



THE HEALING TOUCH

The Newsletter of the Medical Missionaries of Mary
'Rooted and founded in love'

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MMM Worldwide News

News from MMM Areas



MALAWI:

In mid March Tropical Cyclone Freddy hit Mozambique and travelled inland hitting southern Malawi. Our Sisters are all safe but friends and family members of some of the Sisters suffered severe damage in the Blantyre area. Over 250 people died. *(continued on page 3)*

NIGERIA:

Sr. Cornelia Uduka, MMM, and her Team have just produced their first national Bulletin for the Pro Family Life Association of Nigeria. It is called "True Love Wins" and contains activities in various dioceses.

IRELAND:

Sr. Rita Kelly, MMM, has begun interviewing people who knew Mother Mary Martin in her lifetime. If you are interested in being interviewed, please get in touch with Communications at mmm@mmmworldwide.org

KENYA:

On March 14th a huge fire broke out near Mukuru Health Centre. Sisters and staff ran to help those who were left without homes and property. Over 500 dwellings were destroyed and 1100 people left homeless. *(continued on page 4)*

KENYA:

The Steps of Hope Challenge reached Kenya. Here is a photo of a 100 year old man who walks 10 kilometres and back to the clinic in Eldoret for his appointments!

CZECH REPUBLIC:

Sr. Irene Balzan, MMM, the Area Leader of Europe, together with Sr. Dervilla O'Donnell, MMM, went to visit Sr. M. Adalbert (Bibi) Simakova, MMM, in Prague. Sr. Bibi is a sprightly 101 year-old!

OCEANS:

After 20 years of negotiations, 200 countries have signed up to a binding treaty that will protect 30% of the high seas. Some good news, but more is needed!



Steps for Hope Challenge, Kenya



Sr. Irene Balzan, Sr. M. Adalbert (Bibi) Simakova and Sr. Dervilla O'Donnell in Prague

Tropical Cyclone Freddy



Sr Pauline Amulen, MMM, Lilongwe Community

It is astonishing how life can change from comfort to discomfort and misery in a blink of an eye. Cyclone Freddy has caused an unprecedented crisis in Malawi where the state of devastation is indescribable. The rains that started slowly in southern Malawi on 10th March 2023 intensified on 13th March 2023. It is being reported as one of the longest-lasting tropical cyclones with the strongest storm ever recorded. These rains resulted in tremendous flooding, mudslides, broken bridges and damage to roads. It is heartbreaking to see many lives lost, dozens injured and thousands displaced and now living pitifully in camps with some waiting day and night for any news about their missing relatives and friends.

The worst hit place is Blantyre which is the second largest city in Malawi of roughly 800,000 people followed by 12 other districts. It was a very dull Tuesday morning. We were leaving to go for Mass at 6:00am and we met our security guard, he was very upset and hardly a word could be heard from his lips. Then after some minutes of patiently waiting for him, he said, "My father is dead and other family members are reported missing". Shock caught us, and we stayed there trying to console him and praying with him. Our staying back with him helped him calm down and he got the courage to start off his journey to Blantyre. We thank God other family members were rescued from where the floods had carried them and are still alive. It is difficult to state the figures of the affected as many cases are discovered each single day.

The effects left by the cyclone are still hard felt by the whole of the nation as we are experiencing power blackouts and lack of running water and even piped water in most areas. Some villages remain unreachable because of cut-off roads leaving the lives of the people in the hands of God. The victims of the cyclone are traumatised as some of them report



experiencing mental disturbance as the sound of the storm and the waves of water keep ringing in their ears. They say it will take a long time for them to have peaceful minds. Furthermore, the scarcity of water is raising concerns that cholera which some areas of Malawi including Blantyre were battling with might rise again. The schools which delayed opening due to cholera, are again at a standstill now as classrooms are used as shelter for the displaced people.

Even in the most difficult situations in life we find reasons to be thankful to God. A hand of applause really needs to be extended to the government of Malawi, different agencies, countries and individuals who are wholeheartedly and tirelessly working to rescue the lives of many people. The Catholic Church of Malawi is working hard too to see how best we can help in the situation. The Bishop has made an appeal to the small Christian communities to give any material support they can to assist.

As we keep holding Malawi deep in our hearts in prayer, let us strive to mitigate all the factors that are putting our environment in jeopardy. As reported by scientists, human activities are one of the causes leading to the rise of cyclones.

Let us remain ambassadors, educators, promoters, and advocates of better climatic change for a better Africa and the entire globe.

"I have nothing left!"



From MMM Mukuru Health Program

It was the morning of 14th March 2023 at 10 am, at the time when the staff of Mukuru Health Program were engaged in the healing services, that a fire broke out in a place called Vietnam in Mukuru slum. Vietnam is among the 8 villages that make Mukuru slums and it's about 200m from our facility and adjacent to the nearby Parish church that is run by the Holy Ghost Fathers. It was the security man, of Mukuru Health Program, who alerted others that there was unusually thick smoke in the neighbourhood. A few staff ran to find out what was happening and then one of them came back with the news of a fire that was gushing through the iron sheet houses. It was without a known cause and most of the residents had gone off for their usual casual labour.

It was a relief when the firefighter task force finally came in and managed to put the fire out after almost two hours.

The task was made difficult due to the lack of a passable road to access the area of fire and the presence of gas cylinders that residents used in cooking, kept exploding, igniting more fire which was spreading very fast to other houses!

One of the women from the same place had come to the health centre that morning with severe abdominal pain. She was given some medication to relieve the pain as samples were taken to the laboratory. The triage nurse put her into the observation room to rest while waiting for results from the laboratory tests. She was later seen by the clinician with the laboratory results and put on medication to go home with. Upon getting the medication, she went home, to find her house with all her belongings already burnt! She came back to the facility confused, almost fainting and the words on her lips were "I have nothing left! "I have nothing left!" The staff rushed her to the emergency room to calm down. Thank God for the medical team that resuscitated her. Later the counsellor gave her psychological care. This was also extended to her husband and son, who came to the health facility. As if that was not enough, a group of youths came rushing with a fellow youth, holding his profusely bleeding hand. He had been trapped inside a room and he escaped by breaking the window, using his hand but it sliced his palm and fingers. He was attended to urgently, to arrest the bleeding, suturing



and treatment were done for free! Fortunately, the Government ambulance was at the scene to take any other casualty to the nearby Government health facility.

It was sad to note that after the fire died down, people started looting and stealing the property that the affected people had rescued, while the police officers were looking on! This left us wondering, was it because they could not honestly identify the rightful owners! Nevertheless before we left duty, that evening, we visited the affected families and they were gathering all they could get from the rubble, children, women, youth and men alike. They were all in it together, it seemed nothing mattered whether religion, tribe or political affiliation, they were all united in what had come their way. There was a sense that they understood the value of being interconnected during this disaster.

Approximately, five hundred households were affected by the fire, leaving about 1100 people internally displaced (IDP) and hopeless. The majority of the IDPs were women and their children who lost everything including their important documents. These people need a place to stay, psychological support, provision of essential items like mattresses, blankets, dignity packs like sanitary towels, soap, tissue and toiletries in general.

There is an urgent need for medical care to ensure that the clients that are on lifelong medication are offered a refill since their drugs were burnt down. We partnered with the Government facilities close by to ensure that the affected get the necessary care.

Currently in Kenya, the rains have started, thus the survivors are prone to infection like colds, therefore they need clothing support and warm sweaters to help protect them from more trouble.

In conclusion, disasters of fire and floods are very common in Mukuru slums, just like most informal settlements. Therefore the call to empower the already existing task force, that is, selected people in the community on immediate response to fire and flood, so that a quick intervention will be ensured to prevent more damage.

Air Pollution in Kenya



Sr. Prisca Ovat, MMM, working in Kenya, shares her passion of caring for our earth and how she is trying to make changes among the people she lives and works within Eldoret.

“In our desire to curb climate change and care for our earth, here in Eldoret, we empower our 27 community health volunteers with a health topic every month they gather to submit reports. This month we focused on air pollution, how each of us contributes in small or big ways to climate change, and what we can do differently.

As I move around the 11 communities in our catchment area which are predominantly slums, I observe that most families living in either a thatched or iron sheet hut cook inside while children are asleep. They inhale the smoke, and all of this has affects on their health. So together with the volunteers, we walk around these villages every day of the week, gathering families and educating them on the impact of air pollution. Each month we choose a different topic.”

(As we spoke, we made the connections with the EARTHSBOT Prize 2022). Growing up in Mukuru, one of Nairobi’s largest slums, for years Charlot Magayi sold charcoal for fuel. That charcoal was the cause of respiratory infections for her and her neighbours. Then, in 2012, her daughter was severely burnt by a charcoal-burning stove. Seeking a better solution, in 2017 she founded Mukuru Clean Stoves.

Rather than burning dangerous solid fuels, Mukuru Clean Stoves use processed biomass made from



charcoal, wood and sugarcane. This burns cleaner, creating 90 percent less pollution than an open fire and 70 percent less than a traditional cookstove. They are cheaper too, costing just \$10 and halving ongoing fuel costs.

Today, 200,000 people in Kenya use Mukuru Clean Stoves, saving \$10 million in fuel costs and saving lives too. In rural areas, where young girls often spend three hours a day collecting firewood, they also save precious time. A female-founded business with mostly female staff and distribution agents, Mukuru Clean Stoves is empowering women to make a living by making a difference. Magayi plans to create an even cleaner stove that burns ethanol. In three years, she hopes to reach one million customers. In ten years, she plans to reach ten million people all over Africa.

CONNECT WITH MUKURU CLEAN STOVES

www.mukurustoves.org

www.linkedin.com/company/mukuru-clean-stoves

Lucy's Story



By Sr Mary O'Malley, MMM

We are convinced that since Nairobi is a Mecca for expatriates of surrounding countries and the whole of East and Central Africa, we experience the full 'fall-out' of the problem of Human Trafficking here.

An example is the case of a Ugandan nurse ('Lucy') hired here in Kenya to care for an elderly lady. She was raped by one of the sons of the family and became pregnant. Her husband was an army man and was killed in Iraq when her youngest child was six months old. This child was six when Lucy decided to take a job in Nairobi. But the rape brought her untold pain and we were at the receiving end of caring for her from 11th February – mid-July, 2022. She had three major complications of pregnancy and one of these entailed delivery by caesarean section. The others were high blood pressure and anemia which are also obstetric nightmares. She did not wish to arrive home to Uganda while pregnant and we respected her wishes. In mid-April, while all this was happening, she received news that her mother had died (a diabetic with high blood pressure). She

was also caring for her other two children aged 6 and 8. Due to the obstetric complications she could not travel, but we linked her in to follow the funeral Mass and burial online. She had a friend take the children to a primary boarding school but that entailed an expense from our side.

Lucy had her caesarean section in the Kenyatta National Hospital (KNH) but one week later it was complicated by a huge abdominal abscess which necessitated a return to the operating theatre. Later the baby was admitted to hospital with neonatal pneumonia. Slowly Lucy gained strength and healing and her thoughts turned to home. The now ten-week-old baby girl had gained good weight and would soon join her siblings in the Southwest corner of Uganda. We thanked God for such a good outcome despite the many hurdles we faced together with Lucy.



When Covid came to Kasina



Kasina Health Centre is situated in Dedza district, one of the mountainous areas of Malawi, bordering Mozambique. It is 40kms north of the town of Dedza and an hour's drive south of Lilongwe, the capital city. There are 74 villages in our catchment area, with a population of 35, 863.

Early in 2021, the number of cases of suspected COVID-19 were on the increase. Up to that time we had no means of testing. Then the Government identified Kasina Health Centre as a government partner, and we were recognised as a testing and treatment centre. From here we refer cases to the Government treatment centre, through the District Health Officer.

We noticed that people were growing lax with hygiene protocols in fighting the virus. As there was a considerable amount of apathy, we realised the need for more education, both on hygiene and the need for vaccination. There was little knowledge about the seriousness of Covid-19 and the need for vaccination was not pressing. We began an awareness - raising/education campaign with community leaders and home-based carers. These, in turn, would bring the message to the people. We provided handwashing points and soap to the communities. Our Health Centre staff were updated about the virus and they were active in the education campaign.

We were able to reach the 74 villages in our catchment area. We met a lot of challenges as we moved from place to place. One village was especially challenging. There they had more than 50% of a particular religion who believe that:

1. That if they take COVID Vaccination it will make them barren, and they will not be able to have a child of their own.
2. Taking the vaccination will shorten their life i.e., they believe that they will die within two years after taking the vaccine.
3. Their religious leaders were discouraging them from



taking the vaccine.

4. Some of them were spreading the rumour that Covid vaccination is benefitting the politicians.

The first time we visited this village, very few people gathered in the usual meeting spot. We talked to the group that gathered. Our next move was to go around the village with a microphone. We gave input on the importance of COVID 19 Vaccination. That day only 56 people summoned the courage to take the vaccine, while others were watching and laughing at them. The next visit we intensified the health talk around the village. We met with the religious leaders and talked to them about the importance of the vaccine. After realizing that nobody died after receiving the vaccine, more people started changing their minds. They were also afraid of the government rules saying that in future, they would not be able to access medical care in government institution without vaccination.

Gradually convinced of the importance of the vaccination as a lifesaving remedy, they only started coming out gradually and voluntarily. In the end we were able to vaccinate 214 people in this village.

Meet the Sisters - Sr. Cleide Daniel da Silva



Sr. Cleide Daniel da Silva, MMM

Sr. Cleide Daniel da Silva was one of our first Brazilian MMMs. She comes from a small rural town in the south of Brazil called Santa Inês. She is one of ten children, nine of whom survived into adulthood, five boys and four girls. Cleide is the eldest of the girls and that may explain her sense of responsibility and her devotion to young people.

Cleide at times appears quiet and reflective. She is a deep thinker but is also able to chatter and socialises with ease. She is a warm, generous person, both with her time and her talents. In her spare time, she makes jewellery as a hobby and loves doing word play puzzles. As a young teenager she went as far in her studies as was possible in the small town near where her father farmed land. When MMM came to run a small rural hospital, Cleide watched the Sisters and became attracted to our way of life. "I liked

their simple lifestyle and the warm and caring way they treated people", she says. "I also liked the fact that they were caring for the sick".

After joining MMM she became a nurse and has grown in appreciation of the many different ways she is called to heal, both physically with care, but also emotionally and spiritually by listening to and responding to the varied needs she encounters.

After her initial religious formation period, Cleide spent some time in the U.S., learning English and working in a centre for drug addicted mothers and their babies. Then she went to Angola and was involved with primary health care at a time when Angola was just emerging from a brutal, prolonged Civil War with the AIDS epidemic beginning to take hold. A spell in Ireland, at the Motherhouse allowed her to nurse our elderly and infirm MMMs in Aras Mhuire and more recently she was assigned to Honduras until MMM withdrew in 2021. Indeed, Honduras was the country which she most enjoyed. There she worked in health pastoral ministry, with young people, women and with human rights. She acknowledged that the levels of violence are high, that it has suffered from hurricanes and other ecological disasters, but says the people themselves

are very warm, supportive and share the little they have. She feels privileged to have worked there.

Now, back in Brazil, she is spearheading a new mission in the Amazon region. It is an area of conflict with a high incidence of domestic violence, a high level of rural urban migration, especially among the youth, increase and high investment in agribusiness. (Many people are exposed to pesticides that large farmers use, resulting in skin problems and lung cancer related to pesticide use - especially people who work directly in the agribusiness, for example, soybean farms).

So, Sr. Cleide has a difficult mission ahead of her, but she knows herself to be persevering and determined. We send her a warm, Brazilian hug and will accompany her in our prayers.



Inspiration



***“While you are proclaiming peace with your lips,
be careful to have it even more fully in your heart.”***

- St. Francis of Assisi

Thank you for your continued support.
We hold you in our prayers.
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