

# MEDICAL MISSION NEWS

Summer 2013



*American Medical Mission Sister Janet oversees the distribution of school fees for children in poverty in Uganda.*

In 1992 I was one of sixteen expatriate staff in Rubaga Hospital in Kampala. One by one the others all left the country but many had been helping families with school fees. Since leaving, funds were sent to me to distribute to children who otherwise would be unable to go to school. Joseph and Peter are two children who have been helped in this way.

Joseph's mother died of AIDS when he was small and his father disappeared and is assumed to be dead. Joseph was sent to live with his grandmother but eventually she died of cancer and he was sent to other relatives where he was resented, neglected and abused. His aunt, a Ugandan religious sister working in the hospital, found Joseph malnourished and traumatized. She brought him and his cousin Peter, whose parents were HIV-positive, to Kampala to attend school. The school fees have also educated two of his sisters in medical professions as well as his two youngest sisters who are in secondary school. Joseph has been an outstanding student and it is wonderful that his experiences as a small child have not led to anger, revenge or hopelessness. He is in his second year of medical school and we hope that the generosity of the donors will enable him to finish his studies. The donors are happy that I am here to see to the proper use of their money. It allows them to maintain a connection with this country and to share what they have with others.

# *Developing their personality and capabilities*

## ***German Medical Mission Sister Thekla is a teacher in a school in Berlin for children with special needs.***

The school is for children with special needs for emotional support, some with physical handicaps, who need a protected place to be able to develop their personality and capabilities. They learn to deal with their own limitations, to discover their strengths, to respect each other and value their mutual solidarity. This is not always easy. Learning from one another, struggling to communicate, trying to solve conflicts in a good way take much more time and energy than mental arithmetic or grammar. Most children live in difficult situations. Counselling parents is also part of our work and cooperating with psychologists and doctors to find the best way to support a child.

Aaron is twelve, lives with his mother and her new partner, suffers from his parents living apart and from their lack of communication. He has become very depressed, has put on weight, hardly sleeps, cannot concentrate and sometimes falls asleep in lessons. He is very friendly and talented and creative but even with the help he gets it seems that his situation will not get better. Such situations confront me with my own limitations. All I can do is try to create a space, together with the pupils, where all feel accepted and appreciated as God's beloved children

Ours is a Catholic school but only a few pupils are Christians. We have regular services and classes take turns to prepare these. Last Lent it was the turn of my class. None had been to a "way of the cross" at church. However, we went on a journey of discovering, telling our own experiences and in the end we created a service with the topic "Way of the Cross". It was a telling of the life-stories of our pupils, with the hope that their limitations, fears and hopes are held in God's love.

A special experience was our class trip to the Baltic Sea. We spent five days together canoeing, climbing, playing at the beach and sitting at the camp fire. On the last evening Celina, twelve years old, said "You know, my mum and I have never been away. She has a single mother who is living on welfare. Aaron too was active and happy during these days in a way we have not experienced for a long time.

# *Finding the divine spark in each child*



*Thekla with some of the boys. Aaron is in the middles of the group, laughing*

Like Aaron and Celina, every child in our class has his or her own special background, dreams and needs. Being together with them I try to show them that they are all able to give something precious to us. I am very thankful that through my work I can sometimes help a child to get in contact with this divine spark in her or himself.

***American Medical Mission Sister Pat accepted the challenge to provide physiotherapy to children with physical handicaps in a pueblo in Arequipa, Peru in 2002.***

Some children were in wheelchairs, some crawling on the ground, some isolated at home. The challenge was to improve the quality of life of children with cerebral palsy. We started with three. After two years we had eight children and needed more space. The parish loaned us three rooms but as more children arrived at their rehabilitation centre (COFARI) we were finally given a new building through the efforts of the local mayor.

COFARI is the only centre in Arequipa for rehabilitation for children from low income families with cerebral palsy who cannot walk, talk or feed themselves. We began very small and with little knowledge about the treatment. One of the mothers was sent to become a physiotherapy technician but as numbers increased we needed more professional help. We invited professors from institutes for physiotherapy technicians to give classes and send students to do their practice in COFARI. Now we also have psychologists, speech therapists and occupational therapists and have become a really professional centre.

*Helping children to reach the maximum of their possibilities*



One of the university students in her last year of psychology came to do her practice at COFARI. She had polio as a baby and is unable to walk. Towards the end of 2011 the director of COFARI could not continue. I asked the student to do the work of the director until we could find somebody else. As she cannot walk and moves around in a motorized wheelchair she has a profound sense of what it is like to have a physical handicap and is able to

understand the children and how the family feels with a child with cerebral palsy.

She has inspired all of us in COFARI to try to put ourselves into the skin of handicapped people and take time to feel what they feel. This is a powerful incentive to see them as individuals who need love and care from all of us. Now our student has been named director. Her personality and physical condition inspires others who can afford it to help with food or medical help or to come as volunteers.

In the documents of Vatican II we read about finding the face of Jesus in the face of the suffering brother or sister. For a family living in poverty, to have a handicapped child is often seen as a punishment from God. In COFARI we see these children and families as blessed and chosen and it is our privilege to help them accept the gift they have and to help the child to reach the maximum of his or her possibilities.

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*To live as fully as possible*

***American Medical Mission Sister Rosemary is a full-time hospice physician, Medical Director of several programmes and works on ethical issues at end-of-life on several ethics committees.***



*Rosemary (2<sup>nd</sup> from left) and Indian MMS Biya with hospice staff*

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Early in my medical work in hospital I was asked to consult with others to start a hospice programme. We were hearing about hospice in England and grass roots efforts were springing up across the U.S. but not initiated by the government or the health care system. Nearly 75% of patients were dying in hospital. Symptoms management, especially pain control, was notoriously bad. Communications with patients and families about prognosis and care options were often lacking and social and spiritual contexts often not part of care. Within a few weeks, in January 1979, we had a fledgling programme to assist patients and families with terminal illness, with a focus on care at home.

Since legislation in 1983 hospice began to be integrated into the health care system. Key factors are pain and symptom control, having teams of nurses, social workers, chaplains, doctors and volunteers. The focus is on the patient and their family, care at home if possible and open to patients with a prognosis of six months or less. The initial focus on cancer has been broadened to other diseases. Great strides have been made, especially in pain control. While many patients receive hospice care only in the last few days, over 40% now have hospice services for some time and many now die at home.

A hospice story introduces a patient who taught me a lot. Bonnie was having a very hard move from her home in Florida to our hospice residence in Boston. Her move had been arranged by her children. I found a sixty-eight year old woman in much distress, with pain and intense anxiety, feeling miserable, wanting to die. We got her pain under control but then Bonnie's work began. She felt she had wasted her life and had not been the mother that she had wanted to be. Her daughters and son wanted to help her but acknowledged their resentment. Hospice staff helped them all to grieve what had been and to reach out to each other to build new relationships. Bonnie became a leader in the house, helping others and offering her services including preparation of meals. Six months after she arrived and a month before she died I reminded her of her initial request for an overdose, which she had not mentioned again. Why? Bonnie replied thoughtfully "I guess I found something to live for". For me this is what hospice is all about: helping people to live as fully as possible until death takes them.

***Medical Mission Sisters in Lahore, Pakistan (Pakistani, Filipina and Indonesian) evaluate their experience with children living in poverty.***



*Pakistani MMS Rashida and Filipina MMS Jean with the children*

Pakistan ranks fifth among countries with a large youth population and still with a large mortality rate for children under five. We decided to focus on basic health education for children in parish schools, a nutrition programme for under-fives and preventive health care. Recently we have been responding to the health needs of brick kiln workers. We met the many needy and exploited members of this community. This includes children as child labour is very obvious here. We have seen noticeable changes. We have seen improved nutrition. Children became aware of diseases, basic nutrition, vitamins, proper sanitation, personal and environmental hygiene and were able to share what they learned with their family and friends and so have become health promoters themselves. Mothers became aware of the need to bring children for immunization to government clinics or hospital. Our weekly clinic is helping the community to prevent communicable diseases, especially in children and is able to follow up the health needs of children and families.

We are inspired by the generosity of the children and care for their brothers and sisters. Several times when we brought apples or eggs for the children in school, some would not eat theirs because they wanted to share with their brothers or sisters. Some children started to help pick up thrown away plastics as part of care of the earth. Others started to clean their house and surroundings to avoid mosquitoes and Dengue fever. We are happy that we are able to be a bridge between resources and marginalised people.



## Hospitality

*American Medical Mission Sister Myrt welcomes Indian Medical Mission Sisters Rozlin and Ethel to her home in California during their visit with the group of younger Sisters*

### OBITUARY

*Mrs I Storrie, Crawley, West Sussex*

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