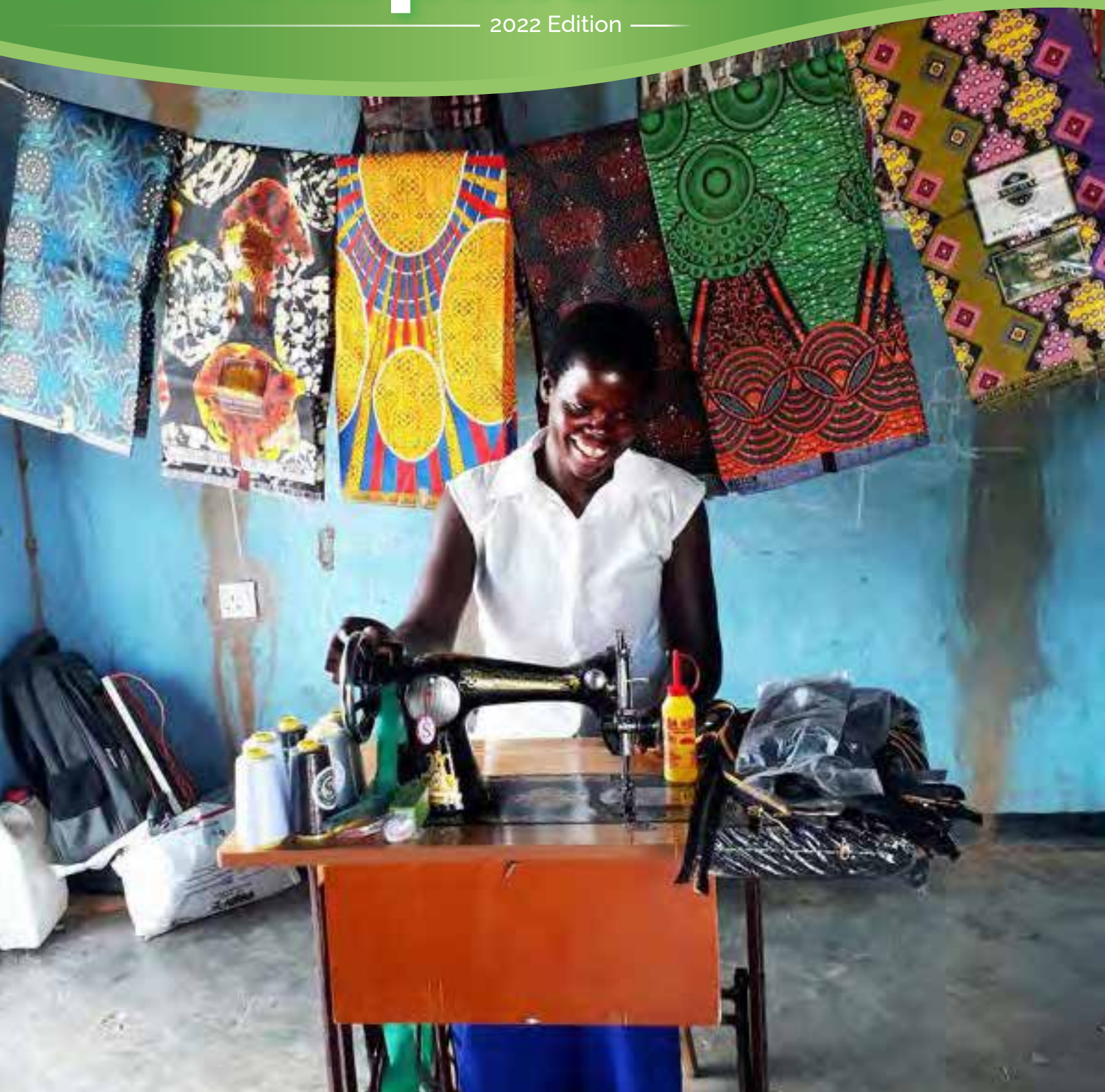


# Healing & Development

— 2022 Edition —



MEDICAL  
MISSIONARIES  
of MARY



*Celebrating 85 years of MMM*

**Medical Missionaries of Mary (MMM)**

Founded in Nigeria in 1937 by Dublin - born Mother Mary Martin, today MMMs number about three hundred Sisters, who come from nineteen countries.

A growing number of men and women around the world are Associates.

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."

**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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**MMM Charity Reg. Numbers:**

Ireland: CHY7150

In the USA we are a Tax Exempt 501 (c) (3) organisation

**Bank Details Euro:****Medical Missionaries of Mary**

Bank of Ireland, Ballsbridge, Dublin 4

Account No: 62835417

Sort Code: 901212

IBAN: IE88 BOFI 9012 1262 8354 17

BIC (Swift): BOFIE2D

**Bank Details Sterling:****Medical Missionaries of Mary**

Bank of Ireland, Trevor Hill, Newry, Co. Down

Account No: 12318032

Sort Code: 902338

IBAN: GB10 BOFI 9023 3812 3180 32

BIC (Swift): BOFIGB2B

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**Healing & Development, the Yearbook of the Medical Missionaries of Mary, is published by: MMM Communications,**  
Beechgrove, Hardman's Gardens, Drogheda,  
Co. Louth, Ireland, A92 XKX0  
Tel: +353 1 288 7180  
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Designed by: Jolene Matthews  
Printed at: Anglo Printers, Drogheda  
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# Leader's Letter

Dear Friends,

We are happy to welcome you to our Annual Year Book for 2022.

This has certainly been a year of change for us and I am delighted to be welcoming you to the Yearbook as the MMM Congregational Leader for the next four years. Despite the challenges of COVID-19 and world events, we managed to convene and meet with delegates to determine the future direction of the missions while electing four new leaders for the Congregational Leadership Team. It is my pleasure to present this document which tells the story of our MMM family around the world.



**Sr. Ursula Sharpe, MMM**  
Congregational Leader

While COVID-19 still plays a role in our world, we seem to be somewhat crawling out of the shadows and back into some kind of action. We are glad to share the many activities of our MMM Congregation and our MMM Associates in the world today. Despite the hardships of COVID-19, our missions are growing and keep going no matter what. As you read our updates you will see the perseverance and ingenuity drawn upon to keep God's work happening for some of the world's most vulnerable people.

We offer you country by country updates but also glimpses into the lives of our MMM Sisters and MMM Associates who are reluctant to tell their fascinating stories. We also address some of our new initiatives and major global issues like Vesicovaginal Fistula (VVF) and the Climate Crisis that impact our MMM work in the world. We wanted to go below the surface and give you a more intimate look.

This year some younger MMM Sisters underwent a mentoring programme in photography with the guidance of a professional photographer, Dan Murphy, and his wife Mireille. Most of the photographs you will find in the Yearbook and all the images in our MMM Calendar this year are a result of this endeavour. We are very grateful to our younger MMM Sisters for taking on the challenge of sharing the healing charism of the MMM in images.

Without the support of people like you, our mission work in the world would be impossible. Thank you for partnering with us in mission, bringing healing, hope and compassion to those in great need. We are especially grateful for your prayers, encouragement and the sharing of your financial and material resources. Our MMM Sisters are holding you in prayer, asking God to bless you and your families. We will continue to bring light into the darkest parts of human suffering.

A handwritten signature in dark ink that reads "Sr. Ursula Sharpe MMM".

Sr. Ursula Sharpe, MMM  
Congregational Leader

## Current MMM Leadership Team



**Sr. Clara Chikwana**



**Sr. Maria Gonzaga**



**Sr. Rose Mogun**

# First Days in MMM



MEDICAL  
MISSIONARIES  
of MARY

Recently **Sr. Vivian Igwe, MMM**, asked a group of young women in Nigeria to tell us their hopes, dreams, and challenges as they set out to discover if religious life is the path that God wants them to follow. Their answers were many and varied. Here is just a sprinkling! We wish them well as they start the MMM way of life.



**Sr. Anastasia  
Onukafor**



**Sr. Pauline Amulen**



**Sr. Julia Iwuala**



**Sr. Mary Ogana**

## Hopes:

- To be truly rooted in prayer and work alongside God's grace in daily activities.
- To love more and reach out to the vulnerable.
- Learn new ways of living in a multicultural community and learn about different cultures and beliefs.
- To be a trustworthy person that can stand for the poor and needy.
- To live happily and to be a source of happiness for others.



## Dreams:

- To be a medical doctor and a missionary.
- To listen to the cry of the poor in society.
- To love mission with passion and zeal.
- To be faithful in the service of God and humanity.
- To share one's gifts with others and to learn new things from others.
- To be a happy Religious Sister, and simple.
- To live a life of simplicity and detachment.



**Palm Oil processing**

## Challenges:

- Fear of not being capable, especially in becoming a medical doctor.
- Fear of losing true self in a rapidly changing world.
- Early morning rising, also wanting to do my own thing at my own time and space.
- How to cope with the new lifestyle in a new setting.
- Community living and communication.
- How to understand and tolerate different personalities.
- Imagining how to fit into different cultures.
- Being far from my family and friends.
- Showing concern and compassion the way it should be.
- Knowing oneself better through interaction with others.

# Celebrating 85 years of **MMM**

## The journey of Mother Mary

Were it not for the remarkable resilience of one woman, who steadfastly pursued her vision in the face of numerous challenges, we would not be celebrating the 85th anniversary of the Medical Missionaries of Mary this year. Mother Mary faced many obstacles throughout her life, both personal and religious, and many which she had to overcome before her vision of a women's medical missionary congregation came to fruition in 1937.

## Discerning her Vocation

During the First World War a young Marie Martin served in both Malta and France as a Voluntary Aid Detachment Nurse. Her experience during this time was formative and radically changed the course of her life. Marie had been engaged to be married but prayer and reflection revealed to her that marriage was not her destiny. In a letter written to her mother on 8 September 1921 Marie writes 'I could not help thinking & thanking God he had called me for Himself. I am grateful and see I would never have been happy married or oldmaid'. Marie would ultimately face long years of searching to discern her vocation, but stayed steadfast in her commitment to healthcare and nursing. It was through Father Tom Ronayne that Marie would meet Bishop Joseph Shanahan CSSp. Bishop Shanahan saw that there was a need for women medical missionaries and Marie volunteered to go to Nigeria as a lay missionary upon completion of her midwifery training.

Just two months after her graduation from Midwifery training in April 1921 she received a telegram from Bishop Shanahan stating that he urgently needed her to come to Calabar. She would travel with a fellow student Agnes Ryan who had also expressed interest in going to Africa.

In a letter dated 14 March 1921 Bishop Shanahan writes to Marie, 'Get a good supply of everything a person in your circumstances would require when coming to a place like Calabar where you will find nothing except a roof to sleep under.' With this insight into the challenges that she would face in Nigeria, Marie set sail for Calabar with Agnes on the 25th May 1921. Upon their arrival in Calabar, Marie and Agnes were met by Father Ronayne and informed that would

be working as teachers in Saint Joseph's Girl's School in Calabar and not working in healthcare as they had anticipated.

She writes to her mother on 19 June 1921 'I hope you won't be disappointed but I will not be doing any nursing for sometime yet as far as I can see my work will be to do anything I can & to be ready for anything.' This was due to the tentative situation of the Catholic Mission in Calabar and it provided Marie with another challenge to overcome. She had never envisioned herself as a teacher.

## Home Again

In 1923, Bishop Shanahan received permission from Pope Pius XI to establish a new missionary sisterhood for Nigeria. Both he and Marie had been working towards this goal for many years but it is clear that their vision differed from one another. Back in Ireland Bishop Shanahan had purchased a house at Killeshandra for his new missionary Sisterhood which would become the Missionary Sisters of the Holy Rosary. On 2 Jan 1924 Marie received a telegram from him which stated 'Return Dublin earliest – enter Novitiate, Shanahan'.

Despite her misgivings about the direction of the new Sisterhood, Marie was received into the novitiate at Killeshandra on 2 Feb 1925. Her great challenge during her time at Killeshandra was wrestling with the strictness of enclosed religious life. Marie found no freedom of spirit at Killeshandra which she felt was essential to the missionary Sisterhood she envisaged. Ultimately she made the decision to leave and departed Killeshandra on 13 March 1926.



*Marie Martin as a Novice in the garden at Killeshandra, 1925*



*Marie Martin and Catherine Meagher with Fathers Philip O'Connor, Charles Heerey and Tom Ronayne, Calabar 1921*





**Marie Martin in her Volunteer Aid Detachment uniform, 1915**

### Finding her way

Another chapter of Marie's life had come to a close and she faced the challenge of finding her way. At first she thought that her focus should be on contemplative life and approached the Carmelite community in Dublin in 1927. Despite receiving all the necessary votes to join, The Superior, Mother Dympna, encouraged Marie to follow her medical vocation. She then made the decision to travel to Glasgow in April 1928 to work under Father Thomas Agius at Saint Gerard's Hostel for Women. Father Agius was forming a religious group called Institutum Deiparae into which Marie took vows. But it would be the challenge of ill health which would end her time with Institutum Deiparae. At the age of twelve Marie had suffered a bout of rheumatic fever which resulted in permanent damage to her heart. These health issues resurfaced during her time in Glasgow and she returned to Dublin in spring 1929 to recuperate. In 1930, Marie decided that her future did not lie with the Institutum Deiparae and asked to be formally released from her vows. Despite her ongoing ill health Marie remained active and formed a branch of the Apostolic Work Society in Dublin.

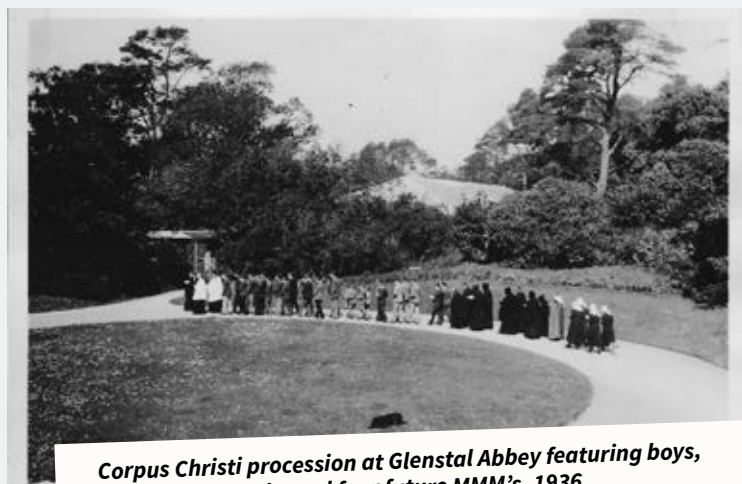
In 1933, Marie made her connection with Dom Gerard Francois OSB who was having trouble with the domestic arrangements at the Glenstal Abbey School. Marie took the opportunity to offer her services in assisting with the domestic situation of the school in return for spiritual formation. Marie felt that the Benedictine spirituality offered the freedom of rule that she desired for her

congregation. She wrote to Dom Gerard in 1933.

In March 1934, Marie and Nora Leydon began their time at Glenstal which was not to be without its challenges. She suffered another health set back in August 1934 when an iron radiator fell on her foot crushing her toes. This led to the amputation of a number of the toes and another long period of convalescing. She writes to the Sisters Glenstal in March 1935 stating 'I regard my first duty to the society and you all is to do everything possible to get well and as strong as I can so as to be able to join you both very soon'. The little community at Glenstal continued to grow and the draft of the Constitutions for the Congregation were being put into practice. It is clear that for Marie, the time at Glenstal was the true beginning of MMM writing in February 1935 'It is now we start in real earnest the foundation of M.M.M.'.

### The door opens

After many years of waiting, the doors for the establishment of the Medical Missionaries of Mary began to open. On 11th February 1936, the Vatican Issued the Decree entitled *Constans ac sedula*. This document not only permitted women religious to undertake medical and healthcare work, but actively encouraged it.



**Corpus Christi procession at Glenstal Abbey featuring boys, monks and four future MMM's, 1936**

All of the challenges and uncertainty of the previous years had led Marie to this moment, when at last her vision could begin to be realised. Those long years of waiting now seem a small span of time when we reflect on the 85 years since the Congregation was officially founded. But those years and the obstacles overcome were formative in shaping both Marie herself and the Medical Missionaries of Mary.

## Health Care Needs Increase

By Sr. Beatrice Chiamaka Iyioku, MMM

St. Luís Clinic in Huambo is involved in bringing wholistic healing and health care to the people. We are still feeling the effects of a thirty-year long civil war and we are concerned as we see poverty and its adverse effects on the increase.

Our services here include mother and child welfare, prenatal consultation, general medical consultation, laboratory analysis, wound treatment, pharmacy, HIV/AIDS counselling and testing, and health education. Our clinic is open every day, including weekends. We collaborate with the Ministry of Health, who provides us with some medicine, test kits and materials. To reach out to the poor, we reduce the prices of our health services to very affordable levels, as this is the only way they will be able to access health care. They are grateful for that.



**Huambo - clinic blessing by bishop**

Every day, the cost-of-living increases and people struggle to survive. Lack of job opportunities has led many young people to go into unhealthy lifestyles, like taking hard drugs, drinking alcohol, and crime. The stress is leading to higher cases of mental instability and hypertension even among young people, often as young as 25 years. When we chat with them the story is the same - how to survive and feed themselves and their children.

Grandma Adelina (Avó), aged 79, was brought to the clinic by two of her children. She had a very high blood pressure and was cared for until her blood pressure normalised. Her daughters, aged 62 and 58, presented similar conditions and were given medications. They were happy and grateful for the care they received.



**Huambo - Visiting**



**MMM Sisters, Laurinda Bundo, Beatrice Iyioku & Perpetua Ndahetekela in Huambo with Archbishop Zeferino Martins**



**Huambo - Visiting**

They were referred to the general hospital where Avó can receive better healthcare. The challenge is that some of the people, when they feel better after the first aid, don't come again for follow up. Keeping always before our eyes Christ in His public life, "who went about doing good," healing the sick, listening,

speaking, touching, we go on visit to the homebound who may not be able to come to the Clinic. They are grateful for the visit and care. To help us reach out to more people, we subsidise our services, but, even at that, a lot of them cannot still afford them. We care for the sick all the same. Sometimes we receive help for food and share with those in need, and they are grateful.

**We thank all our donors who help us subsidise our health care – with your help, a little becomes a lot.**



## Brazil: *Past, Present, Future*



1969: Pioneers in Brazil - Srs. Brigid McDonagh and Sheila Lenehan



### Past

During the last 53 years in Brazil MMM has been a healing presence through participation in the pastoral and social ministry, establishing an integrated health and development programmes/projects, bringing about holistic healing and communal transformation on the peripheries and rural areas of São Paulo, Paraná and Bahia state.

Sao Paulo - Srs. Sheila Lenehan and Brigid McDonagh at clinic Brazil



Manaus visited by Srs. Maria Jose de Silva and Bernadette Fadegnon

### Present

Today, the scenario of social inequalities, poverty and ethnic violence is strengthened by an era of antipopular government and the pandemic. COVID-19 has cost the lives of over 685,000 people so far. The consequences of the pandemic are catastrophic; people have lost their jobs and are unable to cater for the basic needs. This crisis consists precisely of the fact that the old are dying, the new cannot be born and the young are psychologically affected.



Making food parcels



Choir in the local Parish St Andrews - Sr. Bernadette Fadegnon

MMM is a healing presence by identifying the needy families, paying for medications and food parcels, offering spiritual and psychologic accompaniment to the youth who have lost future prospects and are suffering from depression and self-mutilation leading to suicide. We also collaborate in the prison ministry of the Archdiocese. For the adolescents, we started English classes. We encourage them to join in the church's activities, such as the choir. In collaboration with the parish centre, Casa da Juventude, we are organising massage and reflexology therapy sessions to release stress and give the women some life skills with short courses on tailoring, baking and cosmetics.

### Reflexology



### Work with the youth





## Future

Now we are heading into the future in a new mission and with a new expression of our Healing Charism. We have visited two dioceses in the North of Brazil (Sao Felix do Araguaia and Manaus: Goias and Amazon states respectively). The Amazon region represents over half of the planet's remaining rainforest and is the richest biodiversity in the world. The north of Brazil is the largest region corresponding to 45.27% of the national territory, it is less densely populated and its inhabitants are indigenous people and internal and external migrants. The lack of access to health system, food, education, infrastructure and land conflict are the major problems of the region. The church has been a prophetic,

outstanding voice and influential in many ways by defending the dignity of the poor and the life of ecosystem.

Faith, hope and excitement are part of this unfolding future. We celebrate our ancestors, the brave MMM Sisters who have gone before us, like Srs. Sheila Lenehan and Brigid McDonagh. We stand on their shoulders, we are wiser for their shared wisdom, stronger for their courage and uplifted by their longing for a fair and brighter future. We are grateful for the support of our MMM Sisters, Associates, donors and the Circle of Friends group from Medford USA who have embarked with us on this journey and on collaborating with us in many ways.



**Circle of friends fundraising for the new mission in Brazil**



**Sr. Jacinta Mahakwe with children in Sao Felix**

## Care of the Elderly

The Sisters in Brazil work in a poor neighbourhood in what is already a neglected city, Salvador, in the Northeast of the country. They work at parish level, providing health education in the schools and looking out for the more vulnerable in their local area. **Sr. Bernadette Fadegnon, MMM**, tells us the story of one woman and how networking between different groups helped restore life and dignity to her.

"It all started off with a visit. A parishioner alerted us to the plight of Ana. She was in her 80s, an active parishioner in past years, but no longer able to go out of her home due to her age, depression and health challenges. She wanted to move to an old people's home because she had no close relatives alive. But she was fearful and unable to decide.

Like Mary at the Visitation, Sr. Jacinta and I went in haste to visit this woman. We arrived at a dark place, like a hole; it looked like nobody lived there, as two walls lead to a narrow staircase and a small house. Thank God there was a bit of opening upstairs that allowed air and light to go in. Her living situation was so bad, that we all agreed, including Ana, that a move was necessary.

We made contact with an old people's home run by the Missionaries of Charity, Mother Teresa Sisters. They came within a week to evaluate her situation and offered her a place. But the next time we visited, she was fearful again, and depressed. She couldn't decide. This is where the wisdom of an older Sister helped me.

She whispered to me, 'Maybe we will suggest a visit so that she can see the place first? It will help her decide.'

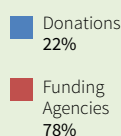
The day arrived when we visited the Centre. We brought along another woman from the parish who knew her well and whom she trusted. The Centre, which is also the Sisters' convent, was spacious, clean. We saw nine other women who were being cared for by the Sisters. They were in the recreation hall, having an activity session, which the Sister explained to us as a way to help them stay mobile. One of the Sisters took the woman and the others around and answered some of her questions. She seemed to be happy and loved the place. On our way back it was obvious she was chattier though that didn't mean her fears were totally removed.

She did eventually make the move and is happy there. We have visited her and keep up the contact.

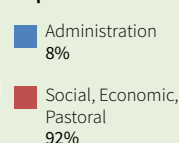
This fragile lady motivated solidarity among the women of the neighbourhood who had helped her for many years. The Sisters came forward and offered her a new home. This case was a lesson for me, that not only being vulnerable could be sad or bad, but can also be looked at from a positive side. It can open other people's hearts and minds and bring out their kindness.'

### 2021 Brazil

#### Income



#### Expenditure



## Pastoral Care of the Sick

One aspect of MMM healing ministry that often goes unrecognised is the pastoral care of the sick who are in our care. Presently we have two MMM Sisters involved in the ministry of hospital chaplaincy. **Sr. Dervilla O'Donnell, MMM**, is in Ireland at Our Lady of Lourdes Hospital, Drogheda and **Sr. Helen Spragg, MMM**, works in a hospital group in Sheffield, England.

Sr Helen talks about it this way:

"As a Healthcare Chaplain I'm privileged to find myself accompanying people during very significant times in their lives. At the beginning and end of life, during times of loss and times of recovery. I have witnessed how important rituals and symbols are for people during the ceremonies of Baptisms or naming of babies as well as weddings and funerals. In all these significant times what is most often of most importance is relationships. Relationships with family, with God and with self. It is during our most vulnerable times when life is fragile that many people I've accompanied have chosen to review their lives and more specifically the relationships in their lives.

I've witnessed parents making heart-breaking decisions with the medical staff to discontinue treatment when they know their babies will never survive. I've stood on holy ground as they've talked about dreams and hopes that have been dashed, as well as their devastation and utter helplessness. At this time, being able to have their baby baptised or named and blessed is something that can be done for their child. It has been a privilege to be present at this time and to witness them bless their child and let them go to God with such love. I haven't yet met a mother who doesn't believe that they will meet their baby again. Neither have I met parents who don't believe that in the short time their baby was alive, their lives were changed.

I've been honoured to be with patients as they face loss and sometimes death. Somehow when I'm with people who are suffering, God can seem more tangibly present. I know I'm on sacred ground when I hear someone who is carrying a lot of pain talk only of their love for their husband or wife and worry about how they will cope when they have died. It has been a privilege to hear spouses tell each other of their love and thank each other for what has been.

I know I'm on hallowed ground when a patient's own illness opens the door to emotions that may have

been ignored for years. In vulnerability and fragility patients may allow the pain of the death of a loved one be expressed. More than once I have listened to women who are terminally ill talk about their baby who died shortly before or after he or she was born many decades before.

Our need for physical healing seems to remind us of broken relationships in our lives, maybe because in illness we are often faced with loneliness and our need for others. I've sensed the presence of a compassionate and tender God as I've listened to patients talk of having hurt and been hurt and of a desire to reach out to family members who are estranged. Sometimes it's God that they feel estranged from and in their illness, they pray to a God who is waiting for them, perhaps for the first time in years and oftentimes as they do this their understanding of who God is changes."



**Sr. Helen Spragg, MMM**



**Sr. Dervilla O'Donnell, MMM**



### Steps of Hope Lenten Walk 2022

Many people ask MMM, "How can I help?" This year we decided to answer that question with a new initiative. During Lent we had a sponsored walk. Each person who participated set their own challenge – for some, pushing a walking frame, it was 400 steps a day. Others, younger and more fit, did 5,000 or 10,000 steps. It was fun and it was healthy! This year we had people walking in Europe, USA, Canada, Australia, Africa and Latin America.

Each participant invited others to sponsor them and the thought of raising money for a good cause kept the faint-hearted going during lazy periods. Next year we hope to repeat the challenge, so get ready for it – prepare your walking shoes, a stout stick to support you and don't forget to remind your family and friends about what you are doing. Watch out for details on our Newsletters and on the website [mmmworldwide.org](http://mmmworldwide.org).



Our Sisters in Kenya work with vulnerable children and adults – at all stages of life's journey. These stories come from Eldoret in the Rift Valley and from a poor area, Mukuru, in the capital, Nairobi.

### Story 1. Joseph

One Monday morning, two ladies walked into the office in search of a sister to talk to. They came upon the palliative office where I was and began to narrate their stories. Almost like what you would hear so often. The first was once married, had an autistic child and was sent away by her in-laws. The second, whose story I narrate here was equally happily married, but unfortunately, her husband died suddenly in a tragic accident. Mama Chumba was, at this stage, in her second trimester of pregnancy. As soon as news of her husband's demise reached her, she went into a shock and was hospitalised for a while. The result was a preterm baby with neurological abnormalities. Joseph is 2 years old but neither walks nor talks. Very often he has epileptic seizures, especially when he runs out of his medication.

In our efforts to help him, the mother brings him to the clinic for a weekly massage. Once in a while, when we get support to buy his medicines, we offer this assistance. The mother is grateful. Additionally, we enrolled them into the food program, so that every week she gets some food donations from the clinic.

After a few sessions of massage, we noticed great improvement as he tries to take a few steps with help.



Joseph

### Story 2. Alice

It was the parish catechist who had approached me to talk about a certain lady, Alice, who just relocated to the area. She received a kidney from her cousin and was recovering. I went in search of her. It was Holy Saturday. Her joy, she said would be so great if she would receive the Blessed Sacrament on Easter Sunday. So, we organised that I pick her up. There was a restriction. Because her new kidney was a few months old, she could not mingle with people in order to avoid any form of infection. So, when we arrived at the church, we cleared the pews and ensured that no one sat two metres close to her. Before the Mass was over, I requested to priest to pray for her which she was overjoyed. Alice is doing well, although still fragile, we try to bring her the sacrament as often as possible.



Alice

### Story 3. Kuria

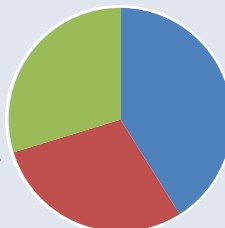
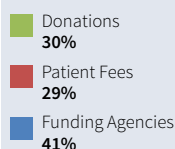
Sharing in our charism, the staff are often open to the needs around. One day Kuria was brought into the facility after being found lying deeply drunk by the roadside. His occupation is to pick up rubbish and sell what is useful. He lives on the street, just wherever night falls. When he was sober, the counsellors talked with him and he agreed to be tested for HIV and TB. Unfortunately, he turned positive for TB. As always, persons would disappear and continue to spread the disease. We sat and discussed what might be a possible solution. Aware that he survives on whatever he receives from begging, we offered him daily breakfast for the length it would require him to complete his medications. It was the best thing ever, and he has never failed to show up at the clinic for his medicines and his cup of porridge. It worked for us. So never just give up, because there is always a way, and only when we regard teamwork as an important component of our service, shall we come upon the solutions sought.



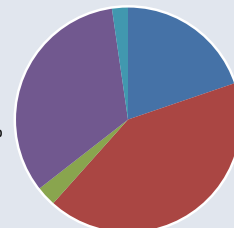
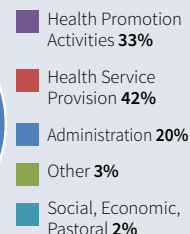
Kuria

### 2021 Kenya

#### Income



#### Expenditure





## Safe Motherhood in Malawi

By Sr. Grace Akpan, MMM

St. Kizito Health Centre, Mtsiliza, is located in a poor area on the outskirts of Lilongwe. Recently, our catchment population reached 75,203 (Source: District Health Officer). Until the arrival of the Medical Missionaries of Mary in 2017, Mtsiliza community was served by two small private clinics and many could not afford treatment due to the high poverty level in the Area.

Maternal health care is often difficult to access. Women give birth to so many children. According to our needs assessment, there was a special request from the community to include maternity service as part of our activities so that their women would stop going to traditional birth attendants or walk far distances to have their deliveries.

According to USAID (December 2021) Malawi has one of the highest maternal mortality ratios globally – estimated at 439 maternal deaths per 100,000 live births. Adolescent pregnancies comprise 29% of all births and 15% of adult deaths. Places like Mtsiliza are particularly vulnerable to maternal deaths due to poverty and lack of access to safe delivery facilities.

In May 2021, the outgoing Parish Priest of St Kizito Catholic Parish, Chigoneka (Fr. Frank Taylor) purchased land beside the main Health Centre and built a new maternity unit for St. Kizito's Health Centre. This consisted of seven rooms and a toilet area. He handed over the ownership and management of the unit to Medical Missionaries of Mary. The number of women coming for ante natal care kept increasing. We had 124 women in 2019 but in 2021, we had 560.

The District Health Officer, Christian Health Association of Malawi and the Archdiocesan Health Secretary keep putting pressure on Medical Missionaries of Mary to start maternity services as soon as possible. While qualified staff are available and the physical structure is in place for us open a maternity, we still needed to fulfil both our MMM and Medical Council's conditions. For Instance, there is need for the necessary basic equipment to provide maternity services. Among the equipment we were looking for was a Full Blood Count machine which cost about US\$7,500.



Staff having a look at the full Blood Count Machine

On 17 May 2022, we woke up to good news and an unexpected visit from one of the pharmaceutical companies where we normally purchase our medication - Action Medeor. Three wheelchairs, one delivery bed and the Full Blood Count machine we were looking for were donated without any direct request. "Are we dreaming?" was our first thought.

No wonder Mother Mary Martin told us: "If God wants the work he will show the way."

Three Staff have been trained by the same company on how to operate the machine; they promised to supply us with all the reagent needed for the machine for one year. This machine has improved the healthcare services as well as raising the standard of our Clinic, as we are no longer sending our clients out for some laboratory tests before we commence treatment.

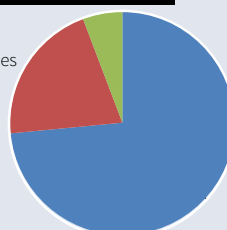
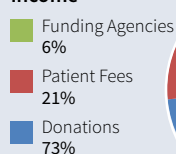
We are very grateful to Action Medeor and all our donors for their continued support.



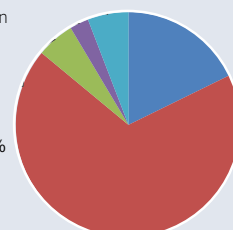
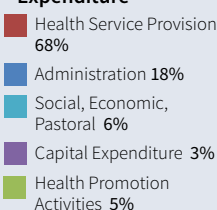
The Full Blood Count machine that was donated to the Health Centre in Mtsiliza

### 2021 Malawi

#### Income



#### Expenditure







## *Before the Birth – AnteNatal Care*

**By Sr. Ifeoma Ifedi, MMM**

The joy of every family is journeying with a pregnant woman till birth. The mother and child are assisted in safe delivery. The whole family celebrates when a child and mother are safe and sound - safe motherhood. Recently, here in Nigeria, there has been an increasing cost of maternal care which has an economic impact on families. Health care is expensive when it is an out-of-pocket expense; it leaves the artisans, the petty traders, and the low-income earners at the mercy of their salary.

Here at St. Mary's Hospital, Eleta, we are giving great emphasis to antenatal care. Every pregnant woman of any race or class is conscious of herself and of her child's care. Conceiving, birthing and nursing a child, nurturing and growing after birth; each phase is grace and ordered by God and requires family care, antenatal care and nutritional care.

I cared for Mrs. A. at the clinic and became her antenatal contact with the hospital until the time of delivery. It was her first baby (primigravida), she cried “I have been here for so long, this baby refuses to come out. Is something wrong with me or the baby?” I reassured her. She was experiencing labour pain. As a nurse, a person/ family-centred approach to care is very important to me as no two persons are the same.

Every woman needs our presence and gradual ongoing health information to help them make informed consent and understand the process of their delivery. The hospital has started reflexive and clinical skills updates for a better client-centred care. The joy of watching Mrs. A.'s concern be resolved makes us thankful for the gift of a resident Obstetric gynaecologist and the value of presence to care for the sick. Safe motherhood and better maternal care are paramount. Each month we encourage couples to come for antenatal care to aid improve the health of mother and child. Some weeks we get a handful of

couples, men accompanying their wives sometimes too. We are caring, living, and working in areas where out-of-pocket payment for every health care service, medication, and procedure is a big challenge. Some women don't come for antenatal care and for post-natal childcare until deterioration sets in. Then, critical, and intensive care are needed with no money from the clients, relatives, or parents.



We rightly celebrate nurses and midwives, and we ask for more investment in training and a conscious concern to be hospitable and compassionate in caring for the sick. All healthcare workers, paramedics, supporting staff and clients are integral to this care. We call for a re-awakening of a public health care initiative. We need partnership for subsidies on medication, procedures, and salaries.

This year, during nurses' week, the nurses and staff in St Mary's, Eleta, had a Solidarity Walk for local community support for health care and prompt link to assess care for mother and child from mission birth homes, and traditional birth attendance (TBA). Women are sharing thoughts of saving some money to help them during ante-natal care and delivery. The Solidarity Walk was also to consciously remind couples and those in relationships to stop domestic violence.

We continue to share our concerns and thoughts with the state ministry of health and local community councils and leaders. We are grateful to all our donors and sponsors.

# Mile Four Hospital, Abakaliki, Outreach Programme

by Sr. Charity  
Munonye, MMM

Mile Four Hospital outreach program covers seven communities in three different Local Government Areas in Ebonyi State, Nigeria. A team of health professionals visit these centres once a month. Most of the centres are located in a very rural area of the State. The farthest community is about three hours drive on a very bad road from the Hospital. The closest is about thirty-five minutes' drive away. In some villages we visit, we have to improvise with makeshift shelters, tables and filling of registers on our laps, etc, because there is no proper provision made. Sometimes the team sits under a tree to attend to the patients, dispense drugs, and also give health education. We hardly see where to sit; there are no available tents to cover our heads or tables to write our charts. This becomes very difficult during the rainy season and in severe sun heat.

The hospital outreach team offers the following services in the villages we visited; health education and awareness, routine immunisation, antenatal care, rapid diagnostic tests, treatment of people with minor diseases, and conducting emergency deliveries. Sometimes, in some cases our team cannot handle at the outreach



level and these are referred back to the hospital in the hospital ambulance for further care. The impact we make in these villages can only be fully comprehended by the testimonies of the villagers.

Some of the centres are kilometres away from Abakaliki, the state capital or any general hospital. The people in the community are solely dependent on the hospital outreach program for their health needs. In two of the centres we visit, for example, the people only come out once a week – that is on their market day when they can get any make shift transport to access their health care needs. The road to these villages is not motor-able. Due to the delay in having access to hospitals and clinics to access available health needs, this can lead to increase in mortality and morbidity rates.

We wish to visit these communities more frequently but we are hindered by circumstances beyond our control such as security issues, bad roads, and other logistics.

## Mile Four Hospital, Abakaliki, School Health Programme

We believe strongly in the maxims "Prevention is better than cure". The School health programme in Mile Four hospital began on the 26th March 2019, with the aim of enhancing health awareness and skill building among the school children through promoting a healthy environment, disease prevention and health promotion, and recognising the child as a change agent in the society.

When schools are in session, we engage one school each week in Schools Health activities where we educate young students on personal and environmental hygiene, child molestation/abuse, health challenges facing youths, substance abuse, and HIV/AIDS/TB/Leprosy/Hepatitis B.

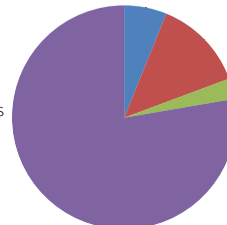
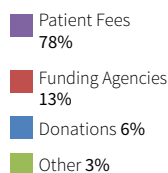
We also train students to become elements of change in the society by encouraging practical attitudinal

behavioural change. Here below are photos of our team engaging the students/pupils/teachers on various topics.

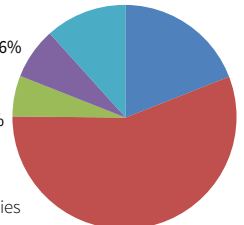
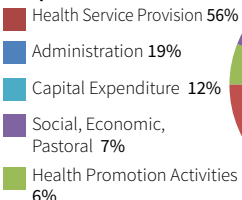


### 2021 West Africa (Nigeria, Angola & Rep. of Benin)

#### Income



#### Expenditure





## *Life in Zaffé, Republic of Benin*

The life and ministry of the Sisters in Zaffé, Republic of Benin, began in the year 2000. One remarkable thing is their commitment to a simple lifestyle, growing and foraging their own food, and being ecologically conscious in all they do.

They were first recognised as a Health Centre providing limited health services like Nursing and Midwifery. Today, they have been elevated to the status of a Medical Clinic and are able to provide more services, like medical consultation, laboratory tests and ultrasound scans. They can also provide X-Ray and blood transfusion but are financially constrained at present. They live by the motto of Mother Mary Martin, our Foundress, "If God wants the work, God will show the way".

**Sr. Kerisfon Clement Ekanem** tells us about their work. "We are involved in health sensitisation in the neighbouring villages and from time to time conduct free health screening for the local people. We work hand in hand with the Government General Hospital in our zone which makes referrals somewhat easy although sometimes they do turn down our patients. The people trust our services so much that, when cases beyond our capacity are referred, they do not want to be referred. We have cases needing referral to the general hospital, especially for deliveries, coming to us at the stage when we cannot send them away. When this happens, they go about spreading the news. Others follow suit and when oriented towards the referred hospital, they tell us about their neighbours or relatives who were referred but delivered in our clinic. Some will quietly go home and come back at the stage we cannot but attend to them. Although this is risky for us, God has been good to us.



**Sr. Kerisfon with the parish children movement after a usual Sunday session**



**Srs. Keresifon Ekanem and Magdalene Tyosaah with the Parish Liturgical dancers**



**The Sisters at a celebration with the Parish Priest. From right to left - Srs. Brigid Egbuna, Elizabeth Ogar, Fr. Pontien Sefu, Srs. Celine Anikwem, Magdalene Tyosaah and Keresifon Ekanem**

We are committed to our prayer life, personal and communal, which renews us and keeps us united with the Lord of the mission without whom we can do nothing.

Meanwhile, we engage in subsistence farming for our consumption and a source of income, and a small scale snail farm for our consumption.

We welcome friends and visitors as well as visit people in the wider community. We participate in our Parish's activities like the choir, work with the children and the catholic women groups and engage in vocation promotion.

It can be hectic in Zaffé that all the Sisters rarely meet at the same time during the day but at supper, we make efforts to be there. It is usually a relaxed time for all of us where we share our day's experiences and release the stress before going to bed. We celebrate ourselves – birthdays and feast days. We tease and laugh at ourselves, and we also take some time out for self-care to maintain our sanity for the mission."

## Something to Eat

By Odette Nahayo, MMM

Nine years ago, when MMM started in South Sudan, they discovered high levels of malnutrition among the people. It was the number one issue. One third of all children under five were affected, much higher than the average for the Africa region. They also discovered that the elderly people were also badly malnourished.

The Sisters began their work in Community-based health care, water and sanitation activities, and sack and kitchen gardens. This has grown to include the development of a seed bank and a nutritional demonstrational garden from which produce is sold to support the most vulnerable people and supply therapeutic food. There is no health without good nutrition!

The soil in the Eastern bank, Wau area, is poor, so they implement the nutritional projects with sack gardens or kitchen gardens. Sack gardens are tall sacks filled with soil from which plants grow, efficient in areas of poor soil and water consumption. They help improve a family's diet with vegetables. Additionally, beneficiaries are still putting cow or goat dung as fertiliser to enrich the soil.

Now MMM has a Primary Health Care facility, licensed in 2018, and it provides immunisation, HIV testing, outpatient clinics, social activities, and community development.

The situation currently is challenging because the humanitarian conditions are really touching as the level of poverty is continuously on the increase, coupled with the COVID-19 pandemic.

### Letter of Thanksgiving from Fatima, a woman helped by MMM to rebuild her house.

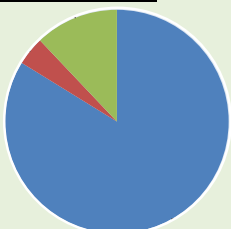
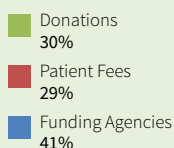
*"I know myself as a hardworking and happy woman. However, after the death of my husband, I lost everything including my joy and remained lonely, I became a beggar, and the taunt of laughter to my neighbours. Even those who were my friends turned into scorners.*

*I was losing my faith, I questioned God several times, but I have learnt that God can delay intervening due to our lack of patience, but He does not stay silent forever. God opened a door, and His servants came in towards me, they fed me, treated my child, built me a house, they promised to start a business and my son to go back to school. Those who were laughing at us are now asking me how I went about it and who are those people who raised me up from the pit. My answer is that God remembered his poor servant and sent his people to me. How can foreigners help people they do not know? Even if I and my children do not eat, no one will notice because we are in our house. Now it is raining, we remember how many times some neighbours refused us a shelter when we needed it. We remember how much we suffered under the tree, then...we glorify the Lord, we pray for the Sisters, their Staff and our Secret friend, and we finally enjoy the nice sound of rain on our roof, we sleep peacefully. Our house is not made of GRASS, it is made of GRACE. I promise to also help those in need. I feel useful to my neighbours, and my identity has been restored. Thanks a lot for your love, Sister, and tell that unknown benefactor that God knows him, he will always intervene in his entire needs."*

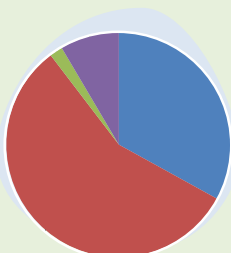
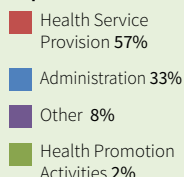


#### 2021 South Sudan

##### Income



##### Expenditure





**Sr. Theresa Adewole, MMM, a young 40-year old, has been recently assigned from Nigeria to Tanzania. We look at the work of the Sisters in Faraja Community Health Care Centre through her eyes:**

"I arrived to Singida in November 2021 and was warmly made welcome and began working soon after my arrival at Faraja Centre, a Centre known for the free services it renders to patients and clients in Singida Municipality where it is located.

the help and support of Donor agencies over the years. The Centre is into palliative care where a Sister and staff of the Primary Care Team visit patients in their homes offering end of life care to the terminally ill and treatment to the chronically ill patients. Distance is no barrier as the Team is passionate about ensuring that patients with severe pain get access to morphine, especially patients with cancer and other debilitating illnesses. I work mostly with the Anti-Human Trafficking team. Human Trafficking is relatively prevalent in the area



**Faraja, HIV awareness raising drama**



**Faraja, Sr. Marian with client**



**Faraja, Presentation bicycles HBC volunteers**

The Centre caters for the needs of the masses by providing: Voluntary Counselling and Testing (VCT) for HIV/AIDS, Anti-Human Trafficking Awareness Raising, Education and support for Most Vulnerable Children (MVCs), Empowerment /income generating activities for the poor and, lastly, home-based Hospice & Palliative Care. I had hoped to work in a typical hospital or clinic setting after my studies and so the apostolate in Faraja was different from what I had anticipated and hence it has been a new learning area for me. However, I appreciate the uniqueness of all the services rendered by the Centre as it is different from what other health facilities are offering and more especially it has been a response to finding solutions to emerging needs of the people since its inception.

The Centre engages the help of volunteer health workers who work with the local community and are made up of volunteers. Comprised of both Christians and Muslims, there is good integration and relationships.

The Centre has been able to carry out its mission through

given its central location and relatively high level of poverty and unemployment. Also, the value placed on education is relatively low and it was shocking to learn that some parents encourage their children to fail their primary school final exams so that they are not compelled to go for further studies and hence pushed into early marriage or into a service that can generate income for the family. With this, the Anti-Human Trafficking Clubs are being set up in both Primary and Secondary schools. The Club aims at enlightening the students about human trafficking and the dangers involved, impacting knowledge for wholistic growth & development, instilling high morals and emphasising on the importance of education and teaching about sexuality.



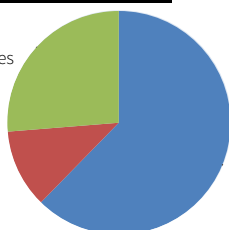
**Faraja Sr. Marian Scena**

Generally, the way of life of the people is quite impressive. I have come across many good, simple and honest people. Also, there is peaceful co-existence, religious tolerance, stability and highly organised structure in place and I can only pray that these be sustained given the increasing violence in our world, I feel there is a lot to learn from the people here."

## 2021 Tanzania

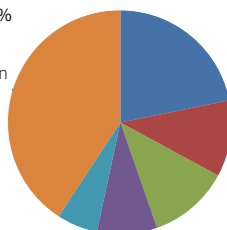
### Income

- Funding Agencies 26%
- Patient Fees 12%
- Donations 62%



### Expenditure

- Capital Expenditure 41%
- Administration 22%
- Health Service provision 11%
- Health Promotion Activities 12%
- Social Economic Pastoral 6%
- Other 8%





MMM Sisters moved to Kampala, Uganda in 2017. The location is a semi urban area where the very rich and the low-income earners live in close proximity. Most needy people live in slum places that are characterised by overcrowding with many people living together in close quarters. They lack access to adequate basic services such as sanitation, water, food and basic health care services.

Following a needs assessment period here they visited the local people and talked to the community leaders, they realised that the needs were multiple, but they decided to concentrate on three main areas where the need was greatest:- care of the elderly, the physically handicapped and the prison.

***“Our mission is to bring a smile to people’s faces”***

The elderly are often neglected by town dwellers. The Sisters visit, listen to their long conversations, cut nails, do massage for those that have pains in the joints and help with personal hygiene. They leave the people



**Demonstration of kitchen gardens**



**A child with disability at Katalamwa Rehabilitation Centre. He has now improved and is in school**

happy, very appreciative and with a smile!

Caring for people with disabilities is included in this mission of bringing a smile to peoples’ faces. “We meet with their parents/caretakers and discuss their appropriate care”, **Sr. Betty Naggai, MMM**, tells us. “We accompany those with hydrocephalus, cerebral palsy, epilepsy, stroke and other physical and invisible disabilities to rehabilitation centres for treatment. We visit them with their families to monitor their progress. We praise God when we see those that were unable to move their bodies, can move; those that were not able to swallow, swallow; the ones who were not standing, make effort to stand; the ones who would not sit, begin to sit up and make movements. In a nutshell, they become more independent. The parents/guardians’ smiles are unmentionable!”



**Home visit to elderly**



**Collaboration - a volunteer after picking beneficiary’s medicines**





**Harvesting from the beneficiary's kitchen garden**



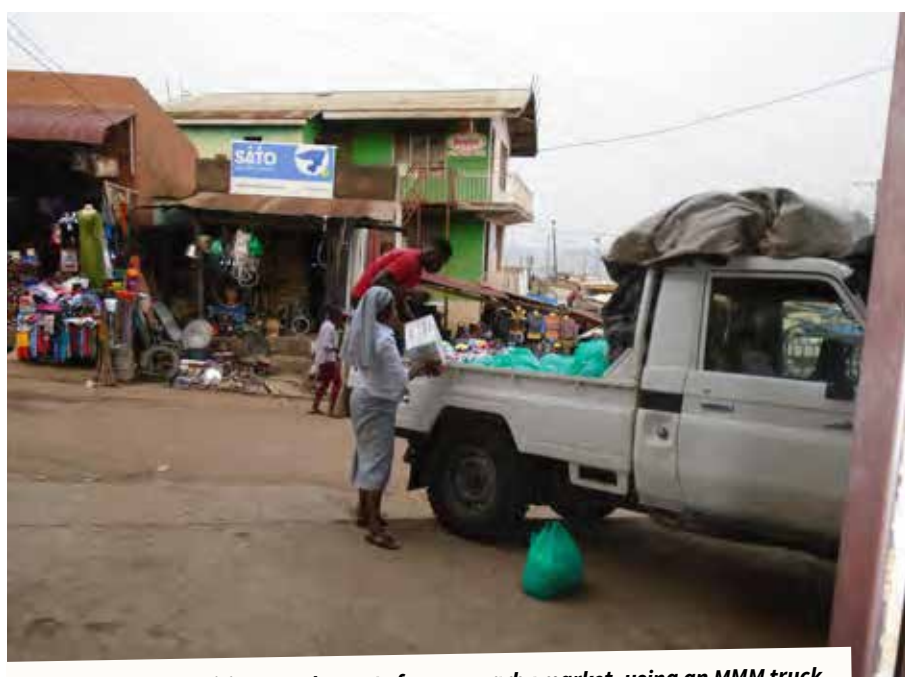
Prison ministry in Kampala was begun by Sr. Helen Aherne, and continues with the present Sisters. The prison is a long, dusty, 30 minutes' drive away from where the Sisters live. They look out for the needs of 10 women but as the visiting time is limited, they depend on one woman to be their contact with the others.

The longer the Sisters are in the area, the more they are called for other needs – they support some women with small trading initiatives to improve their income, they send some young women for training in tailoring.

We are grateful for all our donors who make our work in Kampala possible.



**Entrance to the female prison**

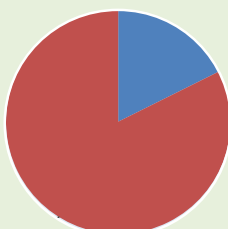


**Shopping for nutrition supplements from a nearby market, using an MMM truck**

## 2021 Uganda

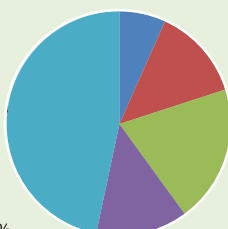
### Income

- Donations 18%
- Funding Agencies 82%



### Expenditure

- Social, Economic, Pastoral 47%
- Health Promotion Activities 13%
- Capital Expenditure 20%
- Health Service Provision 13%
- Administration 7%





In 1950 Mother Mary came to America hoping to make friends for the Congregation. These would eventually become long term supporters of our various ministries. Imagine our Congregation was then only 13 years old. For Mother Mary, coming to America was an opportunity to plant the “seed” of vocation promotion and to exercise her hope for more hands to make the missionary needs lighter. Mother Mary had a vision for the wider Congregation and certainly her vision has come to fruition in the many faithful benefactors and friends we have made here in the US since 1950.

Despite our small numbers in the United States, we continue being a presence to the peoples of today.

Sr Bernie Kenny, in Appalachia, continues to extend hope to those she meets each day. Giving chair massages, healing touch and a listening ear. Others of us volunteer, in addition to other ministries we have, with the Senior Living Community across the street, helping in their administration, gardening, and visiting needs, especially with those in need of either a helping hand or a cheerful smile. Wherever we are, we believe, giving time is as important as giving talents and this is something we do often when visiting a local prison, visiting our own sick Sisters or family members in different nursing facilities or when we pack boxes for food distribution.

Like so many around the world COVID-19 has challenged us in relation to how we continue to participate in groups that hold similar values to our own, for example, Sisters Against Anti Human Trafficking, Social Justice Issues or the Leadership Conference of Women Religious, connecting with our Associates and the wider congregation. God bless the inventor of ZOOM!



*Flowers whisper ‘Beauty!’ to the world, even as they fade, wilt, fall.”– Dr. SunWolf*



**Sr. Kay Lawlor, MMM**



**Margy Walsh (left)**

We would be remiss if we did not mention Covenant Health Systems who we collaborate with. Through them we have employed a Caregiver Manager who assists all our Sisters in Massachusetts in a variety of ways. Margy Walsh exudes an enthusiasm for life which is, in word and deed, contagious.

In our 85th year as Medical Missionaries of Mary and 72th in the United States, we remember with gratitude the hope and vision of Mother Mary and our many friends who are supporters of MMM worldwide.



**Somerville Chapel**



**Sr. Eleanor Donovan celebrates her 90th birthday with (L-R) Srs. Mary Ann MacRea, Mary Ellen Sambuco & Kathie Shea**

## *Jubilees and Birthdays*

We celebrate the important events in the life of some of our Sisters. Sr. Kay Lawlor’s Diamond Jubilee, Sr. Therese McDonough and Sr. Mary Ellen Sambuco’s Golden Jubilee and our ever-young Sr. Eleanor Donovan’s 90th birthday.



**Margie Chisholm (right) and Jubilarians Srs. Therese McDonough and Mary Ellen Sambuco**



# Places of Presence

While MMM do not have communities in these countries, we do have a special presence. Wherever MMMs go globally we bring our gifts and talents, our energy and our enthusiasm to the Healing Ministry of the Church.

## **Sr. Aideen O'Sullivan, MMM: Scotland**

Sr. Aideen lives and works with the Rev. Mhorag MacDonald, a Presbyterian minister, in Lanarkshire. Sr. Aideen originally trained as a physiotherapist and spent many years in Tanzania. In Scotland, Sr. Aideen began a ministry in stress management which eventually led her to re-qualify as a counsellor. For many years she and Mhorag have been involved in ecumenical work and pastoral ministry.

## **Sr. Adalbert (Bibi) Simakova, MMM: Czech Republic**

Sr. Bibi is from the Czech Republic and left it, just before the borders closed after World War II, and it became under Soviet influence. She heard of MMM while in nurse training and decided to join this international group. During her active life in MMM ministry, she served in various Vatican diplomatic stations and also in Rome working with Czech refugees. She is currently in Prague where she continues her healing ministry through prayer and presence, heading for her 101st birthday!

## **Sr. Martine Makanga, MMM: Rwanda**

Sr. Martine Makanga is a Consultant Paediatric Surgeon. She is the only highly qualified doctor in this line of work for the whole of eastern Rwanda and in the hospital where she works in Kigali, she receives referrals from 10 other District hospitals. Her passion is to offer quality paediatric surgery services with compassion to children who are sick. She says: "with love, tenderness, compassion and dedication we work together as a whole Team to care for these children." The surgeries are complicated: inguinal, umbilical hernia, undescended testis, cleft lip palate, spina bifida, and hydrocele. Some of these are fatal if left untreated, all cause major deformity which would have stayed with the child their whole life. Another part of Sr. Martine's ministry is training other paediatric surgeons.

For Sister Martine her life of prayer is integral to her ministry. "Each day, I offer to the Lord the children I will examine and operate on that day. I ask the Lord to guide me, to bless my poor hands to become instruments of healing when I do surgery. I ask to bless my words that they may be words of consolation and comfort to the family and to the children. I put them under the protection of Mary, our Mother."

## **Srs. Nneke Nwanze, Lucy Agbese and Mary Dakom, MMM: Ghana**

The life of a student is never easy and these three Sisters are studying in a different country from their own. They are all young Nigerian Sisters. So while they are studying Nursing at various levels, they are also learning about the Ghanaian people and entering into the life of the country. Who knows where MMM might spread in the future!

## **Digital Presence**

For us, MMM, when you log on to the website **[www.mmmworldwide.org](http://www.mmmworldwide.org)** you will experience MMM's digital presence.

This year, as well as an updated website, we have a new initiative - MMM Blogs. A variety of MMM voices from all over our world, tell stories from their missionary experience, sharing the values that uphold them and, at times, sharing their struggles and hard times too. Other participants are the Associates of the Medical Missionaries of Mary, men and women from every continent who share MMM values, resonate with our work and participate in the Healing Charism, each in their own life choice. In less than a year we already have over 120,000 reads! Let's celebrate!



MEDICAL  
MISSIONARIES  
of MARY

# MMM Associates Worldwide

The MMM Associate movement is over 20 years old, has almost 200 members and is present in thirteen different countries. This year we want you to give you a glimpse into some of their lives! It is impossible to do justice to each one. They are men and women who follow Mother Mary's dream to bring health and wholeness to the most disadvantaged in our society.



**Teresa Fristrom**



**Mary Coffey (left)**



**Joan Gagnon &  
Sr. Nina Underwood, MMM**



**Thomas Nyawir AMMM and Judy with their children**



**L – R: Josephine Namutebi, Joseph, Margaret, Vincent,  
Josephine and Clotilda Nanteza (AMMMs Uganda)**



**Connie Salvidar & husband**



**Mary Bradley**



**Eamon & Moira Brehony**



# Spotlight on MMM Associates, Choloma, Honduras

In December 2021, MMM Sisters withdrew from ministry in Honduras. But the MMM Charism lives on and the ministry is continuing in the hands of very able Associate Members. In Choloma, Casa Visitacion is now administered and run by the Associate movement. Let's meet some of them:

**Andres Rodriguez, AMMM**  
President/ Leader, AMMM Choloma, Honduras.



**Andres Rodruigues**

**Sirleny Peña, AMMM,**  
Administrator of Casa Visitacion (the former MMM Project in Choloma, Honduras until December 2021, now coordinated by the Diocese).



**Sirleny Pena**

**Jessica Vega, AMMM**

Jessica helps in writing the reports on the persons included in Casa Visitacion's outreach program, 'Home Visitation of the Sick and Infirm' as well as that of 'Support of the Aged Living Alone'. These reports are sent regularly to the benefactors in the USA.



**Jessica Vega**

**Maria Suyapa, Torres AMMM**

Suyapa is a legal practitioner. She is an active church member and involved in several activities in the Parish of



**Maria Suyapa Torres**

Nuestra Señora de Suyapa in Sector Lopez Arellano. She has a project, as an AMMM, supporting a poor family in Lopez Arellano through funds sent regularly by her friends abroad who appreciated the pastoral activities of MMM in the two parishes in Sector Lopez Arellano.

**Maribel Carranza, AMMM**

Maribel is a nurse working in the busy Medical Dispensary of the Parish of Nuestra Señora de Suyapa in Colonia Lopez Arellano. She is also an active church member and involved in the activities of Pastoral Social as well as in Pastoral de la Salud (health pastoral).



**Maribel Carranza**



**Lilian Torres**

**Lilian Torres, AMMM**

Lilian is a nurse and the person in charge of the Casa Visitacion's Outreach on Home Visits for the Sick/Infirm, and for the Aged Living Alone. She has a good way of communicating with people and they feel well cared for.

**Danelia Valeriano, AMMM**

Danelia is a businesswoman and was a member of the governing board of Casa Visitacion until the departure of MMM in December 2021.



**Danielia Valeriano**

**Claudia Torres, AMMM**

Claudia is the able secretary of AMMM Choloma. She is a very active member of the church and participates in its activities. She did training in 'ear cleaning by cones' together with Maribel to be able to assist Lilian when there are many patients in Casa Visitacion. She helps Connie Saldivar AMMM Coordinator for MMM Area Americas in the evaluation process of prospective 'new' AMMM in Choloma.



**Claudia Torres**

## AMMM Activities



**AMMM Retreat 2022**



**Feeding the Hungry**



**Handover Mass Honduras 2021**

# VVF: *Complications of an obstructed pregnancy*

In most of the western world, childbirth is a relatively celebrated and safe process. Sadly, in many parts of the world, it remains a challenging and even fatal experience for women and girls - especially the most vulnerable.

Our MMM Sisters have always been committed to the care and wellbeing of the mother and child. Our health care and education efforts still focus on this.

Tragically each year, more than a quarter million women die in pregnancy and childbirth. Due to lack of resources or antenatal care, of those who are fortunate to survive in remote and vulnerable areas of the world, an unknown number suffer long-term health problems. The impact of this causes the girls and women physical, mental, social, economic and psychological harm.

***“The maternal injury with perhaps the most devastating outcome is obstetric fistula or Vesico Vaginal Fistula (known as VVF).”***

The maternal injury with perhaps the most devastating outcome is obstetric fistula or Vesico Vaginal Fistula (known as VVF). Reliable statistics on how many women suffer is hard to find, but it is estimated to be in the millions. It is estimated that over 2 million women in Nigeria alone are waiting for this surgery. At the current rate of care, it will take over 80 years to provide surgery and care for all these women.

MMM Sisters have been working in pioneering ways to help with this issue which goes beyond being a healthcare matter and is now a human rights issue often overlooked by major global health NGOs. So, while many people in the western world have never heard of VVF or Obstetric Fistula, it is destroying the lives of millions of women who are in dire need of help. It is a tragedy as this could be prevented. To give us the most accurate information we interviewed **Sr. Ekaete Ekop, MMM**, who is a medical doctor with vast experience working with VVF.



## **Why is VVF still so common in Africa?**

- Most cases of Vesico Vaginal fistula result as a complication of childbirth: prolonged obstructed labour. This is common in areas of the world where the percentage of women in labour attended to by skilled birth attendants is low. Literature review reveals that it is common in “virtually all of Africa and south Asia, the less-developed parts of Oceania, Latin America, the Middle East, remote regions of Central Asia, and isolated areas of the former Soviet Union and Soviet-dominated eastern Europe.” (*Vesicovaginal Fistula, Updated: Nov 11, 2021, Author: John Spurlock, MD; Chief Editor: Christine Isaacs, MD more...*)
- In Nigeria it is common because many women seek care during childbirth outside of medical facilities or in poorly staffed and equipped health centres.
- The aversion for interventional births like Caesarean Section is another reason – so some women stay in labour for too long and only access obstetric services when it is too late.
- Health care in many parts of Africa is mostly out of pocket – so people get only what they can afford. A good percentage of the women – especially in the rural areas – are not able to afford good obstetric care. Many of them get away with having their babies in health care centres that may not be able to provide



emergency obstetric care but the few who get into trouble end up with complications like VVF – if they survive.

- Over the years, many governments at state level have tried to provide free maternal care but on the whole this has not been totally sustainable. The health institutions in the country mostly would do better with better governmental support in providing emergency care for the underserved populations.
- Transport to health facilities particularly from a rural area is also a challenge in many parts of Nigeria.
- There are other cultural and religious reasons for VVF. For instance, in some parts of the continent, child marriage still exists.



- MMM provides specialised comprehensive care for the VVF patients. Our hospital in Itam organises a few camps every year. In these camps, VVF surgeons from around the country come in and provide surgical repair for these patients. The Sisters also provide vocational training and counselling to the patients to help them re-integrate into society. They also give them some financial help for a head start as they graduate from the programme. They include the families in the counselling session.

• We also had a VVF hospital in Uganda and Sr. Maura Lynch, MMM coordinated VVF care for many years – even after we had handed over the hospital to the diocese.

- Other MMM facilities also run awareness and sensitisation programmes to help women understand the importance of having a skilled birth attendant at delivery.

### **What do you wish people understood about VVF?**

- It is preventable.
- It can be treated.
- It is far better to prevent it than to treat it.
- Good maternal care is the best prevention for VVF.
- The repair of VVF is a highly specialised surgery – only a small percentage of doctors know how to repair it. Also, there is little incentive to specialise in this as these patients can ill afford the treatment. Health care workers need support from the government and other agencies in order to be able to provide this care for women.
- Victims of VVF need not be ashamed or give up hope. There is hope and help for them.

### **What are the MMMs doing to help women with VVF and to help prevent it?**

- First of all, Medical Missionaries of Mary provide maternity services to women to enable them to have safe and hitch-free deliveries.
- Over the years, MMMs have also trained Obstetricians and Midwives to give safe deliveries in line with international best practice standards.
- MMM has a policy where every centre providing maternity services must meet a set of requirements. These requirements include the provision of emergency obstetric services.

### **What can be done to reverse this trend?**

- It is more important to put resources into the prevention of this scourge. Even after surgical repair, the woman still has to live with the other handicaps and limitations. Some even need more than two surgeries to achieve dryness while others never achieve dryness even after multiple surgeries. In other words, the problem is not totally solved by surgery.
- Efforts need to be put into sensitisation, policy making at local levels, health awareness, and provision of emergency obstetric care to the underserved areas.



If you would like to know more about VVF and our MMM efforts, please visit our website **[www.mmmworldwide.org](http://www.mmmworldwide.org)**. We are eager to raise funds to provide additional resources to prevent and eradicate VVF.

# Climate CRISIS

Climate change is no longer the correct term, as Sr. Ruth Percival, MMM, insists on reminding us. It is now a climate crisis.

The Pope's call for a worldwide ecological conversion is also a call to a synodal conversion, that begins with listening to poor and marginalised communities and to the earth itself, especially within each person's local area. Our MMM Sisters are doing just that now, and have been for many years.

Something often overlooked in conversations about the climate crisis is that the people who will be hit the very hardest will be those already vulnerable. There is a distinct connection between our ecological negative impact, gender and poverty.

An estimated 70% of the world's poorest people are women and where there are women, there are usually children in need of care. We already know that the lack of clean water accessible to villages often means that young and girls do not get an education. The need for them to go and get water for the family to survive is considered more important than sitting in school. Our MMM Sisters are involved in water regeneration projects that help empower local people to have access to fresh and clean water.

Pollution is a major killer of vulnerable people in the world today. An estimated 9 million people die from pollution annually according to a recent report. A study completed in May 2022, and published in the Lancet on May 17th, found that despite advances in cleaner water and safer indoor cooking, pollution remains the world's leading environmental risk factor for disease and premature

death. As the Pope points out: "all people have a right to a safe, healthy and sustainable environment."

Plants and trees are key in so many ways to reversing the climate crisis yet are often overlooked as such an obvious solution. The importance of growing plants is not just so people can eat, but it also has a very positive impact in reversing the carbon issues driving this climate crisis. The destruction of habitats and plants is a major contributor to much of our climate crisis.

We need to know that helping people feed themselves is as important as it ever was with so many droughts and famines still occurring in the world. We know that simple sack gardens are a lifesaving project – literally for women trying to feed their children. Not only is it right for the family and the community but essential for the planet too.

In many ways, our MMM Sisters have always been sent to places where there is a major problem to solve, or a community in dire need. Now, with the looming Climate Crisis, our MMM Sisters are getting more resourceful in trying to help families who are most vulnerable. With small amounts of seeds, sacks and soil, hope can be restored not just to a person, but a village.

We are seeing the power of returning to basics which is key in reversing the Climate Crisis. There is still time to make a difference and reverse some of the current trends. It is important that the Western

world which contributed to, if not created, this Climate Crisis offer resources to empower the people most impacted by it now. We are all connected. As Pope Francis has inspired us, we must see our hand in this ecological chaos and bring some hope and peace to it.

## *Prayer for the Earth*

For a just, habitable, and sustainable common home  
Merciful God and Creator of all,  
We praise You for the gift of the earth, home to so many forms of life  
The common home of peoples, cultures, and species  
We have made it an unjust place where some consume and pollute more than others,  
and the poorest face the greatest impacts of climate change.  
Therefore, we ask You to help us achieve climate and ecological justice  
So that no one takes for themselves what belongs to all,  
that we may share the world's goods equitably, and live simply so that we may bear witness that the earth is the sister and mother of all.  
Help us to respect its rhythms of regeneration,  
so that it may sustain all living beings  
both in the present and for future generations.  
Amen

*Originally written in Spanish by Daniel Castellanos Velasco, religious brother of the Missionaries of the Holy Spirit congregation.*



# Counter Human Trafficking

Since 2006, **Sr. Mary O'Malley, MMM**, has been involved in the ministry of Counter Human Trafficking in Kenya. This involves both directly working with victims and awareness raising through training programmes in schools, youth groups and with vulnerable populations.



**Sr. Mary O'Malley**

Over the years her work has spread from Kenya to other countries in East Africa. At the Faraja Centre in Tanzania there is also an active programme.

Human trafficking involves the recruitment or movement of people for exploitation by the use of threat, force, fraud, or the abuse of vulnerability. Poverty is a driving factor, and people who genuinely need to better their situation in life are particularly vulnerable.

It is a crime that can occur across international borders or within a country. It often crosses multiple geographic and legal boundaries. Women from rural areas are trafficked to the cities and sold into prostitution. Men are offered lucrative employment in rural projects in another part of the country or abroad and end up exploited for their labour and in poor living conditions.



**A man trafficked to Saudi Arabia is now doing well by selling shoes he is able to support himself and his family**

Individuals who have been trafficked are likely to experience multiple physical and mental health risks prior to, during and after their trafficking experiences. Many suffer acute and long-term health problems. This includes injuries, physical pain and illnesses, sexual health problems and mental health problems, such as depression, anxiety,

psychosis and post-traumatic stress disorder.

High levels of sexual violence are reported among women trafficked for sexual exploitation and domestic servitude, with high levels of symptoms of sexually transmitted infections reported by men and women alike.

## What can we do as Medical Missionaries of Mary?

Trafficking is a process comprising various stages, starting with recruitment and followed by travel and transit, destination and exploitation.

We raise awareness which targets the recruitment stage. It helps young people identify “too good to be true” offers, even coming from family members. We also raise awareness with groups such as airlines and the hospitality sector who are unwittingly used by traffickers for transporting people.

MMM also works with victims of trafficking, providing support for individuals who have been liberated, trauma counselling and addressing the multiple needs such as income generating projects so that they do not become vulnerable again.

Currently MMM is involved in this work in Kenya, Tanzania, Nigeria and USA. You can follow the work in Kenya through the following website:

<https://chtrust-eastfrica.org/>



**Sr. Mary O'Malley & trafficked woman**

## Human Trafficking at a Glance

Given the hidden nature of human trafficking, it is almost impossible to understand the full scope and scale of the issue.

While the true scale of human trafficking and modern slavery is an unknown, there are an estimated **40.3 million victims trapped in modern-day slavery**.

Of these:

- **24.9 million** are exploited for labour.
- **15.4 million** are in forced marriage.
- There are **5.4 victims** of modern slavery for every 1,000 people in the world.
- There are 4.8 million sex trafficking victims worldwide.

### By Gender

- 71% of trafficking victims around the world are women and girls and 29% are men and boys.

### By Age

30.2 million victims (75%) are aged 18 or older, with the number of children under the age of 18 estimated at 10.1 million (25%).

- 37% victims of trafficking in forced marriage were children.
- 21% victims of sexual exploitation were children.

Source: [stopthetraffik.org](http://stopthetraffik.org)

# DIAMOND *Jubilees*

**Celebrating the “Wisdom Women of MMM” on their 60 - Year Anniversaries of Religious Profession.**

**Sr. Helen Aberne, MMM** from Fermoy, Co. Cork, entered MMM straight from school and trained as a nurse in Drogheda as a young Sister. She worked as a theatre nurse for a short period before being assigned to Tanzania. Sr. Helen worked for thirty years in various MMM hospitals and clinics in Tanzania. During this time, she had short breaks to do further training (midwifery) and for mission awareness (U.S.A.), but her principal dedication was to the patients in her care in Kabanga, Namanyere, Dareda and Makiungu. In 1998, she made the transition to Uganda and worked here for another sixteen years. First in Kitovu, and later in Masaka she worked in drug and alcohol treatment programmes. She was involved in prison ministry and worked with street children. Her pastoral concern continues in Ireland. She has been Eucharistic minister at the Lourdes Hospital and is presently dedicating most of her time to the care and welfare of our elderly and infirm Sisters. Celebrating her Jubilee she remembers her family, her MMM Sisters, and all her friends in Tanzania and Uganda. Prayer and thanksgiving have always been an important part of her life.



## **Sr. Christina Gill, MMM**

affectionally known as Chris, comes from Castlerea, Co. Roscommon. She trained as a nurse in Dublin before joining MMM, and did her midwifery in Drogheda as a young Sister. In 1967, at the height of a Civil War raging in the country, she was assigned to Nigeria. This was to be her home and beloved country for the next forty years. Sr. Chris held many positions in Nigeria, matron of a hospital, coordinator of small rural clinics with vast outreach programmes and she was also called to MMM Leadership roles. She is known for her practicality and flexibility. On her return to Ireland, she cared for the elderly and infirm Sisters as Clinic Sister, and, in a more informal way, continues to care for the elderly up to the present day. Sr. Chris says her sixty years of MMM have been a learning curve and she is just so grateful to have had the freedom to work where needs were great at that time.



## **Sr. Kay Lawlor, MMM**

from Beverly, MA, in the United States, trained initially as a dentist and worked in this ministry for several years before moving into pastoral care and counselling. She has worked mainly in East Africa, both in Tanzania and Uganda, but her MMM responsibilities in Leadership have led her to many other places, both in East/Central Africa, Ireland and the USA. For the last seven years, on her return to USA, she has been involved with Bahkita House, a safe house for sex and labour trafficking victims and is also the accompanier and co-ordinator for the MMM Associates in USA. As she thinks about celebrating her Diamond Jubilee a memory comes back – on her Final Profession Day in Drogheda, Mother Mary wrote her a card with the words “Spend and be spent yourself for souls”. This has been her mantra and her satisfaction comes from trying to live it.



## **Sr. Cecily Bourdillon, MMM**

was born in Zambia but considers Zimbabwe her home country. It was there she was educated, met Mother Mary and from there she joined MMM. Cecily studied Medicine in Dublin, and as a young doctor, she was assigned to Nigeria. Cecily says, “In 1969, I was asked to go to Nigeria to relieve a Sister doctor, for 6 months but that turned into twenty years!” In Nigeria she worked both in hospital and rural medicine, in Leprosy and T.B. control. After this she had a brief period in Ethiopia for famine relief, and in Angola at the end of their civil war before she was re-assigned to Malawi. Here she faced the HIV/Aids pandemic and in later years worked in palliative care. Back in Ireland, the Motherhouse is delighted to have an accomplished pianist in their midst. Our liturgical music is blossoming once again. Cecily herself says: “In living the MMM life, my faith has been nurtured and intimacy with God made possible. I could have achieved nothing or very little were it not for the constant support, companionship, love and care of my MMM Sisters with whom I lived and worked and the grace of God that constantly sustained me.”



## **Sr. Virginia Sheridan, MMM**

was born in Kilmessan, Co. Meath. After school she studied nursing in England and worked there for a short period before joining MMM in 1959. She studied midwifery as a young Sister and most of her life has been dedicated to nursing since then. She went to Nigeria for some years back in the 1960's but most of her life has been in Ireland, both in Drogheda, Clonmel and Kilmacow (Waterford). She was a staff nurse in the I.M.T.H. (now known as the Lourdes Hospital) for many years, and being from Co. Meath, she is appreciated by the staff as being a “a local”. Celebrating her Jubilee, she is aware of how her longing for God has deepened over the years and she is grateful for His love.





# SILVER *Jubilees*

**Celebrating Sisters on their 25 year anniversaries of Religious Profession.**

***Sr. Irene Balzan, MMM*** is the current Area Leader for MMM Europe, and we introduced Sr. Irene to our MMM readership in the March 2022 E-Newsletter. Irene comes from Malta and had completed her early nurse education before joining MMM. After her initial religious formation in Ireland, Uganda and Kenya, she came to Ireland to complete her midwifery studies. Then came her first missionary assignment, to Urua Akpan in Nigeria. "It was very much plunging in at the deep end and relying on one's own personal resources", Irene remembers. Since then, Irene has worked in the Republic of Benin and in South Sudan. Recently, Sr. Irene has been working in the MMM clinic in Beechgrove, caring for our elderly and infirm Sisters. We wish her well in her present ministry of leadership and in all that life will bring her into the future.



***Sr. Theresa Agbam, MMM*** was a nurse and midwife before joining MMM in 1993. She comes from Isuikwuato, Abia State, in Nigeria. After her initial religious formation, she went to Lagos, to the Amukoko community for a short period before her first overseas assignment to Malawi. Here she worked in Chipini Health Centre as a Nurse and Midwife, upgrading her qualifications to Degree level while she was there. In 2011, Sr. Therese returned to Nigeria. After a short period of renewal in Ireland in 2012, she is presently assigned to Abuja in the MMM Primary Health Care Clinic and Maternity Unit.



***Sr. Anastasia Essien, MMM*** is from Okon, Nigeria, before she joined MMM, aged 21, she taught at a local nursery school. After her initial religious formation, she began work in the administrative areas in Urua Akpan and Ogoja before starting her studies in Business Administration and Management. Being a true MMM, during a large part of her training she was also working in the hospital, fitting in her studies around her work. After her Final Profession of Vows in 2006, Anastasia was assigned to Uganda for three years. There she worked both in Makondo and Masaka. In 2009, she returned to assume the administration of one of our hospitals in Nigeria, Urua Akpan. From there she took on the administration of St. Mary's in Ibadan. In 2021, she was called to Ireland to oversee MMM finances on a worldwide level. Celebrating her Jubilee, Anastasia is grateful for the opportunity to share life with many people, embracing other peoples' culture, embracing and accepting everyone irrespective of class, race or religion. She says she has learnt so much from the people she served.



***Sr. Ngozi Callista Abunanya, MMM*** comes from Ahiazu-Mbaise, Imo State, Nigeria. She trained as a nurse and midwife in an MMM Hospital in Afikpo and worked there for some years before joining MMM. After her First Profession of Vows, she worked in some of our Hospitals and Health Centres in Nigeria and did a course in Hospital Administration and Management. In 2008 she was assigned to Malawi, but spent a six-month period in the Republic of Benin while waiting for her Visa to come through. Ngozi's years in Africa were varied. She was in charge of Chipini Health Centre until it was handed over to the Diocese in 2014 and then she went to Lilongwe to work in St. Kizito's Parish. In 2017 she was assigned to Kenya where she worked for three years in Palliative Care in Eldoret. Back in Nigeria since 2020, there is no rest for Sr. Ngozi. She is kept busy in the Family Life Centre in Itam where there is a maternity unit and renowned for its work of VVF fistula repairs.



***"In the Church, and in the journey of faith, women have had and still have a special role in opening doors to the Lord." – Pope Francis***

# Obituries

## **Sr. Maureen Ita Quinn, MMM**

Sr. Maureen Ita was born in Dungannon, Northern Ireland, in May 1927. After her initial religious formation, she remained in Drogheda for nine years, one of the essential workers in the early days of the International Missionary Training Hospital (now, Our Lady of Lourdes Hospital). In 1957, Mother Mary asked her to go the Apostolic Nunciature in Dublin, and a second assignment to the Nunciature in Ethiopia. Sr. Maureen Ita came to realise that she had gifts in Pastoral Ministry. In the early 1980s she went to the US and did some units of Clinical Pastoral Education in Boston for qualification. On her return to Ireland, she worked in Cluan Mhuire, an Alcoholic Rehabilitation Centre in Newry with Sr. Consilio Fitzgerald. When her visually impaired sister, Eithne, needed her help a long process of care -giving and mutual support between the two sisters began. Eithne eventually needed to be hospitalised and Sr. Maureen Ita returned to Drogheda and was soon admitted to Aras Mhuire Nursing home for her own care needs. In 2022 her health began to decline and she died in the early morning of April 19th.



## **Sr. Teresita Donnelly, MMM**

Sr. Teresita was born in Beauparc, Co. Meath, Ireland, in March 1926. She trained as a biochemist

and laboratory technician and was assigned to Nigeria. She went to Nigeria in 1959 and only left finally in 1996. During these years in Nigeria, she worked in several hospitals, Anua, Urua Akpan, Afikpo and Ondo. When



needed, especially in the stressful years following the Civil War, she combined the role of biochemist in the laboratory and in the pharmacy as well. In 1996, Sr. Teresita returned to Ireland and went to live in the MMM community in Crumlin, Dublin. She was involved in visiting the elderly and sick in the parish and was also involved in some Pro-Life work. In 2013 she moved to the Motherhouse in Drogheda. During 2021, unfortunately, her health began to fail and she was transferred for Nursing Home care. She was called home to God in the early hours of April 22nd.



## **Sr. Deirdre Twomey, MMM**

Sr. Deirdre Twomey, was born in Cardiff, Wales in 1933, but her father was Irish and the family returned to Dublin.

She entered MMM immediately after she finished her secondary education in MMM she studied medicine in University College, Dublin. Most of Deirdre's life was spent in Afikpo in Nigeria. She arrived there in 1958, a newly-qualified doctor, and was immediately given responsibility as the Medical Officer. Deirdre spent almost forty years of her life in Afikpo. She soon saw the need for more qualifications, returning to Ireland only to get the necessary degrees to become a Consultant in Obstetrics and Gynaecologist. When the hospital in Afikpo was handed back to the Diocese, Sr. Deirdre went to Abakaliki and worked there in Obstetrics and Gynaecology for another eleven years. She finally returned to Ireland in 2011 after fifty-three years of dedication. Her last illness came on suddenly and we were all saddened by her death in Aras Mhuire on April 29th, 2022.

## **Sr. Vincent Pallotti Sarwatt, MMM**

Sr. Vincent Pallotti Sarwatt was born as Veronica Elias Sarwatt in Mbulu,

Tanzania in 1932. She worked as a teacher for six years before entering MMM. She was one of the first two Tanzanians to enter MMM in 1957 and she travelled to Ireland with Sr. Aloysia Lagween to begin her religious formation.



In 1963, Sr Vincent qualified from IMTH (International Missionary Training Hospital, now known as Our Lady of Lourdes), Drogheda, as a Nurse/Midwife and returned to Tanzania.

Sr Vincent worked in various roles in our MMM hospitals; Namanyere, Kabanga and Makiungu. In 1992 she was assigned to Nangwa where she worked in our Mother and Child Health Clinics and with Natural Family Planning in the Nangwa Village Health Program. In her late 80's, as she grew frail and needed some health care herself, Sr. Vincent moved to Arusha in 2019. This was also the year of her Diamond Jubilee. She was cared for in the Mother Mary Home (MMH) in Ngaramtoni, Arusha until her death on 19th July 2022.

Sr Vincent was a very committed MMM who valued her vocation and always encouraged the younger MMMs to persevere in theirs. She often mentioned that since God gave us our vocations that what we needed to do was to trust that God would lead us where he wanted us. She wanted MMM to be truly an International Congregation, welcoming the gift that each culture brings. She had a special love for the poor and had a constant stream of needy people visiting her when she lived in Nangwa.

Sr Vincent was buried beside our three deceased Tanzanian Sisters in Ngaramtoni Convent on 27th July 2022. May she rest in peace.

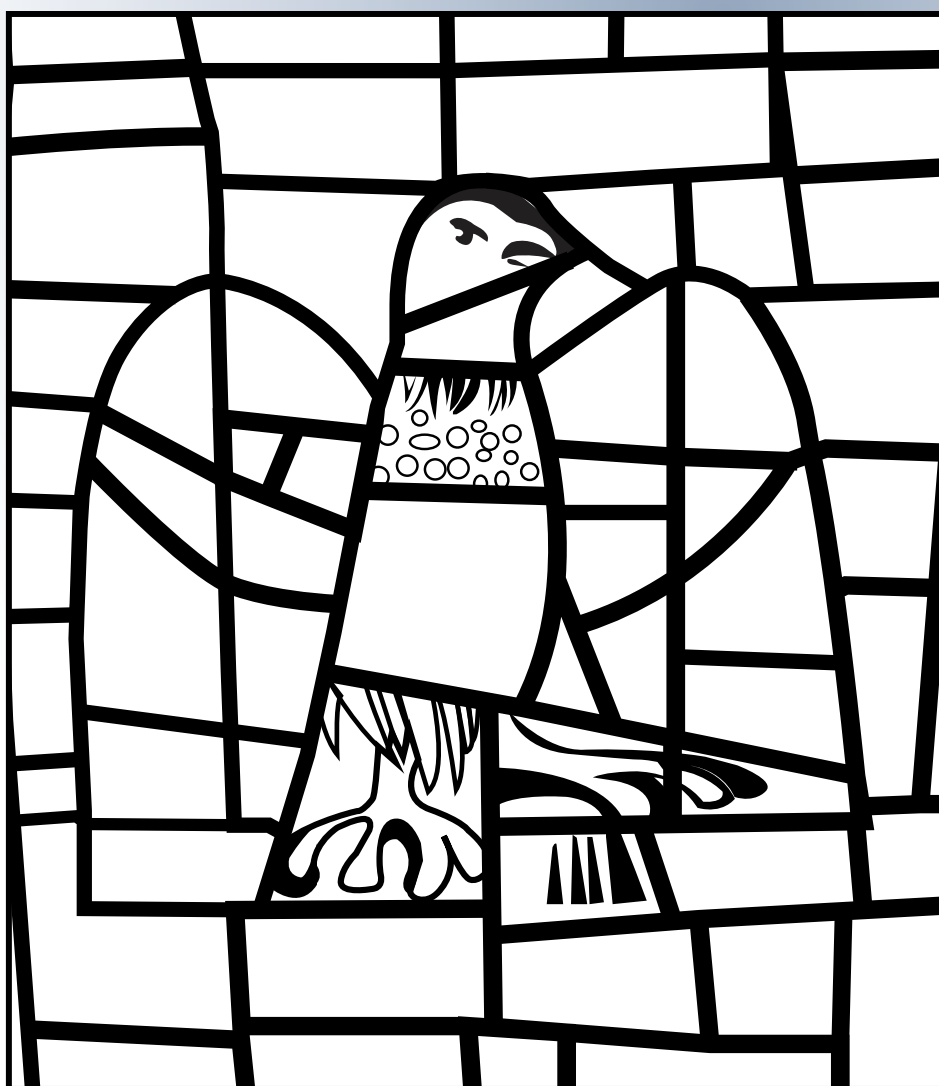


# Word Search

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The USA  
Tanzania  
Lore  
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Malawi  
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Missionary  
Jubilees  
Visitation

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MMM  
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Gift  
Yes  
Joy  
Time  
Stair  
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## Colouring Corner

# *A Delicate Birth* - By Sr. Ekaete Ekop, MMM

As MMM celebrates 85 years, we republish a poem by Sr. Ekaete, celebrating Mother Mary Martin as she takes her vows on April 4th, 1937.

I keep imagining her  
sick, weak, frail  
yes, I imagine her  
lying on that hospital bed in one of those pokey cubicles

I imagine her  
feverish, nauseous, aching  
taking one bitter medicine  
after another  
drinking syrups and soups

trying to keep her energy up  
clutching at straws of hope

And then the good news arrives!  
Is it possible  
that nineteen years of waiting  
have come to an end?  
that the dream had been given a chance  
to become reality?

But what a chance!  
How could she take such a step  
when she was hovering  
between life and death?  
when her very life  
seemed to be sucked out slowly by illness?

What would the future be?

Did she have a future?  
Dare she make such a bold step  
when frail health and circumstances  
all screamed against it?

Frail health and circumstances  
had never been her masters  
frail health and circumstances  
had played insignificant roles  
during the waiting years

She had always coasted on the wings  
of faith and trust  
these had led her  
and would lead her still

Her eyes on the Lord  
her mind on his promises  
being fulfilled  
now  
she went on

She stood alone, on a firm faith  
a lone MMM  
she grasped Love with both hands  
she summoned all her strength  
and declared  
to the hearing of six witnesses  
MMM is born.

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