

MEDICAL MISSION NEWS

Winter 2013



Ugandan Medical Mission Sister Speciosa Babikinamu reflects on the insights she has gained through nursing and midwifery.

I wanted to be a nurse since I was a child helping my mother when she worked as a Traditional Birth Attendant in our village. I trained as a nurse and as a midwife in Uganda and have worked in a number of different places. Over the years I have gained deep insights into the poverty of the sick person. Most people think in terms of material things and physical pain but there is "greater pain than meets the eye" which the person cannot or will not verbalise: fear, anxiety, lack of freedom, vulnerability and dependence on others, lack of energy, fear of death. They may be angry with God, with themselves and with others and can even demand the impossible from others.

When I was studying midwifery in 1958 communication was limited, there was little transport and poor roads, ambulances were rare. We and the mothers depended on God's mercy for safe deliveries. One of our teachers wisely said: "Remember human beings have no spare parts! It is better to treat an infection than a dead body. So don't be afraid if you make a mistake and contaminate something during delivery. Do not be afraid of making mistakes in preserving life!



Phelgona gives physiotherapy to a very disabled child

English Medical Mission Sister Gill writes about her different nursing experiences.

My interest in nursing started when I was very young and shared the task of caring for our sick mother with my siblings. Then when I was twelve I was hospitalised with scarlet fever, in isolation for six weeks; after that I knew I wanted to be a nurse. I did my training in Birmingham and worked there for three years. During midwifery training I heard that the White Fathers were looking for nurses for Africa. In 1959 I went to Virika Hospital in Uganda, in charge of the maternity and children's ward.

Coping with every possible abnormality

An hour after I arrived I was asked to help with a problem in maternity. Fortunately the woman delivered safely but I was pretty nervous; I had only delivered about thirty babies, all normal deliveries but in Virika we had every abnormality possible. I learned more in the first three months than in the whole of my training. Another midwife and I ran the maternity ward together and for a time we were without a doctor. We did quite a lot of minor surgery and even admitted a case of smallpox – he survived and so did we! In 1962 MMS took over the hospital and after a year I left Uganda to join MMS in England.



Gill with staff and community health workers

Starting Community Based Health Care

In 1968 I went to the MMS hospital in Nangina, Kenya and after working in the children's and maternity wards I started going to outreach clinics. I'd had neither training nor experience in public health so again found myself learning on the job. In 1973 I trained for public health in England. In 1985 I was asked to go to Nairobi to start community-based healthcare in one of the slums. We started in Korogocho, a very poor slum situated around the city dump. Small Christian communities were well established, which made a very good base from which to start training community health workers. There were many children with disabilities and also children who were blind, deaf or had learning problems. With the help of the Association for the Disabled of Kenya and Phelgona, a mother who had done brilliantly with her own spastic child, we started a handicapped children's programme. We taught the community health workers about the common diseases of children, how to give basic care at home and how to recognise more serious conditions that needed more sophisticated treatment.

AIDS the



*main
problem*

Soon we realised that AIDS was going to be our main problem. We started an awareness campaign and training for the health workers in the care of people with AIDS. I needed to research how other parts of Africa were coping with the epidemic, the most effective treatments and for the first time began to bring in medicines. We sent very serious patients to the government hospital but the stigma of AIDS was tremendous. The patients would be admitted but then isolated and ignored; the staff were too afraid to treat them. We discussed the problem with our health workers and after much discussion they said "We are Christians, it is our job, we will look after them." From that time we really became a community based AIDS programme. The health workers found the patients, took them their medicines and food, counselled and prayed with them and looked out for the children. We were greatly helped by Charles who started as a volunteer but ended up as my assistant.

The community health workers found a patient lying on a mat on the floor in a completely broken down house where they really could not look after her but they said if I would rent one room somewhere, they would care for her there. That was the beginning of our hospice that eventually expanded to nine beds. Most patients were single parents so when a mother became ill, the children became care givers. We started a training programme to give the children basic care skills but also time for games, gave them a large mug of porridge and provided a library where they could borrow story books. As the number of patients increased we needed more pastoral workers so we developed another training programme for those with the interest and aptitude. When I left Korogocho after twenty years, we had ninety community health workers supported by eight nurses, two counsellors and a social worker, taking care of 15 thousand patients with AIDS. As a nurse I needed to care for the whole person, physical, mental and spiritual in all stages of life and I am very grateful that I had this opportunity.



Jeanette visiting an elderly man in California

*American Medical Mission Sister Jeanette
reflects on nursing and mission in her life.*

I joined MMS after graduating in nursing in Iowa. Bedside nursing and midwifery came naturally to me. Even though I spent many years in other roles: nursing education, clinical nursing supervision, hospital administration, clinical pastoral education, pastoral associate and hospice chaplaincy, nursing has always been the background of my life. In 1954 I went to India and grew deep roots there. My first assignment was to an MMS hospital in a rural area in North India, about 18 miles from the nearest city and any kind of medical help. Rice paddies and small clusters of villages surrounded the hospital, with some small tea stalls and a few food vendors lining the road just outside the front gate. I cannot begin to list the blessings in my life that I associate with my years in India, being part of our international community life there and the many different Indian cultures. India will always be a part of who I am.

I returned to the States in 1979 to move into related fields of healing ministry. The transition was not without tears and trials, many of which stemmed from a crisis of identity as a nurse and as a missionary. Eventually I found a job as pastoral associate in Davis, California where I received a great welcome. Parishioners soon became friends and I realised that nursing and the ministry of healing would follow me everywhere. I visited the sick and elderly in their homes and in nursing homes and trained many lay people to help include them in the "work of the church". As I approach the sixtieth anniversary of my first vows I thank God for our Society that has always supported my foundational calls to nursing and the mission of healing.



German Medical Mission Sister Theresia writes about her work with homeless people in Germany.

My father died suddenly when I was fourteen and this was a very painful loss for me after which I wanted to do something to help people. I started doing volunteer work in a hospital on Sundays and when I left school I trained as a nurse. Working among people who are poor, sick and homeless is a great challenge, especially when health costs are not covered and bureaucracy may hinder proper treatment.

I began working in a walk-in clinic for sick-homeless people in 2005. My job is to offer primary health care and encourage them to meet the doctor and/or social worker. Anyone can come - as they are, dirty, confused, health-insured or not, properly dressed or not. We are happy to welcome them but if they don't come, we try to reach out to them on the streets with our mobile clinic. It is important to build confidence, to try to relate to them even if they are mentally disturbed.

Many patients abuse alcohol or drugs, probably just to numb their pain. Some are just exhausted because they can't find anywhere to really rest. Most ignore their pain, saying that it is normal and will disappear. Many are mentally disturbed and discontinue their treatment, some ignore the need to change their bandages so wounds don't heal and become infected. The treatment of our patients often takes longer than an hour and I need patience. Being there when I am needed and just listening are all part of my work. The basic skills and challenges are love, awareness, kindness, courage, perseverance, risk-taking and the firm belief that it is God who heals.



American Medical Mission Sister Mary Ann tells how working from direct care to all other levels supports healing.

I wanted to be a nurse from when I was quite young and later also felt called to a life of service to others as a religious Sister. As MMS I was assigned to a small rural MMS hospital where I was appointed matron. At the same time I worked in out-patients, in the TB clinic and on an outreach team that went out to a near-by village. When Primary Health Care was formally introduced in Ghana, we started training village health workers and traditional birth attendants (TBAs). We began work with some traditional healers in the area and they in turn taught us about what they did. This led to mutual referrals as some of the healers had ways of treating closed fractures that got good results sooner than those given casts. They also shared their knowledge about local medicinal plants and herbs. When our nurses and midwives went on a strike called by a national body, some of the TBAs we had trained came to cover the maternity department for us.

In 1979 I was asked to be Diocesan Primary Health Care Coordinator and after two years became their Executive Secretary. In the 21 years I worked in that capacity I helped to develop a community-based health care insurance programme, to design two new hospitals, to upgrade a clinic to a hospital and to build a weaning food production unit. I needed to write and administer large grants for infrastructure development, equipment, transport and other needs. I also worked to obtain accreditation for two diocesan

hospitals to have residency training programs for doctors and upgrade nursing and midwifery training schools to training college level. As well as all this, we developed a diocesan-wide retirement fund for the staff of the health care units.

It took me a long time to understand and accept that working at levels removed from direct patient care was in itself a way of supporting the healing of others. I can only thank God for the many gifts and blessings that I have received as I strive to be faithful to our call to be a healing presence at the heart of a wounded world.

“Christ could be born a thousand times in Bethlehem – but all in vain until Christ is born in me” Angelus Silesius

OBITUARY

Mrs I Storrie, Crawley, West Sussex

STAMPS

Many thanks to all who send used stamps to John Dixon, who sells them for us. In 2013 the total raised for our missions in this way was £4124, a fantastic total. This was wonderful John, and we are enormously grateful. Please continue to send stamps to John Dixon, 97 Reading Road, South Shields, Tyne & Wear NE33 4SF.

A LIVING LEGACY

The care and concern that you have shown for the needy and suffering during your life-time can live on in a special way through a gift made in your will. Legacies can be specified for a project or area of the world in which you have special interest or they can be left unspecified, to be used wherever needed most.

All correspondence regarding wills to be sent to 109 Clitherow Avenue, London W7 2BL

Thank you for your support and concern. Please pray for Medical Mission Sisters working in: Belgium, England, Ethiopia, Germany, Ghana, India, Indonesia, Italy, Kenya, Pakistan, Peru, Philippines, the Netherlands, Uganda, USA, Venezuela.

Contact Medical Mission Sisters at:

109 Clitherow Avenue, Hanwell, London W7 2BL
mmsukoffice@aol.co.uk

Visit our new web site:

www.medicalmissionsisters-uk.org

Online donation at:

www.cafonline.org/charityprofile/medicalmissionsisters

FAIR TRADE – FAIR PRICES FOR THIRD WORLD PRODUCERS

Tea, coffee, cocoa, chocolate, bananas, mangoes, pineapples, fruit juice, wine, sugar, snacks and biscuits. They should be available in your local supermarket with the fair-trade label. If not, ask the manager why not!