



THE HEALING TOUCH

The Newsletter of the Medical Missionaries of Mary



Dear Friend of MMM,

A wonderful summer has ended, and we are now settling down to our “hibernation” season in the Northern Hemisphere. But MMM is full of activity worldwide!



Here in Ireland, we are getting ready to receive delegates from all the countries where we live and work for our General Chapter this month. We are also preparing for our Annual Christmas Craft Fair in Drogheda in November. It will be on November 22nd, so those of you living nearby, save the date!

Our Sisters in Northern Nigeria tell us the story of the bad floods that have affected their people and we learn of the new Mother Mary Martin Hospital in Uselu, Benin City.

Sr. Marian Scena, working in Tanzania, tells us the story about a woman called Anna. She uses her story to illustrate the importance and wide-ranging effects of palliative care.

This year many Sisters celebrated 50, 60, 70 and even 75 years of religious life, but we are especially proud of our MMM Associates who were founded 25 years ago. These lay men and women carry forward the healing charism in their own families and working lives and we are so grateful to count them in our MMM family.

Every blessing,
Sr. Sheila Campbell MMM

MMM News

Nigeria: Northern Nigeria was hit by heavy rain causing flooding and much loss of life earlier this year.

Ireland: The MMM General Chapter will take place in Knock, Co. Mayo for three weeks starting on 5th October.

Good News Story: Sr. Dr. Martine Makanga, MMM, a paediatric surgeon who is working in Congo-Brazzaville, operated on a young orphan who needed cleft palate repair and correction of other facial issues. Subsequently the orphan was adopted by an Italian couple who brought the child back to Rome. On a routine check-up at Gemilli Hospital, the Professor of Surgery was so impressed with the reconstruction given to the child that he insisted that Dr. Makanga was to be flown specially to Rome to teach his students! Sr. Martine was in Rome in July for this purpose.



Tears of Mokwa: When the Water Turned Against Us...

Our Sisters in Fuka, Northern Nigeria tell us about a recent flood. Among the many who lost their lives were a local priest, Fr. James Omeh, and a candidate preparing to join MMM, Charity John.

It was past midnight when the sound of thunder broke the stillness of Mokwa's sky. For hours, the rain had pelted the tin roofs relentlessly. Then suddenly, the waters came—not the trickle of a seasonal flood, but a roaring deluge. By dawn, the entire town was submerged.

The floods that devastated Mokwa and its surrounding communities in Niger State on 28th and 29th May 2025 are still fresh in our hearts. Homes disappeared under water. Fields were reduced to brown lakes. Children cried for mothers who could not answer. And those who survived now walk among ruins, searching not just for belongings, but for pieces of their lives.

Over 200 people lost their lives. At least 500 are still missing, likely swept away in the midnight chaos. Survivors tell haunting stories. One man, eyes hollow from grief, recounted, "I watched helplessly as the flood washed away my wife and our newborn baby," Another family lost nine members in a single night.

As we reflect on this tragedy, the song "Water No Get Enemy" comes to mind. According to the musician Fela Kuti, whether you are a child or an elder, once water touches your hand, you must not throw it away... Indeed, water has no enemy. It gives life, feeds our crops, and cleanses our bodies. But this time, it betrayed us. Or did we betray it first? What are the implications? Where do we begin to count the costs, our loss and our pains?

The Human Cost

In just hours, over 3,000 homes and another 265 homes were damaged and destroyed beyond repair. Bridges collapsed, roads washed away, and entire villages, especially low-lying farming communities along the River Kaduna were erased. People now sleep in temporary shelters with little food, no clean water, and fading hope. More than 1,000 people were injured, and 3,000 were displaced, according to emergency agencies. Markets are shut. Schools have become camps. The once-bustling heart of Mokwa now beats slowly, burdened by loss.

Why Did This Happen?

Experts had long warned about the region's vulnerability. Climate change has brought more intense and unpredictable rains. Deforestation, poor drainage, and unregulated building along floodplains left the region defenceless. Months before the disaster, Nigeria's hydrological services warned of imminent floods in this region. But, as is too often the case, warnings echoed into silence. The response came late, and when it did, it was too little.

Healing Begins

In the days following the disaster, the Federal Government released money, food supplies, and emergency tents. Senator Sani Musa donated ₦50 million and food items. Relief agencies, including the Red Cross, WHO, and NEMA, responded

swiftly, yet the needs on the ground still far outweigh the resources. Faith communities, too, have risen to the challenge. Churches opened their doors. Sisters in surrounding communities provided trauma counselling and food parcels. As always, in tragedy the Church stands as both shelter and voice.

Faith, Flood, and the Future

The flooding in Mokwa is not just a natural disaster. It is a wake-up call. It challenges us to rethink our relationship with the earth and with one another. Our faith teaches stewardship, yet our forests are gone, our rivers are choked, and our systems are broken. As the waters recede, we are left with more than mud and memories. We are left with questions. How can we better prepare? Where is our early warning system? Who speaks for the vulnerable, the voiceless, and the forgotten?

Water Still Has No Enemy

Fela Kuti was right, "water, no get enemy." It is not the enemy, but our neglect of planning, our refusal to heed ecological warnings, and our short-term politics. The people of Mokwa need more than sympathy. They need action: sustainable housing, climate education, reforestation, and stronger local governance. As a Church, as a people, and as a nation, we must do more. Let us not wait for the next flood. Let us build for the future on higher ground, with deeper compassion, and a stronger sense of responsibility.

Mary Bradley AMMM, RIP

We are very sorry to announce the death of one of our MMM Associates, Mary Bradley, on 11 August as a result of injuries sustained in a fall. She would have been 88 this November.

Mary was an active member of St Mary's Roman Catholic Church, Falmouth and was well known in the Catholic and ecumenical communities across Cornwall and beyond, serving on the Falmouth Fair Trade Committee and in Falmouth and Penryn Churches Together for which she organised a monthly Justice and Peace Action Group.

She was also a lay associate of the Irish Medical Missionaries of Mary, and formerly worked in several countries including Nigeria and Liberia as a lay missionary nurse tutor. A warm and supportive friend to very many people, she will be greatly missed.



Mary Bradley, AMMM

The Mary Martin Hospital, Uselu – A Place of Compassionate Care

By Sr. Keresifon Ekanem, MMM

The Mary Martin Hospital in Uselu, Ugbowo, Benin City, Nigeria, is a vibrant healthcare facility managed by MMM. Since its establishment in 2021, the hospital has evolved from a Wholeness and Wellness Centre to a Medical Clinic and now stands as a fully operational hospital.

Each transformation tells a unique story of growth and resilience. Yet in all these, we give God the glory for sustaining this Facility and for bringing it to what it is today. We are also grateful to donors and every group and individual who have been supportive of us to make the Facility what it is today.

Strategically situated near the University of Benin and the University of Benin Teaching Hospital (UBTH), the hospital is surrounded by a network of healthcare establishments, diagnostic centres, pharmacies, and laboratories. The hospital is committed to addressing the pressing health needs of the Uselu community by offering preventive, curative, and restorative care that is both accessible and affordable.

Its wide range of services includes:

- General outpatient department/consultation
- Specialists' consultation, like a Gynaecologist, general surgeon, cardiologist, endocrinologist, etc., when needed
- Laboratory analyses
- Admission and referral of cases to the University of Benin Teaching Hospital
- Minor and major surgeries, including plastic surgery
- Health education
- Home visits/home-based care
- School Health program
- Sensitisation/Medical Outreach (Mobile clinic)
- Antenatal care and delivery
- Obstetric and pelvic scan
- Immunisation
- Complementary therapy like Massage, Physiotherapy, Capacitar, etc.
- Capacity building for our staff



Antenatal care at the Mother Mary hospital, Uselu



Feeding newborns at the Mother Mary hospital, Uselu

Recent grants from funding agencies have helped us equip our Theatre and purchase a new ultrasound scan machine. Equipping our Theatre has brought hope and consolation to many. A



Complementary therapy by Sr Chinyere Anyoarah, MMM

typical example is a woman who presented with a Diabetic leg Ulcer which had eaten deep into her leg, and she feared amputation because that seemed like the last hope, considering the state of the damage that the ulcer caused. If she were to present at a Teaching Hospital, amputation would have been the option, but at Mary Martin Hospital, the wound was dressed for a while, and thanks to Hilton Funds, who equipped our Theatre, we were able to do a plastic surgery (skin grafting) for her. The wound healed, and she was discharged home.

Another grant helped update the machines in the Laboratory, leading to faster tests and investigations.

More so, our services as mentioned above are now being widely accessible through our sensitisation and medical outreach programs, through which we bring affordable health services to people's doorsteps. No one is turned down as we are committed to bringing Christ's healing to everyone. Many people still come to us seeking health services without any means to pay for the services, sometimes we feel overwhelmed because we desire to serve them, but the funding is very limited. In our outreach services this year so far, we have brought health care to more than one thousand five hundred

(1,500) people in their own area. Our services are exceptional as we provide one-on-one and person-centred care to every person who comes to us. Our compassionate approach, kind care, gentle and healing touch and warm presence to patients have singled us out among other health facilities around us and have improved patient turnover.

Our plans include an eye clinic. We would very much like to incorporate it into our services, but we are incapacitated by a lack of funds. However, like our Foundress, Mother Mary Martin, we believe that "If God wants the work, He will show the way."

“Be present to the people of today. Share their joy and hope, their anguish and struggle. Live in solidarity with those who suffer.” (MMM Const. 3.6a).

“Follow Him. Always keep before your eyes Christ in His public life. “He went about doing good”, healing the sick, listening, speaking, and touching.” (MMM Const. 9.2a)

In the light of this, we register our sincere gratitude to MMM leadership and our Donors, all who have been and are still there supporting us to bring healing to the people. May God bless you abundantly. Amen.

The Story of Anna *By Sr. Marian Scena, MMM*



Anna at her home with loved ones

One of the key principles in hospice and palliative care is: “We cannot do EVERYTHING for the patient, but we can always do SOMETHING!”

In September 2018, while caring for a man with terminal prostate cancer in our MMM Faraja Hospice and Palliative Care Programme, Singida, Tanzania, his family informed us about a neighbour who had been bedridden for a long time. They were unsure of what was wrong with her but believed she needed help. After confirming with the woman, they told us, “Yes, she would appreciate it if you visited her.” When we first visited, we found Anna, a woman in her mid-forties, lying in bed, completely paralysed, barely able to lift her fingers enough to shake my hand. Upon speaking with her, we learned that Anna was a single mother with two adult sons. She had been living with AIDS for several years, but for the past two years, she had been bedridden. She believed the

side effects of her antiretroviral (ARV) medications had caused her condition. Despite expressing this concern to the hospital staff when she collected her medications, they had dismissed her. As Anna’s condition worsened, she had become more and more disabled, unable to move or care for herself.

When I examined Anna, I found her arms and legs stiff and paralysed, causing her great pain. It seemed obvious that the ARVs were causing these symptoms. To advocate for her care, I took her AIDS

Registration Card to the Care and Treatment Centre (CTC) at the hospital where she received her medications. After speaking with the Doctor in Charge, she agreed with my diagnosis and promptly changed Anna’s medication regimen.

Our palliative care team began visiting Anna multiple times a week, getting to know her and building trust. At first, Anna had a friend who helped collect her ARVs and cooked for her. However, an alcoholic relative also played a role in her caregiving, sometimes neglecting Anna. She was entirely dependent on others.

It wasn’t easy to care for Anna, as even the slightest movement caused her extreme pain, and she would scream. We brought pain medication, incontinent pads, and gloves to ease her daily struggles, but the most important thing we offered was something much more intangible: our presence and a

willingness to listen. Anna, who had once worked as a hair stylist and built her own home, had lost her source of income and was struggling with her situation. In her bedroom, she had a display of shoes – mostly high-heeled, which she longed to wear again. I remember telling her, “Anna, one day you’ll wear those shoes again. Maybe not the high heels, but the others, YES.” She looked at me sceptically, saying, “No way.” I insisted, “You WILL, if you make up your mind to work at it, do the exercises we are showing you, and pray to God for strength and patience.”

Though she didn’t believe me at first, we repeated this encouragement during each visit, like a mantra. It took nearly a year to see substantial progress. In the meantime, Anna contracted pneumonia and asthma, and I remember having to carry her out of her house with help from our driver. She was in so much pain from the movement that I feared she wouldn’t survive the trip to the hospital. Fortunately, she did, and after a three-week stay, her attitude became more positive.

During this time, we discovered that her alcoholic sister, who was supposed to be helping Anna, was neglecting her – feeding her only once a day and rarely changing her clothes or bed linen. Anna was unable to care for herself in any way. When she hired an elderly lady to help with her physiotherapy, we began to see real improvement, though Anna often complained that

“Anna, one day you’ll wear those shoes again. Maybe not the high heels, but the others, YES.”

the woman was “fierce” and very strict. Despite her initial resistance, the physiotherapy worked. After two months, though she could no longer afford to hire the woman, Anna had gained enough strength to continue her exercises independently.

Fourteen months after we first began caring for Anna, she could sit up, turn in bed, lift 1.5kg weights with each arm, and even pull herself to the side of the bed and stand holding onto the door. Though still disabled, Anna was immensely grateful for the progress she had made. Her faith in God, her perseverance, and our team’s continued support had transformed her.

What We Learned from Anna:

Without palliative care, Anna would likely have passed away soon after we met her. Through our advocacy for a change in her ARVs and our dedication to psychological support, we were able to prevent further deterioration. We realised how crucial it is to listen to the patient’s concerns and provide consistent encouragement. Anna’s faith in God became a key pillar of her recovery, and her spiritual strength carried her through many challenges. Her social support, while imperfect, also played a role, especially once we helped her navigate a

difficult family situation. But most importantly, Anna’s story reinforced the palliative care mantra: NEVER GIVE UP!

Update on Anna Six Months Later:

Anna’s recovery continued with its ups and downs. She discovered that her sister, who had neglected her, had expected Anna to die in order to inherit her house. Fortunately, by this point, Anna had regained enough strength to contact the village leaders, who removed her sister from the home. With Faraja’s help, Anna received food and other necessities for a short time. She had even begun using a plastic chair as a walker to move around her house and walk to her neighbours. One day, when we brought her ARVs, she surprised us: “Watch me!” she said. She stood up and walked across the room using a cane. She was overjoyed and grateful to God and to us for all the improvements.

After Another Three Months:

By this point, Anna had abandoned the chair and started using a walking stick instead. She could even walk a few steps without assistance. One of her sons had found a job, and he had provided her home with electricity, making life a bit easier.

Six Years After Meeting Anna:


Today, Anna is walking and living independently. She has a small business, selling clothing and household items around her neighbourhood. She is able to provide for herself and no longer

depends on others for financial support. Anna's journey from being nearly completely paralysed and dependent to becoming an independent woman with a thriving small business is a testament to her strength, perseverance, and the power of palliative care.

What We Learned from Anna:

Palliative care operates on the principle, "We can't do everything, but we can always do something." Those "somethings" have built up over time into significant success for Anna. Through ongoing support and encouragement, we helped her achieve independence. From encouraging her through painful exercises to listening to her concerns and advocating for her medication, each small action contributed to her transformation. This journey, while not yet finished, has shown us the profound difference that palliative care can make. Anna now walks, works, and is independent once more –and for that, we are all deeply grateful.

NEW!
CHILDREN'S
BOOK




Mother Mary Martin

"A Wonderful Little Story Arranged by God"


The **Medical Missionaries of Mary** are delighted to share our brand new **Children's Book** celebrating:

Mother Mary Martin, our MMM Foundress.

Be inspired by this colourful book with a real life story!



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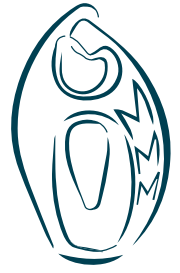


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Meet the Sisters - Sr. Pauline Amulen, MMM



Sr. Pauline Amulen, MMM

Sr. Pauline Amulen was born in February 1993 in Kongopo-Kalungar village, in Eastern Uganda. She was the third born of eight children.

She comes from a devoted Catholic family of humble background and her father is a catechist. It is a very respectful, simple, loving and social family. Her father started a Catholic church community at her home under a large mango tree because there was no church anywhere nearby, and Christians usually walked for a very long distance for prayers.

Later, after twenty years, it shifted to Akulony where the St Charles Borromeo orphanage was established because her father had no land to construct a church, and yet the number of Christians was increasing

rapidly. This was the start of a positive influence in her life.

Her childhood life was very difficult and painful. None of her parents or relatives attained a reasonable level of education in their days, hence no one got any kind of employment to support the family. Unfortunately, her father was born into a polygamous family where her grandfather had seven wives. Her grandmother had seven sons and one daughter. Subsistence farming was the major activity, but this was a dream in her family, because there was not enough land. Each of her uncles, including her father, received only one small piece of land which could not even sustain the family with food. Being a catechist, her father always ministered in different places where he could cultivate on church land, and some Christians offered him land to cultivate while there. And this gave her family some backup.

Due to the wars that were in Uganda, especially in their region, very many families were separated and disorganized. Property was destroyed, lives lost, and livestock of the people was looted by the Karimojongs (a tribe of warriors in Uganda). War left people with barely any means of survival. After the

war, her parents had to start life from scratch. These sufferings helped Pauline become a focused and resilient child. She never wanted to suffer again when she grew up, nor see others suffer the same way.

In 2000, her mother and her two siblings Edmund and Celia were involved in a car accident. They had travelled to her home village for the funeral of a cousin who had also died in a car accident. Her mother was badly injured, and she spent about three months in the hospital. The absence of her mother at home forced Pauline to become a mother at a tender age. Hence, she grew up knowing that she must meet the needs of her family and this is actually what she was doing before joining religious life.

In 2005, Fr Charles Osire started a project, the St Charles Borromeo Foundation, for orphans whose parents had died during the war. Fr Charles was also offering scholarships to the pupils who performed very well in their primary leaving examinations and, in 2007, Pauline was the top student in Atatur Sub-County and was offered the scholarship. St Charles Borromeo Orphanage sustained her education until she finished university studies. She studied Business

Continued: Meet the Sisters – Sr. Pauline Amulen, MMM



Sr. Pauline Amulen, MMM

computing in university.

With experience of war, poverty and witnessing a lot of violence, Pauline got a solid formation in faith, following the example of her father. Pauline tells it this way:

“Praying for the world to be a happy place for all. I sought ways I could express my humanitarian services to the suffering people. I joined the Uganda Red Cross Society and worked with them for years. But I kept recalling a religious sister who was touching more lives

of the most marginalized whom I saw during my childhood. She was so talented in many areas, and she had trained many women, youth and little children. I wished to be like her. This lit a fire in me to search for a religious congregation. I finally met MMM from the book “Come follow me”. My experience and formation in the Medical Missionaries of Mary has so far helped me to grow spiritually, emotionally, physically and intellectually.”

In September, Sr. Pauline arrived in Ireland to upgrade her studies in Maynooth University. She has been working in hospital administration in Lilongwe, Malawi.

MMM
Sisters' Stories Podcast



Caring Hands and Healing Hearts

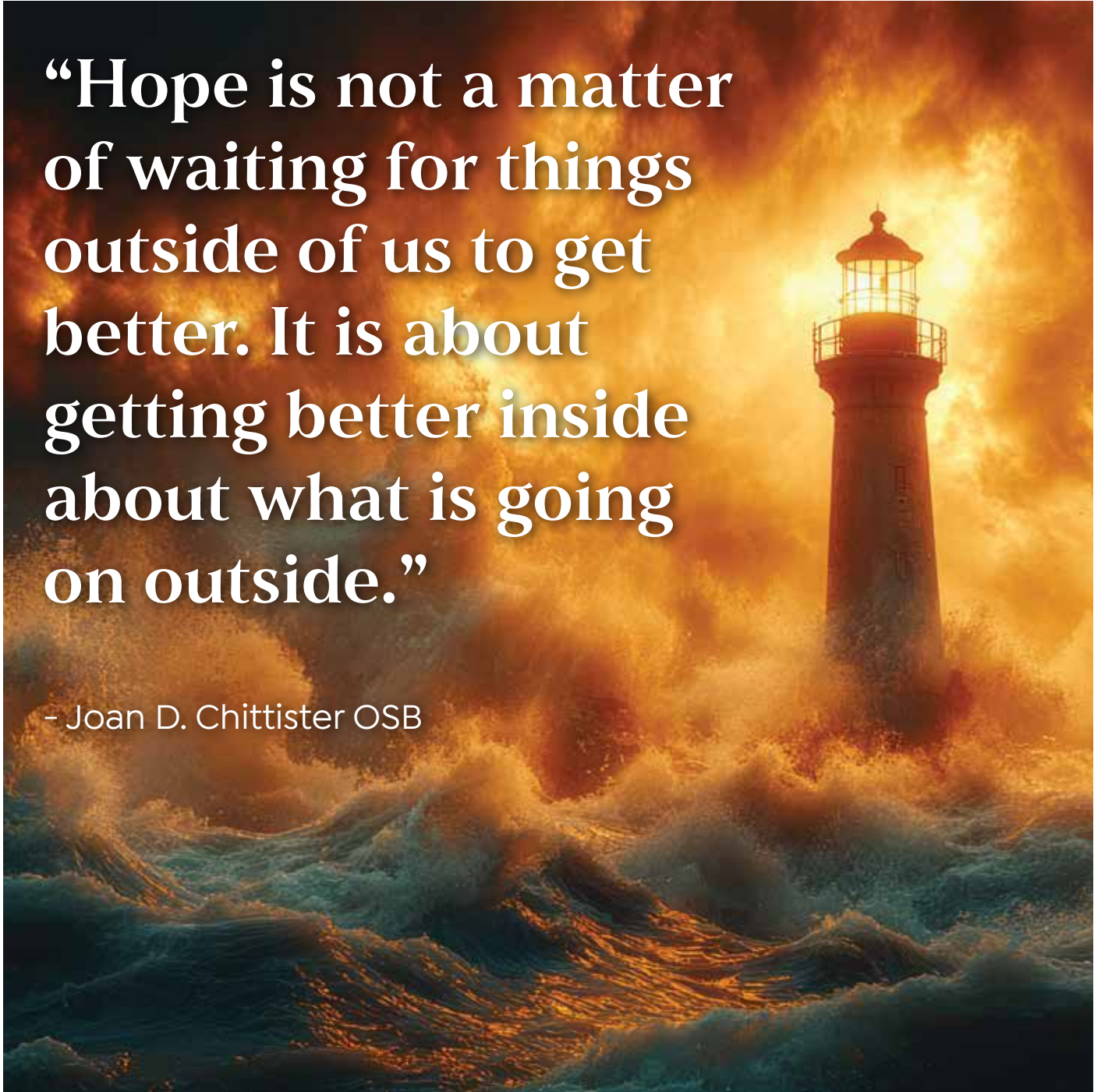
NEW EPISODES!

MMM Sisters' Stories Podcast features the Medical Missionaries of Mary Sisters, talking about why they decided to become a missionary, the kind of life that was attractive to them and what they pray for in our world today. Each interview is as unique as the MMM Sister herself. They talk of their journeys to far-off places, all the wonderful people they have met, and who are now part of their life's journey.

AVAILABLE ON:



Inspiration



“Hope is not a matter of waiting for things outside of us to get better. It is about getting better inside about what is going on outside.”

- Joan D. Chittister OSB

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

www.mmmworldwide.org