'Some women of our company astounded us' (Lk 24:22).
Medical Missionaries of Mary

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin, today MMMs number about three hundred and fifty Sisters, who come from twenty 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” (MMM Constitutions).

Mary: “Ponder in your hearts the mystery of the Visitation. Be inspired by Mary’s selfless love, her simplicity and faith, as she goes in haste to answer a human need, bringing with her the light that is life” (MMM Constitutions).

Our Motto:
Rooted and Founded in Love (Eph.3:17)

PHOTO CREDITS
From MMM Sisters and Associates

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Medical Missionaries of Mary
Bank of Ireland, Merrion Road, Dublin 4
Account No: 62835417    Sort Code: 90-12-12
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Dear Friends,

Nothing in our lifetime has ever affected the whole world as radically as the COVID-19 pandemic. This time last year, I had not heard of COVID-19 and now it shapes how you and I live. As a direct or indirect consequence many children and adults go to bed hungry and a great number live in fear.

Our yearbook, Healing and Development, will give you a glimpse of how our Sisters are making a difference. The theme for 2020 is: ‘Some women of our company astounded us’ (Lk 24:22). We continue to be astounded by what has been accomplished by our Sisters, Associates and co-workers in these uncertain times as they bring healing to so many in great need. COVID-19 offers us both challenges and opportunities.

Our MMM Associates continue to share in living our charism (gift) of healing. Today Associates are present in seventeen countries and this year we have our first Associate from South Sudan.

Many women continue to discern whether God is calling them to become Medical Missionaries of Mary. They and their formators show great faith and courage during these times. We rejoiced with those who made first and perpetual profession in the last year. In 2020, sixteen Sisters marked fifty years of commitment as MMMs and three celebrated twenty-five years.

You play an essential part in all that is written in the yearbook as you help to bring healing, hope and compassion where human need is greatest. Thank you for your prayers, support and your financial assistance.

In October we remember Saint Thérèse of Lisieux, a woman who helps us to see the beauty of the small and ordinary aspects of our daily lives. These became especially significant as we experienced lockdown. My prayer is that together we will continue to co-create the ‘new normal’ – with hearts full of joy from the Holy Spirit. Each day we remember you when we gather at community prayer, asking that you and your families experience God’s healing love.

Sr. Siobhan Corkery, MMM
Congregational Leader

Thérèse spoke of those who have brought the Gospel to others as knowing the power of prayer, ‘which enkindles the fire of love; and thus it is that they have uplifted the world.’ May we seek and share this power to lift up our world today.

Front cover: We feature white grass lilies on the cover of our yearbook. Lilies traditionally represent hope and rebirth and remind us of the joy and hope of the Resurrection. The women who accompanied Jesus were the first to bring the Good News to the other disciples.

In the upper corner of each country page is a background photo that shows either a MMM Sister, Associate or staff member involved in our work in that country or that illustrates an MMM theme.
A Light Shining in Viana

The Mother Mary Martin Health Centre in Viana is now ten years old. Located in a developing urban area, access is by sandy or muddy unplanned roads, often holding stagnant water. Infrastructure is limited with no drainage systems. In situations of overcrowding, fire is a particular concern. With many youth unemployed there is a high rate of robbery and teenage pregnancy. Nevertheless, over the years there have been improvements in public health, including in domestic waste disposal.

Sister Stella Nwoye told us that the Sisters welcomed the MMM Resource Team in October 2019. The team made a number of suggestions, including having readings and sharing on the MMM core values with the staff. This is now done three times a week during morning prayers and the core values are displayed in strategic places.

As the staff members implement the values in their daily lives patient numbers have increased at the health centre.

Addressing practical issues

Centre management saw a need for training in fire prevention and control. The facility had fire extinguishers in place but the staff did not know how to use them. To build capacity to deal with minor fire incidents the management team invited the Angola Fire Service to give training on prevention of fires and the use of equipment. The fire service organized a three-day workshop for nine staff members. Those who attended held a training workshop for the other staff, who used what they learned to extinguish fires in their communities.

The facility also provided a three-month clinical experience for many students from nursing, laboratory and pharmacy schools.

The current pandemic

There was a forty-five-day lockdown and the country has been affected immensely. Some government-owned hospitals refused to accept patients, except for emergencies. They asked the patients to go to health centres, even though these facilities did not have test kits or personal protective equipment (PPE). With fear of infection, some health centres stopped working. Mother Mary Martin Health Centre has remained open, adopting the directives of the Angolan Ministry of Health. The staff practice frequent hand washing, use centre-produced hand sanitizer and wear PPE. There is a triage system for patients, whose numbers are limited in the centre, and sanitizer, soap and water are provided. Daily awareness talks are given.

While school health talks and home visits cannot be done, the centre addresses essential health issues, offering HIV counselling and testing. A HIV/AIDS support group meets monthly and members get their medicines and, when possible, food supplements and multivitamins from donations. Antenatal and immunization clinics continue.

The cost of goods and services has increased but the Sisters are doing their best to assure quality, accessible and affordable health care. Pharmacies have donated medicines, which helps to meet daily expenses.

Our Sisters are grateful to all who support them in bringing light and hope to so many in a time of darkness.
Responding to a Changing World

In ‘normal’ times, our MMMs in Salvador have been deeply committed to Project Consolation, which supports families that have experienced violence, including assassination of members. Sisters and staff visited bereaved families and offered community art therapy classes in which women felt free to share their stories. Activities promoted well-being and peace in the community and schools. Sisters Nilza dos Santos and Jacinta Mahakwe described their situation since the advent of COVID-19.

‘On 19 March, following recommendations of church leaders and government authorities, we closed Project Consolation activities that would bring us into contact with the public and adjusted our routine. The majority of our clients are elderly women and are at greater risk of COVID-19 than most other people, so we have found creative ways to reach out to them.

‘We offer lunch twice a week to old people and distribute food to the needy. The government brought forward the annual flu vaccination campaign so we take elderly people to health centres for vaccination. We are making face masks for the poorest households.’

Connecting through new media platforms

‘We listen to our clients through WhatsApp groups in which people can share their concerns. Our private lines are always open and we offer words of encouragement and practical ways to stay safe. They feel better knowing that someone is ready to listen to them. We hold online craft lessons on painting and designing of tea towels and shirts. This keeps them distracted from the tense atmosphere.

‘We are giving weekly online sessions for leaders of small Christian communities to improve self-esteem and on how to accompany youth. Using Google Meet, with two Sisters from other congregations we have weekly sessions with thirty-three pastoral leaders and teachers to help them listen to those who ask for advice, especially young people who fear the future. With the parish team, we created an online group with young people to discuss the apostolic exhortation Christus Vivit (Christ is Alive!).

‘We only go outside for shopping and other essentials. These changes have not been easy. There are fears that health systems will collapse because of budget reductions and differences between state governors, who recommend social isolation measures, and the president, who disagrees, predicting detrimental consequences for the economy.

‘In the midst of this chaos there is a great call to be in solidarity through prayer and looking out for each other. Neighbours not previously close to us have asked for our phone number so they can find out how we are coping. At our evening prayer we expose the Blessed Sacrament, offering the sufferings of the people to God. We pray for those with COVID-19, medical personnel, political leaders, family members, friends, our MMM Sisters, Associates and benefactors.’

By July 2020 Brazil had become the world’s second hardest-hit country.

2019 – BRAZIL

INCOME

- Donations – 77%
- Funding Agencies – 23%

EXPENDITURE

- Administration – 16%
- Social, Economic, Pastoral – 84%

Marking our footprints

Cutting and sewing face masks

Finished masks for distribution

Gaining strength from prayer together

Medical Missionaries of Mary Yearbook 2020
The Signs of Our Times

Sister Doctor Rosalinda Gonzales described a new reality for MMs in urban Choloma, noting that ‘the rapid changes caused by the COVID-19 pandemic often make us pause and reflect.

‘In Honduras, the official report is that the number of confirmed COVID-19 cases and deaths is still relatively low and mostly in urban areas. There is not much testing done so the real figures are unknown. In early March the government put rules in place without the necessary infrastructure. During the lockdown we were strongly encouraged to take precautions. Unemployment was high and there was no public transport. The constant refrain is: “We may not die of the Coronavirus but we could die of hunger.”

‘We were fortunate to receive a container in late 2019 from the Cleveland Clinic, Ohio, USA, with masks, gloves, and gowns to protect our staff and volunteers. We shared them with local church dispensaries, the Red Cross, the local police, some neighbours, etc. Our integrated health programme, Casa Visitacion Centre, remained open until the third week of March.

‘From April to mid-May, we worked from home. We were not able to spend time with each person as usual, but it was comforting for them to receive care and concern. Some patients consulted our doctor by telephone. Thirty families in our home-based care programme were supplied with food, medicines and other medical supplies. Staff and volunteers continued to monitor 35 children who suffer from malnutrition.

Access: A widening gap

‘The programme continued to give school supplies and some school fees for 150 children from deprived backgrounds. Now, with schools and colleges closed, many children can continue their education through the Internet, but those in our programme cannot avail of this. They do not have computers or televisions in their modest quarters, which highlights inequalities in our society.

‘While many comply with social distancing, others live in small quarters or shacks in deprived areas where water is also in short supply. Domestic violence and abuse is on the increase. Some people with confirmed or suspected infection are experiencing discrimination.

‘Through the parish offices, our staff and AMMMs help distribute food to the impoverished from local donations and Caritas. The porch of our house has been a hive of activity - social distancing observed! - making up food bags.

‘While in general people live with fear and anxiety, they also look out for each other and share information. Many families here depend on remittances from relatives in the USA and Spain, most of whom are illegal migrants and are now without work.

‘We hear of a return to normal soon but it will be a “new normal”. We plan to reflect as a team on what this new normal might look like. For 2020 and beyond, we are being called to use our creative skills to respond in a new way to God’s plan for healing our world.’

2019 – HONDURAS

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Adapting to the Needs

MMM Associate Ms. Wilfreda Apoya Omwalo is the facility coordinator of St. Mary’s Medical Centre in Kapsoya, Eldoret. Registered with the Kenya Ministry of Health (MOH) in November 2002, St. Mary’s was elevated to a health centre, level 3A, in November 2019 because of the quality of its services. In its catchment area approximately 38,400 people eke out a living. Some have no income. Wilfreda reported on the past year.

From June 2019 to February 2020, St. Mary’s offered its usual basic care, placing emphasis on screening for common conditions, especially hypertension and diabetes. A diabetes and hypertension support group was doing well. About 66 people on TB medication were traced. At mother and child health clinics there were 388 antenatal visits and 374 postnatal visits. Routine vaccinations were given and 82 women were screened for cervical cancer.

Basic services were provided for people affected by HIV, including prevention of mother-to-child transmission. About 145 people received ARVs. A palliative care team from the facility worked closely with the parish. From June to February, with 7 caregivers the team provided palliative care for 35 patients, including medicines, dressings and food.

Orphans and vulnerable children were assisted with school fees and food and St. Mary’s offered psychological support and life skills to youth in and out of school. Vulnerable adults received income-generating support. Community outreach assisted people with addiction issues related to alcohol and other drugs and staff gave education on environmental sanitation. There were workshops for community health volunteers and caregivers and 370 people benefitted from two medical camps.

Then came COVID-19.

The Kenya MOH had its first confirmed case on 12 March 2020. All St. Mary’s staff members were sensitized about COVID-19 and have been taking the recommended precautions.

In April, St. Mary’s and its 21 community health volunteers (CHVs) partnered with the Uasin Gishu County Ministry of Health to carry out a month’s sensitization on the virus. The CHVs said it was a success but not without challenges. For example, some people resisted social distancing and wearing face masks. This prompted the centre management to carry out more awareness, focusing on preventive measures.

Wilfreda described some of the challenges the programme faces. ‘With COVID-19, prices of essential goods have increased and the poor are struggling to find food. St. Mary’s shares what it has with the less privileged. There is a general fear of contracting the virus and patient numbers at the health centre have decreased. Issues in maintaining outreach activities are more longstanding. The centre vehicle is small, old and needs many repairs.’

The MMMs and staff are grateful for the support of so many, especially in these uncertain times.

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<tr>
<th>2019 – KENYA</th>
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![A discussion among community health volunteers](image1)

Safe delivery by a midwife

Celebrating the African child in Eldoret

Before COVID-19: a hypertension and diabetes support group

Sr Jacinta gives sensitization to CHVs.

Medical Missionaries of Mary Yearbook 2020
One of the first services offered by St. Kizito’s Integrated Health Centre in Mstiliza, Lilongwe, was palliative care. Even before the health centre was built, MMMs and volunteers from church societies were visiting people in their homes. They found many with chronic illnesses and frail elderly people in distress. Realizing that palliative care could help relieve the suffering of these people and their families, a team began to offer home-based services in local villages. Sr. Chinyere Anyaorah has worked with St. Vincent de Paul Society members to provide care daily and sometimes on weekends.

Along with pain control there was nutritional support, financial help for hospital bills, transport, etc., and referrals to hospital. Patients and families received education on self-care and environmental management and counselling. To help families gain some financial independence the St. Vincent de Paul Society helped them start income-generating activities. A used vehicle was donated and repurposed as an ambulance.

Malawi reported its first death from COVID-19 on 7 April 2020. Palliative care staff soon became involved in dealing with the pandemic. Sr. Chinyere said, ‘The team gave information to the clinic staff, patients and the homebound. Hand sanitizer was recommended but it became very expensive and scarce so we produced sanitizer for the staff and patients.’

Sr. Grace Akpan, responsible for the clinic, explained, ‘We have daily talks about COVID-19 and have buckets, water, detol and soap in place for hand washing. Staff also use PPE as available.’

Sr. Chinyere and staff prepare food for a home visit.

Drugs and food are very expensive.

A severe blow

Since late May, palliative care delivery has been affected in Mstiliza. Chinyere reported, ‘As far as possible, we communicate with patients and relatives by phone. Our volunteers are frightened to make home visits. Also, most are at least 60 years old so are on lockdown. They are responsible for tracing new patients, reaching those in interior areas. So this aspect of our service is lost, though the clinic does referrals. We now have 1,256 clients and the number keeps increasing. The few we manage to visit are hungry because their families alternate between lockdown and going to their farms. This is harvest time yet food is very expensive.

‘Now in early July only 3 members of the PC team are actively serving: a young social worker, a nutrition assistant and I. After making 61 home visits in March the numbers of our visits began to decrease. They increased to 57 in June because I stopped my lockdown as a senior to facilitate weekly visits to the critical patients.

‘We are able to obtain drugs and food through the generosity of people of good will. For example, we get good support from the parish for critical cases. The parish priest sends us soybeans for distribution and a man celebrating his 40th birthday donated the money he received to palliative care. We also get help from overseas and are most grateful.’
In December 2014, three MMMs travelled to rural Abajah to begin a new MMM mission. Their basic mandate was ‘to experience and witness Christ by befriending the people and being a sign of unity’. They would discern with the people how to express this in a practical way.

Meetings with leaders and parish members, a familiarization tour of the villages, visits to all the houses and needs assessments, all helped in learning about factors affecting community health. The people were mostly peasant farmers. Adults able to work migrated to cities. Those at home were mainly retired, elderly, and infirm, along with children and teenagers. Many lacked knowledge about basic self care and some were concerned about conditions such as hypertension, diabetes, arthritis, etc. During home visits the Sisters found some sick and housebound residents cared for by a sick or elderly person or a grandchild; others were visited only rarely.

Sister Nkiru Agunwa said that they first responded in small ways, such as providing basic health care, reflexology, food and help with household tasks. Next they met with families with ageing relatives to discuss issues, teach caring skills and encourage care-giving. They helped with palliative care and brought Communion. They began to treat minor injuries and help people to access medical care, sometimes accompanying them to hospital. Elders asked for education on health and life skills so the Sisters visited schools and women’s and men’s forums.

In turn the people welcomed the MMMs, sharing their time, resources and advice. In 2018 construction began on a clinic.

‘Endurance inspired by hope’ (1 Thess 1:3)

With the lockdown that came with COVID-19 most activities have been affected. Prices went up, pharmaceutical shops were shut, and essential items became unavailable. Now minor ailments are treated only on Mondays and on a limited basis other days. Clients who depended on a daily income and some elderly people whose relatives live in cities are financially vulnerable. Their children cannot send them money and they don’t have bank accounts. Some do not understand what is going on and feel confused, lonely and left out.

While observing social distancing regulations greatly curtailed the Sisters’ visits to the aged, lonely and homebound, Nkiru wrote, ‘We are grateful to Misean Cara who gave us funds that enabled us to assist with food, hand sanitizers and medications.’

Despite the difficulties, Sister Nkiru said, ‘As I watch a boy of fourteen months growing up in Abajah, I can only say, “Great things happen!” I was the one who drove his mother to the health centre where he was born and saw him come into the world. Living and working here has given me the opportunity to experience the young and old. We have learned that ageing is a gift that we need to treasure.’
Promoting Holistic Healing

Sisters Rosemary Akpa and Keresifon Ekanem described some aspects of life in Zaffé.

‘In our little village in the heart of the country we live in solidarity with the people. In our health center we provide nursing, maternity and immunization services and sometimes free tests for malaria and diabetes. We reach churches and schools with information on health and hygiene. This year, using funds from MMM donors, we carried out sensitization in schools to help reduce teenage pregnancy by making parents and children more aware of their rights. This coincided with similar government activities.

‘We cultivate our farmland, growing corn, melons, groundnuts, soya beans, and other vegetables. It supplies some of our food and we share it with those in need. We sell what remains so it is also a source of income and provides temporary job opportunities for local people.

‘Some young people with disabilities who were sponsored by Liliane Fonds to learn income-generating activities set up in business in the past year.

‘It is not all work though. We sing in the French choir in the parish and welcome visitors who come to pray with us.

Challenges – ongoing and recent

‘Too little or too much rain results in crop failures, flooding and soil erosion. When harvests are poor anaemia increases in children and pregnant women. It is difficult to get qualified staff, especially doctors and midwives, who are willing to work in a village among the poor. The maternity unit is too small and we need a proper isolation unit for the maternity and main clinic. We buy drugs from the government pharmacy but essential drugs are often not available and they don’t sell specialist drugs. We collaborate with some pharmacists to buy what we need at much higher cost. Our generator, now more than eighteen years old, is no longer able to carry all the equipment we have, including the scan machine and the pharmacy air conditioner.’

Measures were implemented to deal with COVID-19, though as of mid-June, there were no recorded cases locally. Materials for hand-washing, sanitizing and PPE are available and Misean Cara provided some funds for these. Despite awareness-raising some people do not see the need for social distancing or face masks. Restriction of travel affected trips to buy drugs and hardware, but this eased off in June. The greatest effect of the pandemic is that two Sisters were away when borders were closed. They have been unable to return, which increased the workload for others.

Still Keresifon and Rosemary said, ‘We enjoy the peace of village life, the collaboration of the local people and of the priests in our parish. We thank all of you for your support, interest, and care for this MMM project in Zaffé!’
Bloom Where You’re Planted!

Sister Odette Nahayo, from Rwanda, gave an update about activities in the MMM Healing Centre in Wau.

‘With some anxiety about possible unrest with the establishment of a new government in February 2020, we stopped the mobile clinic. Thank God all went peacefully but the following month brought another challenge: COVID-19. UNICEF donated some personal protective equipment and Water for South Sudan offered buckets and soap for hand washing. We put our reception area in an open space for social distancing.

‘We continued services in the social and community development department, but just giving out food would have encouraged total dependence. Instead we have the demonstration garden and nutrition programme, where people are trained by doing. Three groups of twenty have benefited from planting seeds. The objective is to assist malnourished children, pregnant mothers, the elderly and other vulnerable people, but the idea has also attracted staff, patients and visitors.

‘As of May 2020, 47 children have been enrolled in the nutrition program. They were discharged after two months and their parents cared for them and the whole family from their own gardens. While we have not yet managed to raise funds to support youth with life skills, one garden helper returned to school with the money he earned from watering the garden. The other gardener also hopes to go for studies.’

One beneficiary was 62-year-old Susan, a widow, who said, ‘Forced by my parents, I got married at fourteen to a man who already had ten wives. I faced domestic violence from day one. Then the worst happened, when my four children, all boys, joined the army and died in the war. I was rejected by all, including my family, who regarded me as barren. I became a beggar and the taunt of my neighbors.

‘God does not stay silent forever. God’s servants came to me. They fed me for one month, and after regaining energy, I asked Sister to give me seeds that I could plant near my hut. Life changed promptly. Those who laughed at me now ask how I did it. Who are those people who raised me up? Look at me and know how I feel! I have become younger. I have enough to eat. I sell some and save for the future. I am even able to help those in need. My identity has been restored. Nyan-kai (My sister), thank you for your love.’

Odette continued, ‘The demonstration garden has become a sustainable source of income, with its produce in high demand. We want to create a social fund from it, to continue to support the needy. We MMMs also benefit, getting vegetables through the rainy and dry seasons.

‘Blooming where one is planted is a reality here! Kindly ask our readers to pray that peace will reign in our beloved country.’

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<td>Health Promotion Activities - 2%</td>
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<tr>
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<td>Capital Expenditure - 27%</td>
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The Healing Centre opened in 2019.

Vegetables are doing well.

Susan at her garden plot.

Learning at the demonstration garden.

Flowers bloom during the dry season.
Sr. Brenda Swan is from Bagenalstown, Co. Carlow. Before joining MMM she trained as a nurse-midwife, skills that she used in her ministry. She was assigned first to Naples, Italy, where she worked for 4 years. She then spent nearly 4 years in Kenya before being assigned to vocation ministry for Ireland/England and postulant directress in 1981. She returned to Kenya in 1985.

In 1993, Brenda was again assigned to vocation ministry in Ireland. She helped with mission awareness in the USA and trained in clinical pastoral education in Ireland. She was then a hospital chaplain for almost 6 years. At various times Brenda served in MMM leadership in Kenya and Ireland. Since 2014 she has been based in Dublin, where she serves in leadership for our European Area.

Sr. Nuala Horgan is from Jenkinstown Co. Kilkenny. She trained as a nurse-midwife before joining MMM. She made profession in Tanzania and continued her assignment there until she began training as a nurse-tutor in England in 1973. In 1977 she returned to Tanzania and was a tutor in several missions for 17 years. In 1994 she returned to Ireland. She did promotion work there and mission awareness in the USA before assignment to Malawi in 1997. She served as tutor for 4 years at St. John’s Hospital.

In 2004 she was assigned to Ethiopia, where she spent 5 years, teaching in Wolisso Hospital and helping at the MMM Counseling Center in Addis Ababa. In 2010, she went to Tanzania, working in community-based care for 3 years. Since 2014 she has been based in Ireland, initially as a volunteer in Dublin. She currently lives in the Motherhouse.

Sr. Sheila Campbell is from Belfast, No. Ireland. After profession she trained as a nurse, specializing in public health, and was assigned to Brazil in 1977. She did nursing and pastoral work for 3 years and was nurse in charge of a hospital for 3 years. She also did community health work and served in MMM leadership. After doing mission awareness in the USA, Sheila obtained a Master’s in Religious Education and spent 6 more years in Brazil in pastoral work and accompanying our Brazilian postulants. In 1998 she was appointed MMM Congregational Secretary. Back in Brazil in 2004 she worked for 6 years in a programme for women in prostitution. In 2011 Sheila became coordinator of Project Consolation, supporting families coping with the effects of violence and bereavement. Since 2018 she has helped with the care of our sick and elderly Sisters in Somerville, MA, USA.

Sr. Bridget (Bridie) Canavan is from Galway. She worked in the USA as a nurse’s aide before joining MMM in Winchester, MA. After profession she trained as a state enrolled nurse in London and then as a nurse-midwife in Ireland. She was assigned to Kenya in 1982 and worked there for most of the next 24 years as a nurse and in community-based health care, mainly in Turkana.

Bridie was then director of nursing in Áras Mhuire from 2006-09. She returned to Kenya in 2010 and worked as a nurse at our dispensary in Mukurir, Nairobi, for 4 years. She returned to Ireland in early 2015 for health reasons. After convalescence she was assigned to the Motherhouse and has since been helping with hospitality there.
Sr. Patricia O’Connor is from Athlone, Co. Westmeath. She trained and worked as a nurse before joining MMM. After profession she completed midwifery training and was assigned to Tanzania in 1971. She served there for 2 years and then helped for a year in Winchester, MA, USA. Patricia returned to Tanzania in 1973 and worked there for 17 years as a nurse, hospital matron and in MMM leadership.

She was assigned to Kenya in 1990, where she was in charge of a health centre. In 1996 Sr. Patricia was assigned to the clinic in our Motherhouse and was clinic Sister for 11 years. She then served in MMM leadership in the Motherhouse. Since training in chiropody in 2007 she has been providing this service for our Sisters in Drogheda.

Sr. Patricia O’Connor

Sr. Noeleen Mooney grew up in Naas, Co. Kildare. After profession she trained as a laboratory technologist and was assigned to Tanzania in 1977. Over nearly 26 years she served in a number of missions there as a lab technician, in training staff, in MMM leadership and administration, and helping with hospitality. She did lab assessments and in-service training in Kenya, Ethiopia and Sudan. In Ireland she also helped in our Communications Department and completed a diploma in sacred liturgy.

In 2005, Noeleen was assigned to Kenya. She did laboratory work and pastoral care, working in Kitale until our programme there was passed over and then in Eldoret. She also served in MMM leadership and provided hospitality at our main house in Nairobi. She returned to Ireland in 2015 and has been based in the Motherhouse since then, serving in local leadership.

Sr. Noeleen Mooney

Sr. Ruth Percival is from Derby, England. After profession, she trained as a nurse-midwife and in 1977 was assigned to Tanzania, where she spent 21 years. She first worked in Makiungu Hospital and in 1984 joined two other Sisters to start primary health care among the Maasai. She served in MMM leadership and worked on the archdiocesan AIDS team.

In 2001 Ruth was assigned to Solihull, UK. She helped weekly in the parish primary school. With a friend, she was instrumental in starting The Solihull Welcome, an ecumenical group befriending refugees and asylum seekers. Ruth also helped her Derby parish to set up an exchange project with the Archdiocese of Arusha. In 2012 Ruth moved to Ealing, London, where she was active in the Benedictine parish Justice, Peace and Care of Creation Group and did mission awareness work. In mid-2020 she moved to our Motherhouse.

Sr. Ruth Percival

Sr. Rita Kelly is from Dublin. She trained as a nurse before joining MMM. After profession she completed midwifery training and in 1973 she was assigned to Kenya. After serving there for 5 years she trained in public health and worked in Kenya for another 6 years. In 1987 Rita returned to Ireland and worked in the IMTH matron’s office for 3 years and then as acting matron for a year.

She served in MMM leadership and accompanied our junior professed MMMs from 1991 to 1996, when she was assigned to our community on the USA/Mexico border. From 1999 to 2009, Rita was based in Dublin, helping returned missionaries through the Irish Missionary Union and doing vocation work. Since 2010 she has served in MMM leadership in our Area for Europe.

Sr. Rita Kelly

Medical Missionaries of Mary
Yearbook 2020
Sr. Carol Breslin was born in Rockville Centre, New York. She lived in several towns in the state and now calls Bloomington home. She qualified in medicine in Ireland and in 1982 was assigned to Nigeria, where she worked for 12 years. In 1996 Carol was assigned to Ethiopia. For 14 years she was administrator of the MMM Counseling and Social Services Center, which provided HIV-related services, and also during that time of St. Mary’s Laboratory. She worked for 4 years as a physician at Catholic Cathedral Clinic. Carol served at various times in local MMM leadership and did mission awareness. She was assigned as director of MMM Communications in Dublin in 2011. Since 2016 she has been coordinator of MMM publications. She maintains our photo archive and is assistant for child safeguarding in Ireland.

Sr. Sally Davis is from Kilteevan, Co. Roscommon. She trained and worked as a nurse before joining MMM. During her novitiate she was sent to Nigeria to relieve during the war. She worked there until 1973, when she returned to Ireland for training in midwifery. She was again assigned to Nigeria in 1974, where she served for most of the next 30 years, especially in community-based health clinics. During that time Sally was infirmarian in our Motherhouse for 2 years and helped for 3 months in Ganta, Liberia. Sr. Sally returned to Ireland in 2004 and was a nurse in the Motherhouse clinic until 2013. She then helped with telephone duties and had a special ministry of visiting our MMMs in our nursing facility Áras Mhuire. She moved to Áras Mhuire for nursing care in August 2020.

Sr. Mary McNamara is from Creggaun, Ennis, Co. Clare. After profession she trained as a nurse-midwife and in 1976 she was assigned to Nigeria. She spent 13 years there as a nurse and in MMM leadership. In 1990 she spent several months in Malawi before being assigned temporarily to Kitovu, Uganda, where she was assistant matron. Mary then worked in Malawi for most of the next 30 years. In addition to nursing, Mary served in local and Area MMM leadership and in administration and finance. She opened a new mission in Kasina, where MMM took over a health centre and developed a community outreach programme. Mary returned to Ireland in 2019 to take up a new assignment in our European Area.

Sr. Mary O’Malley is from Belcarra, Co. Mayo. She worked as a clerk-typist before joining MMM. After profession she trained as a nurse-midwife and was assigned to Nigeria in 1978. After serving there for 1 ½ years Mary moved to Kenya. She spent about 17 years there, working in community health, as coordinator of a diocesan family life programme, and in MMM leadership. She also did mission awareness in the USA. Mary returned to Ireland in 1998 and after study, worked in a ministry for drug users in Dublin for 6 years. In 2006 she was again assigned to Kenya. Since then she has been based in Nairobi and has developed services for people affected by human trafficking – including awareness raising and support, help with repatriation of victims, and comprehensive activities for their reintegration into society.
Sr. Siobhan Corkery is from Aghinagh, Coachford, Co. Cork. After profession she trained as a nurse-midwife in Our Lady of Lourdes Hospital, Drogheda. In 1976 she was assigned to Nigeria. Apart from several months doing mission awareness in Ireland, she spent most of the next 12 years in Nigeria. She then did mission awareness in the USA and returned to Nigeria in 1990, where she spent 3 more years. After some training in pastoral care Siobhan worked for 6 months in refugee camps in Rwanda in 1994.

In 1995 she took up her assignment to Brazil, where she did pastoral work for 8 years and served in MMM leadership. In 2003 she was elected to our Congregational Leadership Team, continuing to live in Bahia, Brazil. In 2009 she was elected Congregational Leader and moved to Rosemount. She is currently serving her second term in this ministry.

Sr. Sheila Devane was born in Boyle, Co. Roscommon. When she was nine, her family transferred to Dundalk. She found this change challenging and a preparation for missionary life in Tanzania, Kenya and Ethiopia, with periods of study in the USA and UK. A qualified nurse before joining MMM, she trained in midwifery and later as a clinical psychologist.

Some experiences Sheila gratefully looks back to are: working in the Turkana Desert, in a famine camp in Ethiopia, taking over a midwifery training school during the HIV pandemic in East Africa, assisting with the establishment of Aras Mhuire Nursing Facility in Drogheda, setting up a community mental health service in Tanzania, and leading the evaluation of a counselling service set up by Trocaire in Rwanda after the genocide. Now she has become a frontline mental health worker in Trinity College Dublin during the COVID-19 pandemic.

Sr. Éilis Weber is from Dublin. She worked as a bookkeeper and switchboard operator and trained as a nurse before joining MMM. After profession she completed midwifery training and in 1971 was assigned to Angola. She served there for 2 years before returning to Ireland to train as a nurse tutor. In 1979 she returned to Angola, where she spent 14 more years.

Éilis worked in the MMM Communications Department for over a year. She then went to the USA, where she served in Somerville, MA, on promotion work for 6 years and in MMM leadership. Returning to Ireland in 2003, she served in leadership in our Motherhouse for 8 years. Since 2012 Sr. Éilis has helped in several roles in the Motherhouse: telephone relief, driving and keeping MMMs and Associates up-to-date with regular contributions to our Congregational Secretariat newsletter.

Sr. Patricia Lynch is from Glasgow, Scotland. She taught physics and chemistry before joining MMM and trained as a laboratory technician after profession. In 1974 she was assigned to Spain, where she served for a year. She then worked in Nigeria for 2 years and did 2 years of promotion work in England. Patricia returned to Nigeria in 1980, and spent most of the next 21 years there, working as a laboratory technologist and vocation directress.

She returned to Ireland in 2001 and trained as a hospital chaplain. From 2002 to 2013 Patricia was a chaplain in Our Lady of Lourdes Hospital in Drogheda and also served in MMM leadership. In 2013 she was appointed MMM Congregational Secretary, based in Rosemount. In 2019 she moved to our community in Terenure, Dublin, where she now lives.
Doing What We Can

Sister Doctor Magdalene Umoren is medical officer in-charge of Makiungu Council Designated Hospital for Singida District (Rural). While this busy general hospital on Tanzania’s high central plateau covers the population within a radius of about 31 kilometres, patients often come from outside the area. Doctor Magdalene and the staff recognized the need to prepare early for ‘the new disease’ they were hearing about on the media.

There were education sessions and discussions among groups of staff members since early January 2020. Official awareness raising and education of all the hospital workers was done on 6 March.

Taps with running water were installed at the hospital gate and sanitizers placed in all units. Patients were distanced from one another and attended to quickly to avoid congestion. By April, the cost of providing liquid soap and sanitizers was increasing and becoming a big challenge.

The government invited staff to attend seminars about COVID-19. A doctor, laboratory manager, assistant matron and the medical officer in-charge attended at different times and afterwards all staff members were given updates.

To reach the wider population hospital staff gave education in churches and mosques around Makiungu and other villages. They gave awareness in a school before all schools in the country were closed down.

Moving forward

Challenges in preventing transmission continue because, for example, people need to go to market often to buy food. Many lack refrigeration facilities. So awareness-raising continues in the hospital, in outreach clinics and surrounding villages. The hospital public address system gives daily education on COVID-19 and other topics.

Magdalene reported that Makiungu Hospital has very few masks and gowns (PPE) for staff emergency use, and sanitizer is scarce. ‘Even if we find supplies, the prices are exorbitant – prices are triple the usual, sometimes even more. We are grateful to Misean Cara, which approved our application for assistance with PPE. The government has also promised to supply some.

‘We are fortunate that we have an oxygen plant that can pipe oxygen to all units as the need arises.’

As she and the staff have maintained services over these past months they have seen only ‘a slight reduction in the number of patients coming to the hospital compared with pre COVID-19 times. The decrease is generally believed to be due to the initial lockdown and fear of people being infected by other patients. We have been able to continue our outreach services, using all necessary precautions and preventive measures.

‘We have a number of challenges apart from those brought by this pandemic. It is difficult to get medicine and medical supplies even when money is available. There is a shortage of qualified and experienced staff because it is very expensive to retain them. So there are ongoing financial constraints.

‘Please keep us in your prayers as we remember you in ours. Let us stay safe and do what we can to help others.’
**Community Health and Development in Munyonyo**

Our MMMs in Munyonyo, Kampala, brought us up to date about one of our newest missions. In the community are Sisters Christine Nanyombi, Elizabeth Naggayi, Natalia Mashalo and Rose Mogun. Welcomes and goodbyes have been a great part of their reality. Among the arrivals in 2019 were Christine and Rose. Sister Maria Jose da Silva, one of the founding members, left in January 2020.

In the last year they have developed collaborative ministries. ‘We work with the Good Samaritan group in Munyonyo Parish to visit the sick and elderly in rural areas. We give health talks to pupils in two primary schools and to teenagers in the parish. There is a nutritional supplementation project, in which food is provided to needy families and the members are taught how to make sack and kitchen gardens. We started a skills acquisition project for young women to protect them from human trafficking, early pregnancy and abuse. Many of them lack literacy skills. We had only one session with them and we were all so excited, but with the restrictions on movement and gatherings imposed on 19 March 2020 because of COVID-19, we had to stop. Nevertheless we continue giving out food supplements through the Good Samaritan group. They got permission to distribute food and other items to the needy. We also offered first aid services during the Good Samaritans’ annual meeting.’

Sister Rose helps in the Kampala activities and has continued her work on the MMM Resource Team with MMM Associate Dr. Eamonn Brehony. The team helps to make best practice a reality in our worldwide ministries and communities. Recently they worked primarily in East/Central and West Africa, building the capacity of Sisters and staff.

<table>
<thead>
<tr>
<th>2019 – UGANDA</th>
<th>EXPENDITURE</th>
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<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td><strong>Expenditure</strong></td>
</tr>
<tr>
<td>Donations - 67%</td>
<td>Administration - 14%</td>
</tr>
<tr>
<td>Funding Agencies - 33%</td>
<td>Health Service Provision - 39%</td>
</tr>
<tr>
<td></td>
<td>Health Promotion Activities - 19%</td>
</tr>
<tr>
<td></td>
<td>Social, Economic, Pastoral - 28%</td>
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</tbody>
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They gave training on MMM core values and the importance of good governance. They helped with needs assessments, evaluations, succession planning and proper handover of ministries. They also facilitated meetings and Area assemblies.

Sister Christine, a student, is pursuing a degree in medical laboratory science. She said, ‘COVID-19 has affected everything. I was hoping to finish the first year in June 2020, but I am uncertain now. Before the lockdown, I had started a practicum at Mulago National Referral Hospital, working in one of the laboratories, but all had to stop because there is no public transport. I was supposed to write and submit a report before June but that has to wait. The lecturers have tried to keep us engaged with online lectures but the network is usually unfavourable using Zoom. We are using WhatsApp audios most of the time.’

Nevertheless, our MMMs in Kampala assured us: ‘In the midst of uncertainty, we remain hopeful because the risen Christ is with us.’

![Christine practices her skills.](image)

![The house of a needy family](image)

![Enjoying the fruits of the soil](image)

![Natalia encourages a nutrition support beneficiary in her kitchen garden.](image)

![A literacy class with skills acquisition trainer Catherine Piwang](image)

![Rose meets a mother and child in South Sudan.](image)
Why Do You Need a Vehicle?

Our Sisters in Huambo, Angola, have an outreach programme in Gandavilla village, about 80 km from the city on a very bad dirt road. It takes three hours to get there in the dry season; in the wet season it can take much longer. Because there is no health unit, they try to visit at least once a month.

Sister Prickilia Vrato said, ‘The local people don’t have much. They do pay in kind with farm produce, but it is never enough and we are heavily dependent on people of goodwill.

‘When there is an emergency it is always difficult to reach the hospital in time. We once met a pregnant mother as we closed our outreach for the day. She had convulsions during the previous night and the family and village head tried to contact the ambulance. They were told to start the trip towards town; the ambulance would meet them. They were carrying her in a vehicle like a tricycle. Our staff helped to put her in our Land Cruiser. After driving for an hour we met the ambulance. By then the baby was dead. Later on we heard that the woman did not make it. I was very sad when I got the message but this is only one of many cases daily encountered by the villagers.’

An essential commodity

Our mission as MMMs is to reach people where human need is greatest. They may be in rural areas with few resources or in cities with poor infrastructure. And so we need transport – for outreach clinics, to provide palliative care, to refer people to hospital, to use as ambulances – sometimes for all of the above. They need to be heavy duty vehicles to cope with roads in poor condition – and sometimes no roads! In addition to purchasing costs, with duty to pay and shipping expenses, there are the ongoing costs of maintenance, repairs and fuel.

Some of our programmes are facing additional challenges in these days of COVID-19. Our MMMs in Amukoko, Nigeria, continue to provide basic health services in an urban clinic. They told us: ‘Due to the lockdown and ban on public transport most of our staff members who come from long distances are picked up in the morning and dropped off after work. This has not been easy because the vehicle is over-used and there are more fuel expenses.’

And so we thank all the generous organisations, local embassies, individuals and others who played a part in keeping us on the road in the past year. You have improved the health of countless mothers and children, prevented tragic birth outcomes, brought comfort and healing to the chronically ill and their families, and helped many others to access assessment services and treatment. This is holistic healing indeed.
Called to Responsible Stewardship

Many generous friends made it possible for us to continue our work in the past year and we are grateful. This is especially true in these difficult and uncertain days with COVID-19. We also appreciate the contributions of those with whom we collaborated, especially the governments of the countries in which we work. We could not maintain our services without them. Their contributions are usually included under funding agencies.

Unspecified donations received by our Congregational Business Administration are allocated, after discussion, to places in most need.

We greatly value our partnership with donor agencies and the generosity of our other friends who have supported us so constantly over the years. We thank them for their interest and encouragement, which is bringing God's love and healing to countless thousands in need.

We also wish to express our thanks to the dioceses that supported us in the past year through Mission Awareness. For this report, these are the Dioceses of Down and Connor, and Tuam in Ireland, and dioceses in the United States that welcomed us through the Mission Cooperative Plan.

Pie charts

The first set of charts shows the breakdown of income and expenditure for the overall work of the MMM Congregation during 2018; the second set shows the breakdown for 2019. The proportion of income provided by funding agencies and our other donors amounted to about 40% of our overall income for 2019.

Please note the wording for some categories in the pie charts. Under Health Services Provision we have included all expenditures involved in curative health services. Health Promotion Activities include activities involved in preventative health services. Some countries have a number of MMM houses and ministries but one may take the bulk of funding, e.g. Makiungu Hospital in Tanzania. This is a large institution needing well qualified staff, large quantities of drugs, and up-to-date equipment.

Upgrading and capacity development for our staff and clients have a high priority. While charts for some countries lack a specific category for capacity development or training, many staff members take advantage of training and updating provided by our donors or by governments. Staff members are given time off to attend courses and continue to receive their salaries. MMM, through our Resource Team, also runs workshops funded by our donors, so these costs do not appear in our own expenses.

Under individual country reports, please note that West Africa includes Nigeria, the Republic of Benin and Angola.

Funding for those in initial formation in the international novitiate in Ibadan, Nigeria, and for MMM students in the East/Central and West Africa Areas and Europe is accounted for under the MMM Congregational Centre.

MMM has appropriate policies and procedures in place to ensure transparency and accountability in our financial reporting.
‘The Richness of Many Years’  (Pope Francis)

Just a glance at the activities of our Motherhouse in the past year reveals an astonishing variety of ministries. At one time the place of countless departures for missions overseas, Beechgrove is now the home for many of our older Sisters. Each enriches the community with her life experiences, often coping with challenges brought with aging.

Hospitality was offered to many visitors, including MMMs and former MMMs; Sisters’ relatives; students, and many with whom we have worked. In the past year, friends came from Africa, South and Central America, Australia, the Middle East, Canada, the USA and from nearer home. Delegates attending our Congregational Stewardship and Extended Leadership meetings in Navan in February 2020 arrived first to the Motherhouse, making and renewing friendships.

Four MMMs also came for the Heritage Experience in July 2019. Augusta Ubaegbonwu, working in Kenya; Anne Mary Nakanjakko, based in Malawi; Christine Nanyombi, a student in Uganda; and Leticia Enujuba, who works in Nigeria, were able to share experiences with our senior Sisters and visit sites associated with MMM’s foundations in Ireland.

Entertainment was not lacking. When the annual Fleadh Ceoil, celebrating traditional Irish music, was held in Drogheda, ten performers from Dublin came to play for the Sisters.

The Motherhouse community hosts events such as MMM Area assemblies. In September 2019 two Masses for our deceased MMMs were held in nearby Our Lady of Lourdes Church. About 75 relatives came for each Mass and enjoyed sharing stories afterwards.

Facing the unknown

Within a month the Motherhouse reality changed dramatically with the arrival of COVID-19. Large gatherings were banned and people with health issues, especially the elderly, were encouraged to stay at home. The Motherhouse leaders kept in touch with the National Health Service Executive, which gave great support and advice. We are grateful that all these efforts bore fruit because no Sisters or staff members contracted the virus.

The larger group of about 67 Sisters divided into two, with separate gatherings for Mass, prayer, meals, etc. Mass was live-streamed from a great variety of venues and Sisters attended by webcam.

New forms of communicating such as Zoom were introduced and work continued in the stamp department, a social outlet for our Sisters and a small source of income. Some MMMs who couldn’t return to their missions provided a youthful presence and helped frail Sisters, did shopping, etc.

Sadly, because of restrictions, funerals were mainly private events, with attendance limited.

As the uncertainty continues, Sister Eilis Weber wrote, ‘We are a praying force, knowing how blest we are. Our chief contribution is prayer, prayer for the whole world, for our country, for the people crumbling under the weight of uncertainty, for those near and dear to us.’
A Time to Give Thanks

MMM connections with England go back to the early twentieth century, when our foundress, Marie Martin, went to school in Harrowgate. Her cultural links with England were strong and she volunteered as a VAD nurse during World War I, serving in Malta and France.

Another connection was established in MMM’s early years when Mother Mary decided to have a film made about our work. In 1945 she contacted English film producer Andrew Buchanan, asking if he would travel to Nigeria to document our programmes in the control of Hansen’s disease (leprosy). Mr. Buchanan said the project ‘really began in King’s Cross Station [in London], whilst bombs were raining down on a world without light…. It was then [that] Father Gerard White told me of Medical Missionaries in Ireland.’ Visitation, premiering in London in 1948, informed people in many countries about the congregation.

Establishing a presence

A number of MMMs served in the apostolic delegation (now the apostolic nunciature) in Wimbledon from 1954 to 1983.

In 1972 we opened our first house in England in Muswell Hill, London, and later moved to Ealing. Over the years we also had communities in Silvertown in East London; in Romiley, Stockport; and in Solihull in the West Midlands.

Many MMMs completed basic training in England and pursued higher studies, especially in tropical medicine. Some went on to pioneer services overseas in areas such as primary health care and obstetric fistula repair. Sisters often appreciated the hospitality of our communities in England, including students, participants in formation programmes and MMMs en route to overseas mission. Others were helped in obtaining visas and other travel documents.

A variety of ministries

MMMs in England did mission awareness work. They visited parishes allocated to us each year throughout the country, reminding parishioners that they, too, share in the missionary life of the Church. Some Sisters also did mission awareness in Scotland. Many women from England and Scotland heard about the Medical Missionaries of Mary in this way and later became vowed members.

We are very grateful to all the generous people who have helped us to bring God’s healing love to others through their prayers and financial assistance. Some have worked with us as volunteers and lay missionaries. MMM Associates actively live our healing charism in their daily lives.

MMMs based in England were involved in local charitable and ecumenical activities, worked with our partner development organisations, helped to address problems faced by asylum seekers and refugees, and advocated on global issues.

While in 2020 we are handing over our ministries in England, we ask and encourage our many friends in the UK to continue to support our MMM worldwide mission. Thank you for sharing in our healing charism.
Our MMMs in Chicago, Sisters Joanne Bierl and Kathie Shea, have responsibilities both in our Mission Development Office (MDO) and in our wider Area of the Americas, which includes Honduras and Brazil. Sister Sheila Berthiaume is part of the extended MMM Chicago community and lives nearby. Joanne is MDO director and Area leader; Kathie is responsible for MDO and Area business and financial administration. Joanne commented, ‘These ministries reflect the importance of communication, relationships, and love for our MMM mission of healing our world.’ Kathie added, ‘MMM places a great value on accountability, good stewardship and transparency in relation to the funds we manage and receive.’

Also part of the MDO team for many years are Associate Connie Saldivar and Joyce Zarnik, OSF. The office helps to make and maintain friendships with our many supporters in the USA and Canada. It raises funds and informs people about the realities of global health care and its inequities. This ministry is affected by the changing situation of fund-raising in the USA. There are huge needs and many ways in which people can involve themselves in good causes. Joanne said, ‘It is humbling that over our 70 years in the USA, we have had so many faithful partners who prioritize MMM, believe in our work, and want to stay with us over the long haul.’

It has been especially difficult during the current pandemic. Kathie wrote, ‘Numerous mission appeals have been cancelled or postponed. Business staff now often work from home so records are not always available. Before COVID-19 I knew the faces and names of our bank managers and tellers and their families and they knew mine. I was often asked to pray for them. Suddenly banks closed their lobbies and I now experience the social distancing of finances. Drive-thru banking often means sitting in the car for up to 1½ hours to process our transactions.’

The Area of the Americas

The Area team comprises four MMMs in three countries with three different languages. Our reality in Honduras and Brazil is violent and unstable and keeping connected means coping with time changes, poor internet and phone service. Yet, as Joanne remarked, ‘Keeping a sense of unity, a shared vision, and being attentive to each other is a challenge taken on by each Sister and Associate. We have team conferences by Zoom. Brazil holds community meetings via WhatsApp.’

‘We have a chain of prayer that circles the globe. We pray for each other, our families, friends, and for so many who phone, write, email, or meet us in the drive-thru - asking for prayers. Again, it is humbling to experience how people trust us to pray as well as how faithful we are to that mission, and to our belief that the healing energy of our prayer makes a difference. The belief that our shared healing mission is God’s mission gives us hope for the future.’
My Path to Becoming an Associate

In October 2019, Jean McDonagh became an MMM Associate in the USA. She generously wrote about her wide experience of life and how she came to the decision to share in the charism of healing.

‘After 38 years of teaching first, second and fourth grade, I retired. My daughter, Maura, was a nurse and a busy young lady. My son, Mike, was a college student and my husband, Michael, was still working. I had plenty of time and started volunteering at my local Catholic school. I also began going to daily Mass at my parish in Somerville, MA. It was here that I first met the MMMs. Sr. Mary Donato, RIP, always stopped and chatted with me after Mass.

‘Srs. Anne Marie Hubbard and Therese McDonough offered a prayer meeting at their house, which several other parishioners and I attended. We all loved it. Afterwards the Sisters had coffee and tea for us and we all took turns bringing “goodies”. We met many other MMMs and they were wonderful examples of Christ’s love. They offered support and prayers, lots of conversation, sharing, as well as laughs. When several folks moved away the meetings ended but I kept in touch with Sr. Anne Marie. She told me about the Associates. I thought it sounded very interesting and a path that would help me grow in my relationship with Jesus and Mary.

‘I have been a volunteer since high school. In the Legion of Mary my weekly assignment was to walk the streets of neglected areas of Boston with a partner. We also visited Kenmore Square, where many young people hung out. We chatted with the girls and women, passed out prayer cards and rosaries, and took anyone needing medical help to Boston City Hospital.

A variety of gifts

‘I have also been a CCD teacher, a Eucharistic minister, and last year a full time baby-sitting grandma who spent a month in Florida with my two grandsons – one a teenager – so my daughter could work. That was an interesting experience!

‘Sr. Therese McDonough and Joan Gagnon, AMMM, became my mentors when I started the program in the fall of 2017. It was interrupted when I had a stroke in January 2018 and thyroid surgery later. I resumed my preparation in the fall.

‘My mentors and Sr. Kay Lawlor, USA Associate Director, and Ann Hook, Associate Leader, felt my experiences were all forms of healing. On October 7, 2019 at the Area of the Americas Assembly in Duxbury, MA, I made my first covenant as an AMMM. It was a lovely ceremony and I truly felt welcomed by everyone.

‘On another evening there was entertainment, with performances by MMMs and AMMMs. Talent was everywhere! That, too, was an evening to remember. I am very grateful to be part of such a wonderful, Spirit-filled group.’
Going Forward in Trust in Uganda

In February 2018 we handed over our programmes in Makondo, Uganda, to the diocese, having previously handed over those in Kitovu. We appreciate the generous support our donors gave to these programmes. Some gave regular contributions (standing orders) to specific programme components. At the time of the handover we asked these donors what they wanted us to do with their standing orders.

One option was to support our two new missions in Uganda, in urban Kampala and rural Kansira, located in areas of great need. Several people chose to specify their standing orders for either of these missions. We moved into Munyonyo, Kampala in May 2018. (See the article on page 17.) In March 2019 we began in Kansira, a poor fishing settlement with many displaced people. (See Healing and Development, 2019.)

Uganda is dealing with landslides, locust invasions and floods. In March, with COVID-19, schools, churches and mosques were closed, mass gatherings were banned and public transport was stopped. A strictly enforced general lockdown has meant that many activities the Sisters planned did not materialize. Yet they have found creative ways to build relationships. They are learning about farming methods and are producing and sharing food with generous neighbours. In Kansira they use various media to help children access Ugandan government school programmes. They keep people informed about developments in the country; many families don’t have radios. Our MMMs say, ‘Despite the challenges, we have been richly blessed.’

We are deeply grateful to the supporters who asked that their standing orders go to these missions.

Facing a New World

In February 2020 in South Sudan there was relief that our mobile clinic would soon reopen after fears of imminent war. The following month brought another challenge, concern about COVID-19. In May, our MMMs in Siguatepeque, Honduras wrote: ‘When we heard about the virus in China, it seemed so far away. Suddenly everything changed, as though the whole world almost stopped.’

From our MMMs in Brazil we heard, ‘The greatest fear is that the virus will reach the peripheries, where there is poor sanitation and overcrowding in people’s homes.’

COVID-19 has deeply impacted how we carry out activities around the world. In addition to restrictions on travel and gatherings, our programmes are faced with the need for massive amounts of sanitizer and personal protective equipment (PPE), placing another burden on already limited resources. As in countless times in the past, our partners and supporters responded generously and provided funds and material.

Many thanks to Misean Cara, Gaye and Keith Talbot Trust, UNICEF, Cleveland Clinic, Water for South Sudan, and the Kenyan Red Cross. Ministries of health and dioceses in different countries also helped greatly with PPE and training. As a result, relationships have been strengthened with these groups and supporters, and with other NGOs such as Doctors Without Borders.

It has all been made possible BECAUSE OF YOU!
Sister M el Brady was born Mary Brady in Corbawn, Longford in 1926. She joined MMM in 1947. After profession she was assigned to Nigeria, where she served for 12 years as a secretary and in MMM leadership. She returned to Ireland in 1963 and worked in a ten pregnancy programme and at city health centres. After obtaining a master’s degree in clinical pastoral education, in 1992 Mary moved to City Island, NY, where she was vocation director and a visiting nurse. In 1996, Mary helped to establish our house in Tijuana, Mexico. Returning to Somerville, she was a chaplain, vocation contact person and a Eucharistic minister. In 2018 Mary moved to Mary Immaculate Nursing/Restorative Center in Lawrence, where she died on 15 April 2020.

Sister M ary Burns was born in Derry in 1933. She joined MMM in 1954 and trained as a nurse-midwife. In 1963 she was assigned to Naples, Italy, where she served for 6 years. She returned to Ireland and for 6 years worked as a night sister in the IMTH. After training as a public health nurse, Mary worked in Clones for 10 years. She returned to the Motherhouse in 1999, where she helped in a number of roles, especially in charge of the Apostolic Work. She also helped on reception, with driving and served in leadership. Mary supported the Gift a Knit project in Our Lady of Lourdes Hospital, encouraging groups to donate blankets, especially for people with dementia. Sister Mary died suddenly on 19 May 2021.

Sister M aria A nne Travers was born Anastasia Travers in Arnestown, New Ross, Co. Wexford in 1927. She joined MMM in 1946 and trained as a nurse-midwife. In 1955 she was assigned to Naples, Italy, where she served for 11 years. Her next mission was Leon, Spain, where over 9 years she was ward sister and matron and also served in MMM leadership. She then worked in Malawi and in the infirmary in Drogheda before assignment to Nigeria in 1982. After a few months working in Sicily, Sr. Maria Anne returned to Ireland in 1989 and first served in the nunciature. In 1996 she moved to the Motherhouse and helped with general duties. In 2020 she transferred to Áras Mhuire Nursing Facility for additional care. Sister Maria Anne died peacefully on 9 July 2020.

Sister Paula Sm ith was born in Charlestown, MA, USA in 1934 and joined MMM in 1952. After training as a nurse in Ireland she was assigned to Nigeria in 1960. After 3 years she did midwifery training and returned to Nigeria for 2 more years. She then worked in Ethiopia. After public health studies Paula served in Clinchco, VA; the Bronx, NY; Boston, MA; and worked with the International Red Cross and UNHCR in Pakistan. In 1993 Sr. Paula opened a new mission in San Ysidro, CA, and worked there and in Tijuana, Mexico. In 2011 she moved to Imperial Beach, CA, continuing work for the poor. In June 2020 Paula moved to Fredericka Manor Care Center, where she died peacefully on 25 July 2020.

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In July 2019 four Sisters came to Ireland for the Heritage Experience. Sisters Augusta Ubaegbonwu, Anne Mary Nakanjakko, Christine Nanyombi and Leticia Enujuba joined the four other MMMs who had completed nursing studies in Sligo: Stella Adaobi, Ifeoma Ifedi, Petronilla Irozuru and Prisca Ovat.

In October 2019 MMMs and MMM Associates participated in events during the Extraordinary Month of Mission, commemorating 100 years since the issuing of Pope Benedict XV’s encyclical Maximum Illud. This document called Catholics to bring the Good News to all peoples. With the theme ‘Baptised and Sent: the Church of Christ on Mission in the World’, this special month of prayer and action called us to renew our commitment to mission.

Sisters from the Motherhouse were also delighted to join a celebration in Armagh Cathedral marking 80 years since the foundation of the Apostolic Work. MMMs around the world have received great financial and material assistance from this organization.

In November 2019, Sr. Ekaete Ekop, Assistant Congregational Leader, participated in the International Federation of Catholic Universities Annual Forum in Rome. The theme was ‘New Frontiers for University Leaders: The Future of Health and the University Ecosystem’. It was aimed at working at the intersection of science and societal transformation and strategic change at higher education institutions.

The participants were university leaders from around the world and representatives from the World Health Organization. Sr. Ekaete was a discussant and presented a paper ‘Global Health – The Challenges Ahead’, which was very well received. At a private audience, Pope Francis encouraged the university leaders ‘to develop not only the mind but the heart, the conscience as well as practical abilities, which will ensure that the fruits of study are not only to affirms one's professional position but have a relational and social purpose’. We appreciate this great opportunity for Sr. Ekaete and MMM to influence global health today.

In December 2019, Sr. Christine Nanyombi represented MMM to receive an award from the Palliative Care Association of Uganda for our tremendous support to Kitovu Mobile. We handed over the programme to the diocese in 2013. The Bishop expressed his gratitude to MMM for all our work in the Diocese of Masaka.


In 2019 a new congregational archivist, Ms. Anna Hunter, was appointed. She replaced Ms. Niamh Scannell.

MMM Gatherings!

On 3 December 2019, Sr. Ekaete Ekop facilitated a day on MMM spirituality and charism in our Motherhouse in Beechgrove.

Our MMM story in Appalachia

The 45th Anniversary Mass for Mother Mary was held in our MMM Congregational Centre in Rosemount on 25 January 2020. On this occasion 26 MMMs participated and enjoyed a meal afterwards.

Our Congregational Stewardship Meeting was held in Dalgan Park, Navan, Ireland from 10 to 17 February 2020. The Extended Leadership Meeting followed from 19 to 25 February.
Graduations

Sr. Maria Mark Obotamah graduated from University College Cork with a Bachelor of Science in Nursing. Her studies were interrupted by COVID-19 but she was able to continue, doing her exams online and delighting all in the Motherhouse when she appeared in her cap and gown for the virtual graduation ceremony!

Sr. Irene Balzan graduated from the Waterford Institute of Technology with an M.A. in Applied Spirituality. She was awarded a first class honours degree for her dissertation.

Sr. Jacinta Akonaay completed a formation course in Rome.

Sr. Theresa Adewole graduated on 2 July 2020 as a registered nurse and registered midwife, with a Bachelor of Nursing Science from the University of Benin, Edo State, Nigeria. She received an award as the best graduating student in midwifery (clinical) for the 2018/2019 session. The award was presented by the Director of Nursing Services for Edo State. Because of COVID-19 safety protocols, part of the ceremony took place via Zoom. Describing the event, which took place during the International Year of the Nurse and the Midwife, Sr. Theresa said, ‘We took our oath and promised to protect life and uphold the dignity of the nursing profession.’

Formation

In August 2019, eight women, from Malawi, Nigeria and Uganda, were admitted to our international novitiate in Ibadan, Nigeria.

On 10 September 2019, Srs. Patience Nwambe and Beatrice Iyioku from Nigeria were two of those who made first profession of vows in Ibadan.

Sr. Cecilia Kanulor made perpetual profession of vows on 19 October 2019.

Celebrations

Srs. Fidelia Adigo and Agatha Ezeokoye marked their silver jubilees of profession on 19 October 2019. On that occasion Sr. Fidelia launched a book she wrote to mark the occasion, Healing Charism in the African Context (Igbo Example). Srs. Radegunda Shayo and Levina Sanyo also celebrated 25 years of commitment in MMM.

On 10 September 2019 there were diamond jubilee celebrations in Ireland for Srs. Mairead Gorman, Teresa Hogan, JoAnne Kelly, Davnet O’Kane, Mary Shephard, Patricia O’Kane and Jacinta Roche. Sr. Phyllis Heaney had died earlier that morning. Srs. Vincent Pallotti Sarwatt and Aloysia Lagween celebrated in Tanzania.

Golden Jubilees: In 2020, sixteen MMMs mark fifty years of commitment in MMM. You can read their stories on pages 13 - 16.

Notice to Our UK Donors re Gift Aid

For many years, hundreds of our individual supporters in the UK enabled us to claim tax relief on their donations. When a UK taxpayer made a Gift Aid declaration and fulfilled certain criteria we were able to claim an extra 25p for every £1 they gave. We are grateful for their generosity and we used this additional income to support our work in numerous ways.

In 2020 we began the process of handing over our ministries in England. Because we will no longer be a registered trust in the UK we will be unable to collect Gift Aid on UK donations. As of going to print, the date of the last donations received for which we will claim Gift Aid will be 4 October 2020.

While we are sorry to lose this source of income, we still appreciate and encourage the support that we continue to receive from our many friends in the UK by post, online, bank transfer and through legacies. Thank You!
"You will be my witnesses" (Acts 1:8 NRSV).

Ireland: Exchanging views at our Stewardship Meeting

Nigeria: Checking temperatures at a clinic in Lagos

Kenya: Lab services at a busy clinic in Nairobi

Nigeria: Preparing hand sanitizer for a home visit

DRC: Children wear ecological face masks at a visiting surgery camp.

Tanzania: Hand-washing at the hospital gate

Nigeria: Health education at an antenatal clinic

Honduras: An Associate MMM delivers a food parcel.

Find out more at:

www.mmmworldwide.org