than a hundred volunteers focus on education in health and human rights issues through workshops, talks and practical sessions. Women suffering from domestic violence and people living with HIV/AIDS find trust and friendship in the support groups, becoming aware of their rights. Through the practical sessions they are empowered to begin small income-generating projects. Similarly, our work with youth and children with learning disabilities and behavioural problems are geared towards human development.

We MMMs are privileged to walk together on our journey with these people. It is very much a giving and receiving on everyone's part. Our benefactors, our partners in mission, continue to be a leaven that enables us to provide services and resources that make a big difference in the lives of many people in Honduras.



Sister Maria Gonzaga (in red) and youth after a successful cultural dance



MMM community in Choloma: Sisters Renée, Maria Gonzaga, and Rosalinda



Sister Rosalinda trains health workers.

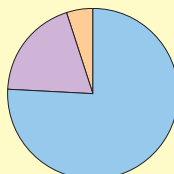


Preparing a seminar on nutrition and health

2012 - HONDURAS

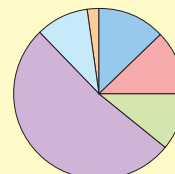
INCOME

- Donations - 77%
- Patient Fees - 19%
- Other - 4%



EXPENDITURE

- Administration - 13%
- Curative Health Services - 12%
- Preventative Health Services - 11%
- Social, Economic, Pastoral - 52%
- Capacity Building/Training - 10%
- Capital Expenditure - 2%





Conservationists fear the country's lions could die out completely. They are under threat from killing by farmers and hunters, loss of habitat, and scarcity of wild prey from over-hunting by humans.

A modern-day injustice: trafficking in persons

Sister Mary O'Malley, based in Nairobi, wrote about her work in dealing with the terrible reality of human trafficking. She is one of the founding members of Awareness Against Human Trafficking.

In my work in Nairobi I became acutely aware of human trafficking in 2006. I tried to get more information but it was difficult. Then in December 2006, a joint report from UNICEF and the Kenyan government confirmed my worst suspicions. Kenya is a source, transit, and destination country for trafficking.

We needed to address the issues involved - but where to start? I held only twenty-three workshops in the first year. With the contacts I had, *Awareness Against Human Trafficking* was created in 2010. I felt the priority was to train Kenyans to give awareness in their own areas. We have trained over 200, who gave 670 workshops last year and reached over 20,000 people. Groups eager to teach others were given a copy of our training manual so the work has a ripple effect.

Next I turned to a very distressing area: victim assistance. Most of the young women I meet have little or no education. Very bright children do not reach their potential from the lack of secondary school fees. They live with great anger and frustration. Young people sell their radio and still have to drop out in the first term. It is pointless to send them to day school. No child could study in the one-roomed hovel where the whole family lives. Many were born in slums in Nairobi or, having few options, moved there from semi-arid rural areas. They are eager to improve the family finances, especially to help educate their siblings. They plan to start small businesses, knowing they have good potential. They are not afraid to work. They are easy prey for traffickers and recruiters.

I have seen broken lives that bear witness to the worst excesses in human nature. In the technological age, recruitment of victims is swift and efficient. The *cargo* is quickly dispatched. Passports are processed in three days or less. If women are destined for the Middle East they do not object to passport photographs taken wearing the *niqab**. They are promised salaries they could not earn in Kenya in a year. Often they sign a contract at the airport, some using a thumbprint because they cannot read or write. Some leave husbands and children behind, thinking this sacrifice will pay dividends later.

There is a rude awakening on arrival. Passports are taken for "safekeeping". They are the sole person to clean, cook, iron clothes, and wash everything from baby diapers to SUVs. They often work for three households and are forced to work twenty or more hours daily. Many are only allowed to eat leftovers. Some are given just one meal a day. They have no salary for the first three months. Then they are paid less than half what was promised in Nairobi. "We paid your airfare and you are here to work."

These stories are so consistent that it is impossible to doubt their authenticity. Some try to escape and end up in prison. All have been beaten, burned with hot irons, or have had hot water thrown at them. Degradation and taunting are routine. Stories of sexual violence pour out. Brutality comes from teenage sons, grandfathers, the boss, and the men he invites to house parties.

Forced labour and sexual exploitation are life-destroying. Victims need medical care and counselling as well as finance to start a small business. School fees for three terms in a school year are expensive. Our supporters help us raise awareness and help victims get back their lives.

**an opaque veil worn by some Muslim women that leaves only the eyes uncovered*



Sister Mary O'Malley prepares reports.

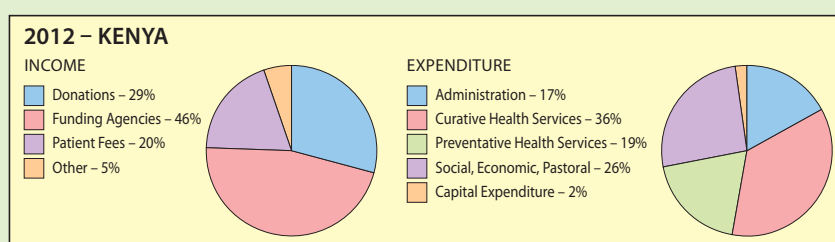


A man who was trafficked now sells shoes and can support his family.



A woman who was trafficked is doing well after funding from ESB Ireland (microfinance).

Kenya has 4 MMM Associates.





Malawi

The national animal of Malawi and the most common gazelle in East Africa, Thomson's gazelle is under threat from tourist impacts, habitat modification, fire management, and road development.

Transformation in Malawi

Sister Ukachi Ibeh is responsible for an outreach project at Kasina Health Centre. She described how the participants seek to challenge practices that adversely affect development.

Kasina Health Centre is situated in an extremely poor area in the mountainous Dedza District in central Malawi. It serves over 26,500 people in 72 villages. There is a high level of dependency and illiteracy and practices such as early marriage. Low prices for agricultural goods are a further challenge. We work to provide a better quality of life through health care and education. Activities include malaria prevention, immunizations, safe motherhood, and HIV-related activities. We have encouraged good sanitation, adequate shelter, demonstration gardens for nutrition and food security, and fair trade.

To encourage self-reliance in development we decided to use the training for transformation (TFT) approach, which enables individuals and communities to be in touch with their developmental problems and take responsibility for solving them. They can shape their lives, their community, and their environment for the future. It is a human development programme that leads to developmental and structural change. It incorporates education and leadership services and is sustainable in its approach. Programme participants can continue even when MMMs are no longer implementing activities.

TFT is a four-phase program. In Phase One the people decide on their own definition of development and engage in small activities in a self-reliant manner. Phase Two uses group dynamics to identify group problems and ways of solving them. In Phase Three they analyze the structures that hinder their development. The community works on these to bring about structural change. Phase Four educates the community on how to embark on meaningful development projects. Trained community facilitators ensure that the action plans are implemented after each phase.

By 2012, we had completed Phase Three. We decided to have an evaluation at this point to assess if the training was having an impact. The result was very favourable. For example, malnutrition was reduced. The number admitted in the Nutrition Rehabilitation Unit decreased from eighty-nine admissions in 2009 to nine so far this year. Local women now take initiatives in issues that affect them, such as gender-based violence and lack of skills to manage resources. Approximately five hundred women were trained in sewing, knitting, and home management. They were also guided in the management of gender-based violence and how to challenge unjust structures imposed by chiefs and other men. Women from our catchment area can now speak to chiefs and challenge them. This was previously considered a scandal.

In April 2013 we started Phase Four and plan to complete it by the end of September. We finished training workshops with area chiefs, village and church leaders, women's groups, home-based care volunteers, and others. So far 5,164 local people have been trained. Village health committee members with a wealth of experience in management and supervision will be a support. Because of the challenges involved in this phase, the chiefs held a general meeting to address the developmental issues. A group was appointed to draw up the work plan. Our role is to support them as needed.

A great impact has been made in challenging unjust structures. Our catchment area will soon be ready to begin meaningful sustainable development.



Young people act in a play to practice their oral English.



Some of the participants at the meeting organized by the village chiefs for Phase III

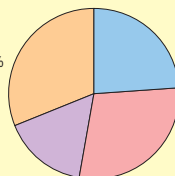
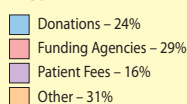


On the way to supervision of community farm projects. Members of the community learn from one another.

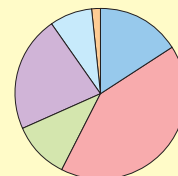
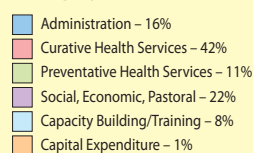
Malawi has 2 MMM Associates.

2012 – MALAWI

INCOME



EXPENDITURE





The source of coconuts, oils, dates, syrup, ivory nuts, carnauba wax, rattan cane, raffia and wood, palms have been important throughout history. They are threatened by human intervention and exploitation.

“What do you want, Sister?”

Sister Bernadette Unamah spoke about her work of bringing healing and reconciliation to many in Nigeria.

I work in Pastoral Care, the newest unit in Mile Four Hospital, Abakaliki. One morning, Chinonye (not her real name) stopped me as I was greeting patients and visitors. She struggled to start a conversation and then poured out her heart. I had been invited to tread on holy ground.

She was eighteen years old, unmarried, eight-months pregnant, and alone. She had trekked five kilometres to solicit help to deliver her baby. She had already been given medical attention and encouraged to return in a week for delivery. She hung around the hospital until a nurse referred her to Pastoral Care, realising Chinonye needed more than medical care.

She could not afford the government hospital. She had staved off hunger with meagre earnings from carrying cement blocks for a building contractor. He had recently sacked her because she was ‘too pregnant to work’. At night she slept in a church where the pastor had prescribed a strict fast as part of her deliverance from sin and pain. “I have nowhere to go. I’m afraid I am going to die. Please help!” she pleaded.

Chinonye was the first child of six and the hope of the family. They had sent her to school on their small savings from farming. The rejection of the pregnancy by the baby’s father, whom she loved, broke her heart. She wondered if she could still “abort the baby” and sobbed, “I miss my mother and siblings. I need my father now.” The memory of her father throwing her out of the house was still traumatic. We had many chats and each time we prayed for love, forgiveness, and peace from a God who loves us unconditionally.

Nevertheless, counselling and prayers alone could not heal her. She deeply felt the pain of rejection by her loved ones. Finally we visited her home. Her mother asked suspiciously, “What do you want, Sister?”

“I would like to be blessed by a mother and experience this family’s hospitality,” I answered. I picked up a knife and joined them in peeling the cassava they had harvested. Her mother stared at me, then warned me not to discuss Chinonye. We discussed her anyway. Chinonye wept in the car all the way back to Mile Four.

Eventually the family gathered to meet me. They expressed how disappointing and painful the situation was for them. We discussed the implications of Chinonye being abandoned when she needed support. Chinonye knelt sobbing, asking for forgiveness. I knelt with her.

Her father gave us a hand to help us stand up: a sign of forgiveness. A traditional symbol of welcome and reconciliation, a Kola nut, was offered and broken. A prayer was said: ‘He who brings Kola brings life.’ I was asked to pray. “May the water offered to a stranger be sprinkled to set our hearts free to receive God’s goodness.” The parents promised to care for Chinonye and pay her hospital bill. She cried for joy with the healing ritual.

One week later, Chinonye delivered a baby boy. She did not have many material possessions but she had the comfort of her family’s support. She hopes to resume school. She is cared for by parents and a happy grandmother.

Chinonye is only one of many who come to Mile Four Hospital when family, government, and society ignore them. We integrate holistic medical care with healing to give life in its fullness, which Jesus desires for everyone. It brought Chinonye real life and the strength to give life to her son.



Sister Bernadette:
Reconciliation is a journey.

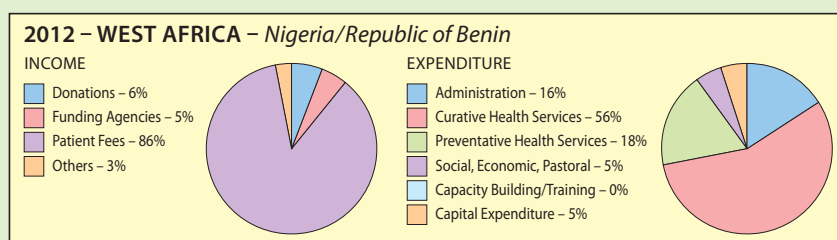


“The baby smiles whenever he sees me!”



Visiting in Chinonye’s village: Healing involves the whole family.

Nigeria has 12 MMM Associates.





Republic of Benin

The national symbol, many leopard populations are endangered due to habitat loss and fragmentation, and hunting for trade and pest control.

Making the most of every opportunity

MMMs in Benin manage a primary health care centre in Zaffé. Sister Chinenye Lumenze described how a village celebration provided an opportunity to encourage the cooperation of women and men in health care.



The clinic midwife giving her talk

Following a workshop on safe motherhood and maternity care, we invited the population of Zaffé to a health information session in June 2013. Our midwife was to facilitate the workshop, organized by the Zonal Health Coordinator. We believe that everyone needs to be involved in these issues and we wanted to provide the information to the whole community. We told the village chief, who actively supports our activities. He instructed the town crier to circulate the information.

Unfortunately there was a communications error. Instead of asking everyone to attend, he announced that the Sisters had invited all the women to come. As a result, only the women arrived on the date arranged. You can imagine our disappointment!

It happened that there was another event at the same time as our programme. A young man in the village, a professional hunter, had killed a big bull on his own, which called for a celebration. We arrived on the scene and saw a large crowd dancing and rejoicing.



Celebration for the young hunter: the unexpected opportunity!

We thought this might be an opportunity, not an obstacle, but wondered how to get our information across. We went over for a better view. Eventually, the village chief came to meet us. We suggested using the occasion to sensitize the people. He said that they had organized another venue for our programme because it would be difficult to cancel the cultural celebration. Our programme was meant for women anyway. We quickly informed him that it was for everyone. It was awkward because the people were really enjoying themselves. When we persisted the chief finally agreed to speak with the village elders at the celebration, but only if one of us was present.

On arrival, I greeted everyone. Their response encouraged me so I told them why we had come. Now we sensed disapproval for interrupting their joyful mood! I prayed for wisdom. Then a thought came. I began by congratulating the young man who had killed such a big animal for a reward of 200,000 Francs CFA (about 300 euro), instead of the actual prize of 200 francs. Everyone roared with laughter. I had their attention. I expressed our joy and pride in the young man and thanked him. I told them the information they had received mistakenly said that our sensitization was only for women. I told them that health for women, children, and the nation could not be realized in isolation. Men have a role to play in promoting strategies for maternal and child health. They agreed.

Our midwife and the aid who interpreted began their talk. Everyone listened attentively and thanked us. We asked the people for a dance to express our pride in the young hunter's accomplishment. They joined in this beautiful gesture and some came forward with donations. When we summarized our message, parents committed themselves to encourage young couples to go for antenatal care together.

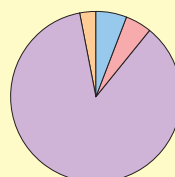
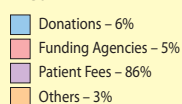
Our dreams may not be realized if we do not use opportunities that come through God's providence.



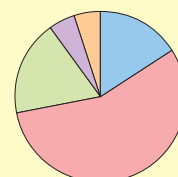
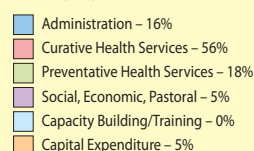
Sister Chinenye (c) with a healthy baby she delivered, with the mother (l) and a local teacher.

2012 – WEST AFRICA – Nigeria/Republic of Benin

INCOME



EXPENDITURE





Clean water is a limited resource, essential to life and health. According to the WHO, diarrhoea kills more children every year than AIDS, measles and malaria combined.

Working with the community in Eastern Bank

Our MMM Sisters in South Sudan told us about beginning their work in Wau.

In March 2013 we carried out a needs assessment with the community in Eastern Bank. It showed that an inadequate clean and safe water supply and poor nutrition and feeding were important issues. The action plan we devised made these two priorities the springboard for our MMM community-based health care project.

We met with the Chief of Eastern Bank and community elders. We also invited the Director of Water and Sanitation (DWS) to our last meeting. The community were prepared and encouraged to represent their needs to the Inspector of Water and Sanitation and the deputy for the maintenance of hand pumps. In putting forward an adequate water supply as one of their priority needs, one of them said, "People queue for two hours before they are able to fetch water at one hand pump." After the meeting, the community immediately gathered together to carry out the tasks they had been given. We could feel their enthusiasm to pull together to solve the water problem.

Their tasks were: to identify the number of hand pumps that are working; to identify those that are not working but could be repaired; and to choose from among themselves ten people for training to repair the water pumps. They will also serve as a water committee, acting as a link between the community and external groups. The next day the chief and his assistant came to our house to give us a report about the things they had done.

We attended several cluster meetings on water, sanitation, and hygiene (WASH) with other partners that are involved, including those from other counties. We also met with several government heads. Our meetings and collaboration with the DWS have resulted in three broken pumps out of seven being repaired. The materials for the other four have been ordered from UNICEF.

The other issue that we are addressing with the community is poor nutrition and feeding. We discussed the introduction of sack gardening and showed drawings of how this looks. Sack gardens are tall sacks filled with soil from which plants grow. They are good for areas where people may have to relocate and where there is little or no healthy soil. They are also fairly efficient in use of water. They help to improve a family's diet by adding fresh vegetables with less water needed than a typical garden. They have been used where there is not enough farm land with low incomes and employment rates.

The people were excited and are eager to see them working. When we said that we will need ten families to start the project, people volunteered immediately. The chief is very supportive of our work.

Major Theka, who is serving in the Kenyan Battalion in Wau and is an agriculturist, is willing to share his expert knowledge on sack gardening. He came to check on a garden we started in our MMM community. He was happy with our efforts and made some suggestions. Now we have *sukuma* growing in sacks. Today we ate the fruits of our labour!

As our work is gradually taking shape there is a very real sense of collaboration with the Eastern Bank community. We pray that reconciliation, justice, and peace will also be its fruits.

A financial report will be available in 2014. The Sisters only went to live in the country in 2013.



A needs assessment with the community in Eastern Bank



Sisters Irene and Chinyere show how sack gardens can be used to improve food security.



Using materials at hand for the assessment: clean water is in short supply!



Eastern Bank Tent Village



Celebrating of commitment as



Sister Bernice consults with staff in Tanzania.



Sister Helen loads much-needed supplies in Uganda.



Sister Margaret looks at crops in Uganda.



Sister Sheila meets with friends in Brazil.

THIS YEAR, fourteen women celebrated fifty years of commitment to God as Medical Missionaries of Mary. Ten of them, pictured here, marked the occasion at our Motherhouse in Drogheda in July. Three more, shown on the USA pages, celebrated at the US Assembly in September. Sister Phyllis Heaney will celebrate in November in Brazil.



Sister Margaret Quinn, from Limerick, trained as a nurse. In 1964 she was assigned to Rome and nursed in the Clinica Moscati for two years and in the Clinica Mediterranea in Naples. After midwifery training she spent ten more years in Naples. In 1979 she was assigned to Uganda, soon devastated by HIV. Margaret was in charge of the primary health care programme at Kitovu Hospital for nine years and served in MMM leadership. Twelve years in MMM leadership in Ireland followed. In 2010 she was assigned to Angola, where she continues to work.



Sister Kathleen Crowley, from Cork, worked in the maternity hospital office in Drogheda for ten years. Assigned to Kenya, her work for nearly thirty years in women's development in the Turkana Desert enabled many women to earn an income. In Lodwar, she was diocesan secretary, medical coordinator, and MMM regional secretary. When MMM handed over our work to the diocese Kathleen was marketing and sales manager for Turkana women's handicrafts.



Sister Gemma Collins, from Kilkee, County Clare, completed medical studies in UCD after profession and trained in public health. She spent twenty-eight years as an area medical officer with the Eastern Health Board in Dublin. After 'retiring', she began work in Tallaght Cultural Centre as a volunteer, teaching English and helping with a multicultural integration programme for immigrants.



Sister Kathleen shows the beautiful products made by the women in Kenya.



Sister Marita prepares medicines in the pharmacy in Nigeria.

50 Years

Medical Missionaries of Mary



Sister Phyllis Heaney, from Dublin, trained as a nurse-midwife. In 1975 she was assigned to Brazil, where she worked for nine years in community health and pastoral care. In 1986 she began work in pastoral and health teams with the physically handicapped and people affected by HIV. Since 1992 she has worked in pastoral and health care in São Paulo with children with physical and mental disabilities, helping them gain access to services and struggling for their rights.



Sister Eileen Morrison, from Dublin, studied accountancy and worked in the hospital in Drogheda and as Congregational Bursar. In 1973 she was assigned to Tanzania and was Regional Business Administrator for several years. For ten years she was accountant for our houses in six countries in Africa. In 1988 she was Regional Business Administrator in Nairobi, then accountant in Uganda for three years. She was Area Business Administrator in England before returning to Ireland in 2001, serving in the same capacity in Beechgrove.

Sister Helen Delaney, from Adamstown, County Wexford, trained as a dietician. She was assigned to Angola in 1974. After studies in tropical medicine and child health she went to Nigeria in 1977. She spent several years in nutrition, primary health care, polio rehabilitation, and youth work. Returning to Ireland, she was catering supervisor in Aras Mhuire before assignment to Uganda. She worked in home care and mobile food distribution for those affected by HIV. For ten years she has been in Masaka, involved in pastoral care, nutrition, and youth work.



Sister Sheila Lenehan, from Sandyford, Dublin, trained as a nurse. She went to Brazil in 1969 to begin the first MMM mission in South America. After midwifery training she worked in small parish clinics and served in MMM leadership. Appointed directress of vocations in 1981, she guided women in their early years in MMM. She served in congregational leadership from 1985 to 1991. Returning to São Paulo, Sheila spent five years in a project for people affected by AIDS and six years in pastoral health care. Since 2003 she has been involved in community health work in Capim Grosso.

Sister Marita Kerins is from Macroom, County Cork and trained as a pharmacist. Her first mission assignment was to Nigeria. After five years in Urua Akpan she spent six years in Drogheda, including a post graduate pharmacy course. In 1974 she returned to Nigeria for almost twenty years. Returning to Ireland in 1995, she assisted in many areas, including Aras Mhuire, the patients' library in the IMTH, and the convent.



Sister Philomena Sheerin, from Castletown Geoghegan, County Westmeath, studied social science. She was assigned to Brazil, where she spent ten years in São Paulo in pastoral ministry and social work, including service in MMM leadership. She also accompanied women during their early years in MMM. From 1985 to 2003 she served in MMM leadership at regional and congregational level. Since 2004 she has been involved in pastoral ministry in Boyle, County Roscommon.

Sister Fergal Kenna, from Portarlinton, County Laois, studied hospital administration. She was bursar in Drogheda before assignment to Kenya, where she served in leadership and as Area bursar and secretary. She spent eleven years in Kitovu, Uganda as local bursar. Returning to Ireland in 1993 she was bursar in Artane for thirteen years and in Raheny. She was also an adult literacy tutor.



Sister Bernice O'Neill, from Coleraine, Northern Ireland, trained as a radiographer. She worked for seven years in Leon, Spain, and in leadership. She completed nursing and midwifery studies and spent four years in Angola. This was followed by over ten years in Kabanga, Tanzania. Bernice also spent more than ten years as a staff nurse in Aras Mhuire, our nursing facility in Drogheda and was later Director of Nursing there.



Sister Fergal does the accounts in Uganda.



Sister Eileen was often on the road in Africa.



Rwanda

Mountain gorillas are affected by social and economic crisis.

Their future is linked with peace and prosperity. Local people depend on resources in gorilla habitats and on wildlife tourism.

Restoring smiles: Bridge2Aid visits Kirambi

Sister Angela Katalyeba related how MMMs worked with government and a group of dentists to provide sustainable dental care.

The day that we MMM Sisters in Kirambi eagerly awaited finally arrived on 18 June 2013.

It came after putting into effect detailed plans and preparations. How would we host so many people for ten days in this remote place? There was a major shifting of things to create room. The building we call "the old convent" was used and additional beds put up to make a home for nine dentists and three assistants.

A group of dentists from England called "Bridge2Aid" arrived in Kirambi to restore the smiles on our peoples' faces in Kirambi. We did not know how many people in our community suffered silently from dental pain. Many said that they could not afford a simple extraction. The Nyanza District Hospital is a three-hour walk from Kirambi Health Centre. It can be a five to seven-hour walk for many people in our district. Bridge2Aid was a godsend.

The team arrived for the first time in Rwanda to train local nurses in dental procedures. Our district, Nyanza, was chosen for the visit and Kirambi Health Centre was asked to provide the venue.



The Twa people performed a Rwandan dance to celebrate the occasion.



The closing ceremony for the training programme at Kirambi Health Centre



The District Medical Officer of Nyanza observed a student extracting a tooth.

The training lasted eight days. The four students started by revising dental anatomy, dental diseases, etc. for four days. Then each student was assigned to a dentist with whom to train. They had the opportunity to observe and then practice under supervision. On the last day they were given both an oral and practical exam. They all passed these examinations and received a complete dental kit. During the visit, 570 patients with different dental problems were seen. This included 1,570 extractions, so on average each patient had at least two extractions.

Representatives from Kigali Health Institute, from the District, and the Sector, were always present to observe the training sessions. They were very satisfied with the skills the nurse learned. Now these basic services can continue.

The closing ceremony was attended by the representative of the Minister of Health of Rwanda, Dr. Francis; the Director of Nyanza Hospital, Dr. Jean Uwitonze; the Sector Executive Officer, Mr Herman; the Parish Priest of Kirambi, Father Pancras; the Director of Medical Services of Caritas, Mr. Sylvestre; the Matron of Kirambi Health Centre, Sr. Sekunda; and others. The Bridge2Aid team presented the four nurses with certificates and the tools to practice what they had learned. There was singing and dancing to celebrate the occasion

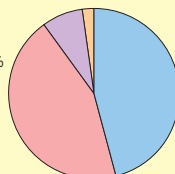
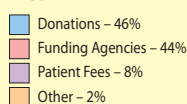
Uwimana, who received treatment, said, "I have had dental pain for the last four years. I could not receive dental treatment because it was expensive and I have no health insurance. The hospital is also too far from where I live. I tried local herbs but nothing helped. When I heard the announcement that dentists were coming I was hopeful. I am so happy. They extracted two teeth and now I am free of pain."

Another woman said, "Thanks be to God for Bridge2Aid! Now we can smile again."

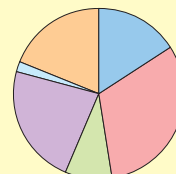
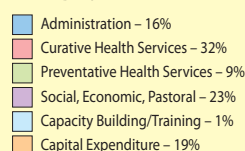
We are so grateful that Kirambi Health Centre was chosen from among all the health centres in Rwanda to host the training course. Thank you to everyone who made it possible for us to receive this wonderful gift for our people.

2012 – RWANDA/UGANDA

INCOME



EXPENDITURE





Moringa: This plant is an important food source and the leaves, bark, flowers, fruit, seeds, and root are used to make medicine. It is used in several MMM projects in Tanzania.

The interrelatedness of God's creation

MMMs in Arusha, Tanzania are involved in a variety of activities that bring health and healing

Sister Theresia Ladislaus described her work using complementary therapies.

I use remedies such as neuromuscular sports injury massage for both treatment and relaxation. Indigenous plants are important as food and medicine. People with lower back pain and related conditions are often helped with massage and reflexology.

I worked with a woman called Mariam (not her real name) who was involved in a car accident. She was diagnosed with a compound fracture of her right humerus (the long bone of the upper arm). In fact she had three fractures and had to have plates inserted. She still ended up with a dropped wrist. Some of her Indian friends recommended that she come to me for a consultation. She had consulted her orthopaedic surgeon and her neurologist. They advised her to go ahead with the complementary treatment.

I started with a gentle massage on her wrist and fingers using comfrey ointment, which I make from comfrey leaves. After three weeks she was able to pick up small things. I supplemented her treatment with oral Moringa powder, which helped to increase her calcium levels. This powder is very rich in calcium and other minerals.

We continued with the massage, including her arm. When her doctor saw her he advised her to continue. She is now back working full time and has the full use of her hand and arm. She continues using comfrey ointment, which helps reduce inflammation during the cold season.

I had another client who had a uterine fibroid. After treatment with herbal tea morning and evening and reflexology, she was cleared of her fibroid. She has referred other women with the same problem to me.

My aim in using all these therapies is to restore hope to people.



Sister Theresia with comfrey plants



Using local medicinal plants to bring healing

Sister Levina Samky, a nurse-midwife, wrote about her work in villages in Arusha.

Since 2004 I have been involved in a programme that provides basic HIV-related services. We have covered three villages. In 2012 we started in Engurtoto. We raise awareness about HIV, the importance of knowing one's HIV status, and how to access services, e.g. ARVs and home-based care.

We soon realized that widows and orphans were suffering. When husbands died, wives had their property taken. They were left with nothing. Some were sent back to their parents, especially those with no children. So we give training about their rights and where to go if they are deprived of their rights. We train people living with HIV/AIDS, Ten Cell leaders*, and volunteers.

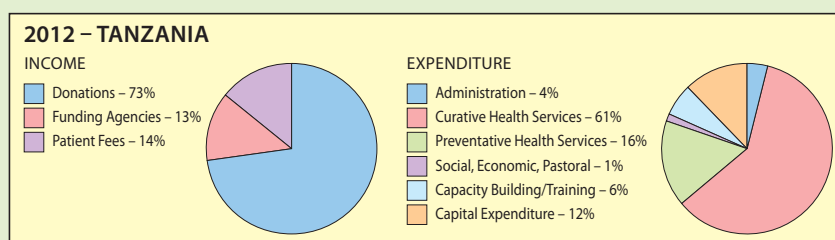
Mrs. Joseph (not her real name), a widow, was told she was HIV positive. She said, "This is the end of my life." After counseling she agreed to attend the training. Afterwards she decided to earn money to support herself and her children. She bought soap, scones, sugar, tea, salt, body lotion, and pens to sell in her house. She has become an inspiration for others. "Nothing is impossible," she says. "There many things people can do to take care of their families."



Mrs. Joseph supports her family on the income from her shop.

*In the Ten Cell concept each village is divided into "Ten Cell" units (ten houses or families). Each "cell" has an elected leader through whom Information is transferred to families. Voluntary counseling and testing is done in the Ten Cell communities.

Tanzania has 18 MMM Associates.





Uganda

Uganda: Crested Crane: The gray crowned crested Crane is the National symbol of Uganda. Numbers have reduced due to the elimination of their habitats and commercial poaching.

Walking the Walk

Sister Helen Aherne told us about her work with many groups of marginalized people in Masaka.

Since 2001, I have been working in two prisons: one in Masaka and the other in the Uganda National Prison in Luzira. It includes women on Death Row. I think of myself as “walking the walk” because when I visit, I almost kiss the wire as I go in – not, of course, if anyone is around to see. It is my privilege to work here, where so much suffering is added to that of Jesus on his Cross.

In Masaka there are only fifty women out of the eight hundred prisoners so it is easy to have personal relationships with them. I begin with a prayer, which turns into singing and dancing. I believe that by doing something they enjoy, the prisoners’ spirits are raised. I want every person to leave prison having found new meaning in her or his life. I chat with the women and sometimes it seems they will never stop. I also do a lot of listening. Sometimes we have Baptisms and make them real celebrations.



Sister Helen with women learning dress designing



Emma and Joseph, who is deaf and dumb, are learning welding.



With Winnie, a cook-housekeeper, who is also deaf and dumb

There is not much skills training but I have set up literacy and crafts, which are very popular. Being able to write her name instead of printing with her thumb gives a woman great joy and a sense of self-worth. Health and hygiene are of special interest to those with a child. Babies stay with mothers for two years for breastfeeding. Then a family member takes the baby home or a Good Samaritan takes the child to school. This is very stressful for both mother and child.

Over the years many have been condemned and transferred to Luzira. I visit them once a month. I traced some of their families and helped them to visit. I was able to send one prisoner’s daughter to do a degree in business administration. She has a good job and visits her mother regularly.

Over the years what I do has changed, mainly, I think, because I have changed. I now take longer to do things and spend more time talking with people. I help them to do things on their own. I started AA, which includes Al Anon and Narcotics Anonymous. We usually have Europeans, here on work or holidays, who also feel the need for a meeting.

We help people with special needs with the Masaka Association of Disabled People, a community-based organization. They built a house-workshop with a school for disabled children. They teach welding, tailoring and dress design, sight writing, carpentry, secretarial work and IT. There are no fees; each family brings some food. They have written project proposals and received help through MMM, Masaka Municipality, VSO, Electric Aid Ireland, the Irish Embassy, and Umeme Uganda.

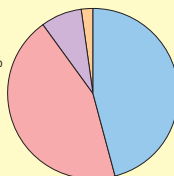
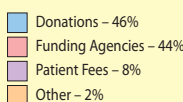
I help about fifteen orphans and vulnerable children. Many were on the streets, so being able to send them to school is wonderful. Because they have no homes they have to be boarders so it is very expensive. Donors help to pay school fees.

I want to say how much I love what I do and thanks again to all those who help. I feel I am really “His eyes, His hands, His feet”. This is what my donors and I do.

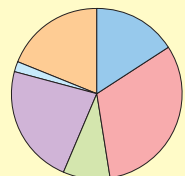
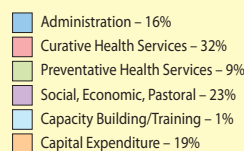
Uganda has 6 MMM Associates.

2012 – UGANDA/RWANDA

INCOME



EXPENDITURE

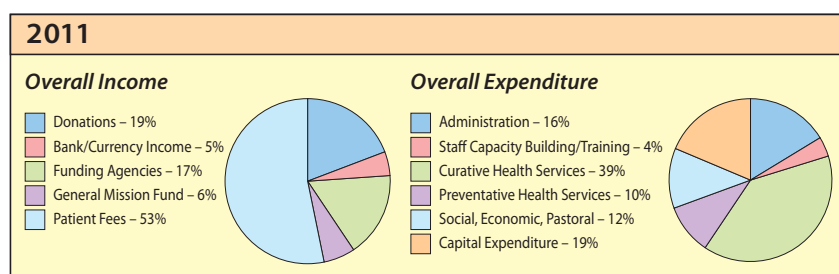
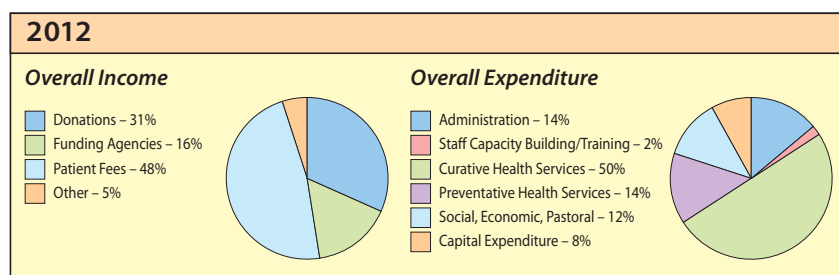


How we support a worldwide mission

Our generous friends made it possible for us to continue our work during the last year. The first set of charts shows the total amount of income and expenditure used by MMM for the works of the Congregation during 2012. In the last year donations made up almost a third of our income. We are deeply grateful to our donors who supported our work and mission. We are also grateful to those who collaborated with us, especially the governments of the countries in which we work. Their contributions, included under donations, are crucial for us to maintain services.

In the pie charts "Other" refers to MMM General Mission Fund and bank interest.

Funding for MMM students in Nairobi, Kenya and those in first formation in Ibadan, Nigeria is accounted for under the MMM Generalate.



How you can work with us



A healthy mother and twins in Rwanda

- ➔ Pray with us. We remember you each day.
- ➔ Join us as members of MMM.
- ➔ Share our charism as MMM Associates.
- ➔ Make a donation by mail or online at
- ➔ Leave an enduring gift of health and healing in your will.

Remembering us in your will or giving a donation in memory of a loved one would help us to plan for our work. You can specify how and where your gift will be used.

Please include: "the Congregational Leader, for the time being, of the Medical Missionaries of Mary".

Our Promise to our Donors

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

We allocate non-specified donations to the most urgent needs overseas or to our General Mission Fund, which pays for airfares, professional training of Sisters, and numerous other requirements overseas



The best-dressed girl in Mukuru!

Your Privacy is Important.

In compliance with data protection legislation, information you provide to us is stored on computers that are not connected to the Internet. It is never shared with another agency, except for the purpose of a tax claim when you request us, in writing, to do so.

NB: Readers may have noted an error in the pie charts for the financial report for Uganda/Rwanda in 2011: The correct amounts for Expenditure were:

Administration	19%
Curative	23%
Preventative	6%
Social, Economic, Pastoral	28%
Capacity Building/Training	4%
Capital Expenditure	20%



The USA

This majestic bird, sacred to Native American peoples, was nearly wiped out by indiscriminate hunting, use of pesticides, loss of nesting sites and food sources. Protection laws helped its recovery but its future remains under threat.



Sister Eleanor outside Aquinas Literacy Center where she volunteers



Members of the Interfaith Committee for Detained Immigrants at Broadview Detention Center at a prayer vigil.



Connie (3rd from left) with a group who visit detained immigrants at McHenry County Jail.

The USA has 13 MMM Associates.

The language and work of justice

In working for reconciliation, justice and peace, the question of immigration reform in the USA has generated much discussion. Sister Eleanor Donovan wrote about her experience in Chicago.

"Frequently-heard complaints when immigration is discussed are: 'Why don't they learn our language? Why can't they speak English?' As a missionary for many years, I had the experience of learning several languages and know how difficult it is: complexities of grammar, popular expressions, personal experiences, etc. Many times I shared the difficulties, misunderstandings, and embarrassments of being a foreigner in a strange country learning a new language.

"Here in Chicago I have great empathy for those struggling with our mixed cultures. So, after seeing an appeal for tutors in the parish bulletin, I participated in a training class. I began volunteering at the language school founded by the Adrian Dominican Sisters in their convent twenty years ago.

"This project has developed wonderfully over the years and has empowered thousands of new arrivals from Asia, Latin America and Europe. Our teaching is based on individual tutoring and mentoring built on personal relationships, encouragement, and friendship. Our students can take advantage of conversation classes, book clubs and discussion groups, creative writing, drama, citizenship classes, and a well-equipped computer lab. Whether it is shopping, dining out, doctors' visits, parent-teacher conferences, interviewing skills, or public transport problems, we are there to help! This is a ministry that empowers the students to better blend into American society."

Connie Saldivar, originally from Mexico, has been working in the Mission Development Office for several years. She recently made her covenant as an Associate MMM and wrote about her ministry.

"Pastoral Care is very close to my heart. As an MMM Associate I try to bring hope to the hopeless. The Church, represented by our group of sisters, priests and lay ministers, prays on Friday mornings outside the Broadview Detention Center. We let the undocumented detainees being deported know that there are people who care about what happens to them."

Connie also ministers at the McHenry County Jail where detainees are held. She said, "I come home from my regular Tuesday visit to the detention center 'drained' by the stories of the detainees but grateful to be the one entrusted to bring the good news of their whereabouts to their families.

"I called the parents of one young Honduran man to tell them that he was alive. The parents had heard nothing from him for over two weeks and his journey to the US took more than a month. The emotion on the other side of the phone left me speechless."

From her own experience she said, "As immigrants, we do not think of or expect a tragedy because we are using boats and/or feet as vehicles of hope. There can be many different outcomes: reunion with family in the States, deportation back to our country of origin, or even death.

"I am grateful that I can be part of this ministry with MMM."

Celebrating 50 Years of commitment as Medical Missionaries of Mary



Born in Boston, MA, **Sister Nina Underwood** was training as a nurse when she was asked to qualify as a pilot. In 1967 there was severe drought in the Turkana Desert in Kenya. For fifteen years she was part of an MMM team, working with the Flying Doctor Service of East Africa and others. After mission awareness and pastoral studies in the USA, she did relief work for two years in Sudan. After four more years in mission awareness, she returned to Sudan for six years. This was followed by nine years in the USA in pastoral work. She volunteered briefly in Niger during a famine. She now provides holistic healing with massage and body work.



Sr. Nina preparing for a flight in Turkana

Sister Ann Flynn, born in Bath, New York, trained as a nurse-midwife. She was clinical instructress in nursing in Drogheda, Ireland and worked in the hospital. After helping guide MMMs in their early years she was assigned to Tanzania in 1971. She served in leadership in Kenya and returned to Ireland for a diploma in nursing education. She returned to Tanzania in 1978 and taught



nursing for three years. She spent four years as regional secretary. In 1985 she returned to the USA, where she worked as a nurse. Ann has certification in geriatric nursing, Reiki, and therapeutic touch.



Sr. Ann chatting with a friend in Tanzania

Sister JoAnn Mullen, from Chicago, Illinois, trained as a nurse-midwife. In 1968 she was assigned to Ethiopia. She spent nine years in programmes for Hansen's disease (leprosy) in Gambo and Bisidimo. In 1979 she went to Jinka, where she worked in primary health care (PHC), and served in MMM leadership. From 1984 to 2009 she was in Dadim, among the pastoralists in southern Ethiopia. After involvement in



clinic work and PHC she was project coordinator of a community-based healthcare programme and again served in leadership. Since returning to the USA she has been community bursar and leader.



Sr. JoAnn (L) used local transport to get to clinics in Ethiopia.

Wisdom in Uganda

Associate Jill Garrou wrote about how she began her journey with MMM.

I first met the Medical Missionaries of Mary through *Into Your Hands Africa*, a grassroots organization founded in Evergreen, Colorado, USA. Its mission is to empower individuals in rural Uganda to become self-sustaining through education and enterprise projects.

I travelled to Makondo, Uganda in 2010. The MMMs welcomed us to stay in their guest house. As a nurse I was able to accompany Sister Josephine on clinic and community home visits. While I had worked in home health and hospice in poor areas in the US, I was overwhelmed by the poverty in these communities. It would be easy to focus on that but one of the first things I realized was that the Sisters had literally embraced that poverty, drawing it to the very heart of God. It became a place of great peace and joy. Sister Celine introduced me to the wonderful sanctuary of Saint Kizito's Nursery School and the nutrition outreach.

At the end of that visit I asked, "What can I do to support your work? How can I begin to live with the same kind of heart that

you have? I feel that God has a new work for me." They both chuckled. Later, when I read Mother Mary's writings, I understood why! I was introduced to Sister Anne Marie and the MMM Associates (AMMMs) in the US.

I returned to Makondo twice. Though the faces have changed the work has enlarged and the joy remains. I have met several Ugandan AMMMs and Sisters from other countries and shared in their stories. My granddaughter, Reiley, who is seventeen, accompanied me on my most recent trip. She was caught up by the love, joy, and friendliness of the Ugandan youth and that of the Sisters. It was as if those attributes overshadowed the poverty and the culture change. She became a symbol of "reconciliation, justice and peace" as she took pictures, taught computer skills, and played with children. I was truly amazed at God's work!

In the antechamber to the Book of Kells in Trinity College Dublin is the poem, Pangur Ban. It was written by an Irish monk, perhaps twelve hundred years ago, about his cat. A cute poem – so why did I stand, weeping, as I read the final stanza: "I get wisdom every night, Turning darkness into light"?

I still weep because in my heart of stone I am made deeply aware that our whole purpose as MMMs and AMMMs is to allow the Spirit to give us wisdom as we spend our earthly hours "turning darkness into light". I am so blessed to share this journey with each of you.



Jill Garrou (2nd from L) with MMM and AMMM friends in Makondo



England

The Tudor Rose, also known as the Rose of England, was adopted as a symbol of peace. It merges a white rose and a red rose.

Saying goodbye to Solihull

As we prepare to leave our MMM house in Solihull, England, Sister Ruth Percival reflects on our life and work in a town that made us very welcome.

It was on a sunny Foundation Day, 4 April 2002, that Sister Maura Magner and I arrived in Solihull, near Birmingham, England. Now we prepare to move on yet again, a common experience of so many in these times. We reflected with gratitude on our eleven years here, sharing our MMM life and mission.

I had spent many years as a nurse in Tanzania, including a special time among the Maasai people. Maura, also a nurse, worked in Nigeria in hospitals and clinics. Our main ministry in Solihull has been the Inter-Congregational Mission Awareness Programme, which we shared with fifteen other missionary congregations. Our map of England and Wales is dotted with the parishes we have visited to talk about our work. We are so grateful for the hospitality extended by dioceses, priests and people. It has been our privilege to meet the supporters, friends, and relatives of our Sisters.

Maura also volunteered at Solihull Hospital twice a week, where she often met local parishioners. Later she joined the Saint Vincent de Paul Society.

That September, Sister Pauline Dean arrived. Pauline trained as a paediatrician and was an innovator in primary health care, spending many years in Nigeria and Kenya. She helped greatly on mission awareness and made weekly visits to a Birmingham drop-in centre for homeless people. Pauline became a familiar member of the Solihull Welcome. She also volunteered at Solihull Hospital, taking Holy Communion to patients.

In 2011 Sister Mary Molloy joined our community. Mary is a qualified surgeon and worked in Nigeria, Angola, and Ethiopia. She spent several years helping women with obstetric fistulae. Mary was a member of a choir and did local visiting. She and I went to Westminster to lobby our MP,

Lorely Burt, during the campaign to 'make poverty history'.

Many people seeking sanctuary and refugee status in the UK pass our parish church on their way to the Home Office. Pauline and I discovered a mutual concern for these people and wanted to extend a hand of friendship. Our parish priest discussed the idea of the Solihull churches being involved with other leaders, who recognized it as a very important ministry. We started by standing outside the Home Office, befriending those in the long queues. Today over seventy volunteers from more than eighteen churches from the town and surrounding area are involved. For the past six years we have had a drop-in service, the Solihull Welcome, twice a week in our church hall. As many as a hundred people attend on any given day.

Hearing me speak in church, the headmistress of our parish primary school invited me to talk to the students about our life. The school has generously helped the government primary school in Loolera, Tanzania. MMM provided health services in Loolera until 2000.

Now as we prepare to leave Solihull, we thank God that we have been part of this parish and community. We are grateful for our wonderful neighbours and friends who have been part of our lives here and have been part of our lives on mission. We ask God to bless each one.



Sisters Pauline and Maura covered many miles raising awareness about mission.



Sister Maura Magner



Sister Mary Molloy



Sister Ruth Percival



Global awareness in the parish primary school

England has 1 MMM Associate.

Participating in mission

At the 2005 International Meeting of MMM Associates, participants discussed their call to corporate works. The issue arose again during the US 2011 National Meeting. They agreed that performing corporate works was central to their lives and formed a committee to establish service opportunities. Associates **Anne Marie Kenny, Marianne Grisez, and Ann Hook** did research and felt that it was best to start locally. Sister Bernadette Kenny, MMM, helped them get started.

"Sister Bernie has lived for many years in Appalachia, a very poor rural area in the USA, since 1978. She suggested working with Remote Area Medical Volunteer Corps (RAM), a Tennessee-based medical relief organization that provides free health, dental, eye, and veterinary care, as well as technical and educational assistance, to people in remote areas of the United States. Our first goal is to bring the MMM charism of healing love to others. What better way to live our commitment than to help bring healthcare to those who need it?"

"In July 2013, after months of planning and spiritual preparation we arrived in Appalachia, anxious to get to work. When patients completed their initial triage (assessment) we accompanied them to clinics set up in tents on the fairgrounds. We soon realized there was much more that we could do. Each person had a unique situation. When we talked with them we were able to become advocates."

Ann Hook said, "I was anxious and not really sure I wanted to undertake the experience of RAM but it brought me a sense of fulfillment and courage. In serving and working with many people from different areas, I deeply felt part of God's family, needing to serve and be served. I brought home a deeper sense of commitment to MMM and AMMM and working for peace and justice."

"The scenery in Appalachia was beautiful, as were the people," commented Joan Gagnon. "Volunteering at RAM opened my eyes to the 'Fourth World,' a term that describes the poorest people in developed countries. I was inspired by a woman who was selling little homemade apple pies in the parking lot. She told me she had to sell these pies to get gas money to get home. She trusted that God would help her in taking this long trip to RAM and in getting home again."

Anne Marie Kenny said, "This trip strengthened my love for the MMM charism and my desire to share it with others. After our work at RAM during the day, Ann, Joanie, Sister Bernie, and I sat together in Bernie's small dorm room at the college where we stayed. We debriefed after the day's intense activities, then did some faith-sharing and prayer. We always had a lot of laughs, too! I now see what an enriching experience it is to live in community and work on a common project in partnership with Associates and Sisters."

Note: We later heard that this was the biggest RAM ever! Over 3,000 people in southwest Virginia who have no medical insurance received much-needed treatment.



RAM providing urgent dental services in Virginia



(L-R) Ann Hook, Joan Gagnon, Sr. Bernie, and Anne Marie Kenny ready for action!



Sr. Bernie at home in the Appalachian Mountains, near Clinchco, VA

Associate members: There are now 114 Associate MMMs, both women and men, who feel drawn to our healing charism and spirit. They apply the values that are important to MMM in their own vocations, life choices, and commitments. Associates make an annual covenant, as they deepen their commitment to global mission in a formal way. They are found in fourteen different countries on six continents.



Ireland

About 60% of food relies on bees for its pollination.

Many bee populations have decreased in recent years from e.g. decreased natural habitats, bee viruses, and possibly use of pesticides.

Embracing holistic healing: the spiritual dimension

A clinical psychologist, Sister Doctor Sheila Devane was responsible for establishing a mental health service in Arusha, Tanzania. Now based in Dublin, she wrote of her experience in the Student Counselling Service at Trinity College Dublin (TCD).

When leaving Tanzania, where I worked as a missionary for many years, I realized that I now had the opportunity to serve people in need in Ireland in return for all their support to us. Little did I realize then how much a clinical psychologist would be so desperately needed! The provision of mental health care in this country doesn't meet the exponential growth in demand. It is a story of cut-backs and less service everywhere. Among the groups who are particularly vulnerable are university students due to their age, stage of development, their many transitions, and the huge pressures they experience, especially financial. Many travel long distances to college daily.



Sister Sheila has a global awareness of mental health needs.



Trinity College Dublin, founded in 1592, registered almost 17,000 students in 2011/12.

When thinking about working in this area I knew both a lot and a little! The 'lot' I knew was that I would choose to be in a place of need and one that respected and worked for reconciliation, justice and peace. In finding the Student Counselling Service in Trinity College Dublin, little did I realize that I would work in a place that allows MMM to partner with a service which reflects all of our core values and truly embraces holistic healing. The excellence of the administration was one of the things that impressed me right from the first day. It enables us all to work in our own professions, keep the clients and their needs central, and at the same time ensure transparency and equity in our use of resources.

The student clients are mostly self-referring, attend appointments promptly and do homework, so they are mostly an easy-to-engage clientele. But this is not the whole story. There is a huge spiritual void and poverty of meaning in the lives of very many.

This becomes clear in our work. They often have no reference beyond their studies and the immediate achievements for which they are striving. God doesn't appear to exist for the majority. The concept of belonging to a religious group, or Church, is not on their agenda. I encounter the post-Christian or agnostic nature of their lives every day, all the time. This makes my work really challenging and our students' lives so much harder. We know that God is present and active in their lives. I so wish they had this knowledge, too!

Ireland has 13 MMM Associates.

Supporting us on mission

We thank the many groups and individuals who have supported us over the years. Because of you, lives have been changed around the world.

The Downpatrick Third World Group

The Downpatrick Third World Group has helped MMMs deal with famine in Malawi and Ethiopia; provide clean water in Brazil and healthcare in Angola, Tanzania, and Uganda; and continue fistula work and combat human trafficking in Nigeria. Mrs. Bridget Donald prepared a history of this committed group.



Thank you, our loyal friends.

"The Downpatrick Third World Group was formed over twenty-five years ago. A group of friends met to co-ordinate their efforts to raise funds for friends and family working in developing countries. Later, others with the same interests joined. Membership grew steadily. Our aims include raising awareness about the poverty endured by millions in other countries and promoting fair trading practices.

Duleek Aid to Uganda

Mrs. Pauline Corry told the story of this small group of dedicated women. Based in Duleek, County Meath, they have enabled MMM to work with people in Uganda to change countless lives.



Working with us on mission

"Our Duleek Aid to Uganda started in September 1980 as a result of the publicity given to the famine in Uganda. During conversations between neighbours we realized that many would gladly contribute but felt their little offering was useless in the

face of such hunger. We thought that enough small offerings put together could amount to a worthwhile sum. Because the Medical Missionaries of Mary are our local missionaries, we decided to talk to them about the idea. We met Sisters Brigid Keogh and Aengus Campion, who were just back from Uganda. They gave us a first-hand account and offered to come to Duleek to meet the people and show slides.

"As a result, a few housewives decided to go door-to-door in their own areas to take the names of those prepared to commit themselves to a monthly contribution for one year. Because we

"We have many ways of fund-raising, such as cycle runs, fashion shows, cookery demonstrations, and barbecues. Our big success story is the annual sale of St. Brigid's crosses. Thanks to volunteer rush cutters, who go out on cold, wet January days, and a small army of cross-makers, we have raised large sums. Last year this was over £12,000, with no expenses. In fact, all our income goes directly to the projects with which we are involved.

"Members are kept up-to-date with e-mails, letters, photographs, and talks from returning aid workers. We feel that although we are far from those we help, we play some small part in their ongoing development."



Clean water is basic for good health



MMMs help to provide services at Kitovu Hospital.

had never collected before, all of us found it difficult to go knocking on doors but the response was marvellous. As word spread, offers came from more women to collect. The monthly total increased.

"We brought the money to the convent in Drogheda to be sent to Kitovu Hospital. At the end of the year we decided to ask people whether they wished us to continue collecting. All generously agreed. During that time we had great help and encouragement from the MMMs. On several occasions Sisters returning from Uganda spoke at Masses in Duleek. They told the people about their work and the challenges involved.

"Over the years four of our group went to the Lord and others moved from the area. Now our number is small, but thirty-three years later, several women still contribute."

The closure of our 75th Jubilee Year

was officially marked in our MMM communities on 27 January. We gave thanks for all that God has done for us and for our wonderful friends and supporters.

At the end of 2012, **Sister Doctor Maura Lynch, MMM** (left), Nurse Winnie Nakalema (right), and long-serving Doctors John Kelly, and Brian Hancock, received plaques from the Fistula Faculty Group UK "in recognition of service to Kitovu Fistula Hospital Patients" from the Fistula Faculty Group, UK. Her Excellency Anne Webster, Irish Ambassador to Uganda (centre), who has great interest in this work, presented the awards in Kitovu.



The first faculty meeting was attended by many fistula surgeons from Uganda, the UK, Ireland, Australia, and Ethiopia. Medical colleges are now discussing the recognition of obstetric fistula surgery as a sub-specialty. Sister Maura has also been awarded an honorary fellowship in obstetrics and gynaecology from the London College.

In November 2012, **Sister Davnet O'Kane** received a medal from the Institute of Biomedical Sciences to mark her fifty years as a member. It was presented at the new Titanic Belfast Building.

Sr. Davnet (right) with staff in Uganda.



Special mention of MMM **Sister Bernadette Kenny** has been made in a book, *Thank You, Sisters*, edited by John Feister. The essays in the book, published by Franciscan Media, tell the stories of women religious who have influenced and been a beacon of hope for others, not only in the US Catholic Church, but in the USA as a whole. "Mountain Health Care on Wheels", by Fr. John Rausch, speaks about Sister Bernie's ministry in Appalachia.

In March 2013 **Sister Irene Balzan** graduated with an MSc in Public Health in Developing Countries from the London School of Hygiene and Tropical Medicine. Her dissertation was titled: "A Systematic Review of Partograph Use in Developing Countries: Challenges in Implementation." It was recommended for publication.

Sister Helen McKenna received an MA in Psychosynthesis Psychotherapy from the Psychosynthesis and Education Trust, affiliated with the University of East London.



MMM will receive a special place in a museum chronicling the history of **Taitung St. Mary's Hospital** in Taiwan. MMMs staffed St. Mary's from 1961 to 1974. Just a year ago the hospital's CEO, Sense Chen, visited our Congregational Centre in Dublin to thank MMM for the "seed we planted" in Taiwan. The hospital was the first in Taitung to specialize in obstetrics. Today over half the babies in Taitung are delivered there.

New house in Boston! We received the keys to 16 Downey Street, Malden, MA on 1 August. Joyce Haggerty, a benefactor of MMM for many years, left us furniture that helped greatly in setting up this new home. The wonderful Medford Circle of Friends held a house "shower" and barbecue and gave more needed items. God bless such wonderful supporters.

Our MMMs in Malawi celebrated fifty years of service in the country in October 2012. They also rejoiced at the covenant ceremonies of the first two Malawian MMM Associates.

Awards



On 31 July 2013, **Susan Martin Gray**, daughter of Cecil Martin and a niece of Mother Mary, visited our MMM Motherhouse with her husband, John. During Mass, Susan presented the Martin Family Bible to MMM. The Bible dates back to 1875.

The Bible dates back to 1875. Pictured left, Susan shows the Bible to Sister Mary Teresa Reilly.

Another step was taken at **our newest mission in South Sudan** on 11 July 2013 with the blessing of the chapel and celebration of the first Mass in our MMM house in Wau. The tabernacle was given by the Catholic Health Training Institute – Solidarity with South Sudan.

A Commemorative Mass for deceased MMMs was celebrated on 31 August 2013 in Drogheda. About 300 relatives and friends joined us for the afternoon. It was a special time to remember and give thanks for the lives of our Sisters who have died.



Sister Benedicta Friel, MMM

Sister Benedicta was born Margaret Friel in Derry in 1929. She received her early education in Derry and trained in bookkeeping and shorthand. She then completed training in nursing and midwifery before joining the Medical Missionaries of Mary in 1957.

Her first assignment was to Angola, where she spent twelve years as a staff nurse and midwife. She was one of the founders of a thirty-bed hospital in a remote area and was also in charge there. From 1972 Sister Benedicta was in the MMM Motherhouse, Beechgrove, because of ill health. Her health continued to deteriorate and she transferred to Aras Mhuire in 1994. She died on 1 May 2013.



Sister Benedicta Nannyondo, MMM

Sister Benedicta was born in Uganda in 1954. She received her early education there and trained as a nurse in Kenya before joining the Medical Missionaries of Mary in 1978. She later trained in midwifery and anaesthetics.

She worked in Tanzania for fourteen years, first as a staff nurse and later as matron. She spent ten years in Uganda as a nurse and auxiliary anaesthetist and then as Sister in charge of a health centre. Sister Benedicta became ill in Uganda in 2012. She died in Makondo, Uganda on 6 September 2013.

News from the Communications Department



Sister Aileen Doggett

After many years of dedicated work in the MMM Communications Department, Sister Aileen Doggett is handing over her ministry to Sister Pauline Connolly. Sister Aileen was involved in a number of areas, but the most important was the relationship she developed with our friends and supporters. She was very concerned that contributions from donors be acknowledged as soon as possible. As part of this role she kept our Sisters on the missions up-to-date about funds available for various projects. She knew the importance of this firsthand from her experience on mission in Nigeria. From all of us, Aileen, thank you and best wishes and prayers for the future. Sister Pauline comes from many years on mission in Nigeria, Kenya, and Brazil. We wish her well as she begins her new work.



Sister Pauline Connolly

Awards



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