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The Medical Missionaries of Mary

Sister Joseph Anthony, M.M.M.

On April 4, 1937, from her bed in a public hospital in Port Harcourt, Nigeria, Marie Helena Martin offered her religious vows to God in the presence of Msgr. Joseph Moynagh, Prefect Apostolic of Calabar. Her two companions were on the way to join her from Anua, the small Nigerian village where, two months earlier, all three had begun to work publicly as Medical Missionaries of Mary. They arrived too late for the brief ceremony.

From that day to this the M.M.M. have been trying to keep up to their foundress. They have built their way across mid-Africa, working with lay doctors or Sister Doctors, or no doctors, as circumstances provided. In 1939, little St. Luke's Hospital in Anua was closed because their German doctor was interned at the outbreak of World War II. Three nurse-midwives remained to struggle along until war conditions permitted Irish doctors to come to their aid in 1943. Together with three dedicated men, and a few more Sisters, they began a series of missions which developed into general hospitals, maternity hospitals and clinics, plague control centers, leprosy villages, child welfare clinics, fertility clinics and nursing schools. In 1967, before the secession of Biafra and subsequent hostilities, there were 25 major mission centers in Africa and one in Formosa. Around these hospitals, flourished nearly 200 outpatient or bush

clinics, 18 leprosy villages, and several nursing schools.

Out of thirty years of work a pattern has come. Primitive in many ways is the M.M.M. life. Seldom have they gone into Europeanized or urban areas. They prefer to work in interior regions not yet reached by medicine. Life for the M.M.M. has never been push-button, but Tilly lamp. On most stations, every drop of water must be boiled and filtered, often carefully measured as well. Primitive too, is the life of the people among whom they live. One wonders how the American girl of today faces such a prospect, choosing it as her life (in the past 14 years nearly 50 have done so). And the Sister doctor? The product of a medical school, skilled in the use of instruments and equipment of our age, how does she face practice without them? She sometimes uses the flat of a door or a mound of mud bricks for her operating table. Her diagnostic skill is developed rapidly by the customary presence of a plurality of infections, diseases, and debilitating holes in the nutritional life of the swarms of men, women and children who stand at her doorstep each morning. The nurse (also midwife more often than not) carries responsibility for the resident clinic, far from a doctor. Almost daily, a primipara is brought to her as a last resort, often in her last agony, when all tribal methods of delivery have but added to their burden of misery. The Sister mid-

wife's wits and skill have no time to dull. How sure her judgment must be to find and send on to hospital those of her ante-natal patients who will need a surgeon's help — and to do so in good time.

Usually, the Medical Missionaries of Mary begin in small two-Sister clinics which grow little by little: first a maternity ward; then a pediatrics ward and clinic; finally to a full-scale hospital. This has been the pattern from the beginning. Life in a hurry, in the midst of labors, — that is what was foreseen by the foundress, now famous as Mother Mary Martin, in her three years as a lay missionary in Africa during the early 1920's. She lived with a few Nigerian girls in the "bush" and labored with her hands as teacher, nurse, midwife for all in the area. A V.A.D. nurse (Voluntary Aid Defence nurse, posted to France and then to Malta during the Gallipoli campaign) in Malta during World War I, she was no stranger to suffering, but still she was appalled by conditions daily met in the bush. During her years there she learned many things: Volunteer service is sporadic, erratic, often quite inadequate; planned replacements must be available; more than professional dedication is required of pioneers; teaching and medical work do not mix well. Translated into practical terms, medical Religious would be the only answer. But a new kind of religious would be required, who would serve, develop, reach out, be mobile — and move on when others were ready to take over. This was the kind of frontier-medicine that

Mother Mary envisioned. Not an empire builder, nor a believer in institutions that would congeal or weigh down, she saw her sisters preparing and educating Africans for the time when they could take over the work, leaving the sisters free to move on to others in need. These are her guidelines: Go to the people, into their villages and houses; meet them in outdoor clinics; in addition to all the medical work, keep in close touch with women and young girls, form good Christians, prepare them in marriage training centers to be good wives and mothers, thus assuring the spiritual as well as physical health of the home and its children.

Selfless, and born of a race needed for its loyalty to the Church, Mother Mary brought sound practicality to the task of forming a new congregation. Three "words" have guided her: The Lord's first directive to His disciples, "go into every village and heal the sick therein"; the spirit of St. Benedict, *Ora et labora*; and St. Paul's "Rooted and Founded in Love." Choosing the last for her motto, she wrote constitutions so perfectly consonant with the mind of the Church that Rome approved them without change. Rome indeed had called for new societies of Religious women for the missions, to care for the medical needs particularly of women and children. Mother undertook to provide these women, whose special talents were to be brought to the highest professional proficiency in the Medical Missionaries of Mary. Wisely she kept restrictions to a bare minimum. Looking back today through the

open windows of Vatican II, we wonder that one frail Irish woman achieved so perfectly (in 1937) the broadness and spirit of 1967 that even Cardinal Suenens found nothing to alter in her rule.

For each of her Sisters, then, there is religious maturity and individual responsibility. Each has freely chosen to live 24 hours a day, year in and year out, in absolute selflessness and close union with God. She builds in her heart, as St. Catherine of Siena recommended of old, a cell that she never leaves, in which she offers praise and unceasing homage to God. Two and a half years of postulancy and novitiate develop this life in which she prepares, growing in self-knowledge and openness by living in intelligent, responsible obedience. After novitiate comes professional training — three to seven years, depending on her field, — then a mission assignment. After each three or four year tour of duty, the Sister is given the opportunity to develop her speciality by further study toward higher degrees in medicine, science or nursing. The Sister doctors often seek studies at Tropical Hospital in Liverpool, or in obstetrics, internal medicine or pediatrics.

How does one sum up this work after thirty years? *Geographically:* the M.M.M. are chiefly in Africa (Nigeria, Angola, Tanzania, Kenya, Malawi, Uganda, Ethiopia), with one house each in Formosa, Italy, and Spain. *Statistically:* 26 missions, all general hospitals except two maternity, two combined leprosy and general, and three resident clinics. In

addition, 16 non-resident leprosy clinics and villages; many maternity centers run by local midwives under M.M.M. supervision; 150 temporary or bush clinics; 10 schools of nursing. *Membership:* 450 Sisters, among them 40 physicians; several pharmacists, two near-dentists; 200 in nursing, instructors and hospital administrators; 100 in related science fields or social work. The remainder are students or in non-medical but essential fields (e.g., architecture, journalism, home economics, business management, secretarial services).

And how are the M.M.M. accepted by the people? Among those to whom white women are completely strange, there may be a slow response to in-patient status, until people learn by experience (often compelled by critical necessity) to break through their own barriers. Humorously speaking, once accepted, hospital capacity is daily exceeded. Beds on verandas, and patients in no beds at all are a common occurrence, so that total in-patient service is invariably at variance with the paper capacity. The difficulty then is obviously in keeping the staff on its feet and able to cope with the situation. From the religious point of view, results can be clearly assessed. Directly, religious training is given to women, especially those in nursing studies who desire it. Many of these young women become leaders in their areas, and most useful in bringing hygiene as well as a Christian spirit into the lives of their neighbors. Direct work with the Legion of Mary, with which the M.M.M. have always been associated (Mother Mary herself was one of

the first Legionaries to work with Frank Duff) is fruitful. Through training local legionaries and guiding them in this richly spiritual apostolate, the Sisters have rooted a key lay activity in each area. This has been especially true among their leprosy patients, where numbers have totalled between 15,000 and 20,000 in one Diocese alone. Again, Christian influence is strong in work with young mothers. This is begun through ante- and post-natal clinics, child welfare and nutrition clinics, and in the fertility clinics which have cooperated in bringing long-desired offspring to many a Christian family. Medicine breaks through barriers and taboos, enabling Sisters to enter homes and reach souls, opening the way for the grace of Redemption. Since the M.M.M. life is not institutionalized, the Sisters work out daily into the social milieu of their neighbors. Their apostolate of personal contact is like a leaven, and fits perfectly the picture of the Religious in the modern world drawn by the Council Fathers in their decrees.

A unique work dear to Mother Mary's heart and to her Sisters as well, specifically provided for in the M.M.M. rule, is that of helping to establish and form native Sisterhoods for their particular apostolates. M.M.M. Sisters help and guide them until they are able to stand on their own. Worthy of mention is this: one of Mother's first Nigerian companions in 1921 became a religious, in a Nigerian Sisterhood. When Mother Mary visited Nigeria in 1960, the two met

again, both of them Mother Generals of their respective congregations.

Last of all, how does the work pay its way? From the first, when Mother Mary Martin sailed from her native Ireland with two companions and \$70 in her pocket, the Sisters have depended totally on the voluntary contributions of Catholics. Their only outstanding benefactor has been Richard Cardinal Cushing, who invited the M.M.M. to his Archdiocese of Boston in 1950 and gave them their U.S. headquarters in Winchester. Seeing that the Sisters were severely cramped by lack of space and their rapid growth, His Eminence built for them a residence and student hostel in Drogheda. Here, their International Missionary Training Hospital has been slowly building over the years to provide a center where mission-keyed nursing and intern experience is available to all Religious. Aside from Cardinal Cushing's munificent gifts, all finances for educating Sisters and maintaining missions have come from small donations of charitable friends in Ireland and the U.S.A.

Most of the missions can be somewhat self-supporting. One outstanding exception is the Turkana station, comprised of a four-Sister unit laboring in the heat and isolation of Kenya's barren desert. Here thousands of nomad Turkane literally live in starvation. The Sisters distribute meager food supplies, principally donated by the U.S. Government, while giving medical and health services. To aid in inter-center travel (there are at least 4

widely separated clinics) and to supply a vital need for an emergency supply line to the outside world, nearly 200 miles away over impossible roads, Mother Mary assigned two Sisters to learn flying. The pilot now on duty is Sister M. Sean of Portsmouth, New Hampshire. She flies a little Piper Cub, donated and kept flying by friends in Seattle, Washington.

Another exception to the pay-as-you-go program is the leprosy work in Ogoja province, Nigeria, where for more than 20 years the M.M.M. have devoted themselves to victims of Hansen's disease. Again, through small donations from many friends, this work has been kept supplied. One physician of some years experience, Sister M. Theophane from Newcastle, England, completed a Master's degree in Public Health at Harvard in 1966, in order to head up the leprosy elimination work, under special sponsorship of the Knights of Malta.

Magnificent work has been done under Sister Anne Marie, O.T.R., of Lynn, Mass., in rehabilitating leprosy patients. Sister not only begged, bought or pried away from printers,

pottery, carpenters and a host of others a vast supply of equipment and machinery, she obtained and set up all the electric equipment, generators to benches, for her printing shop, pottery department, photographic center, carpentry and welding shops. Until she opened the Occupational Therapy center, the chief occupation of 98 percent of the patients was sitting in the sun. Only enough small farming or hut building was done to keep themselves alive, — and many of course were too crippled for that. Since 1960, hundreds have learned trades or skills, as well as the joy of working. Patients have been discharged well equipped to be self-supporting, and have returned to their homes bringing sought-for skills. Many patients, however, too crippled to return home, prefer to remain in the M.M.M. villages, where wheel chairs provide dignity with locomotion for those who once crawled around on stumps of hands and knees. Results of the therapy work are easily seen, and have amazed all who knew the villages in earlier days. As one Bishop put it: "That Sister got them all up off their mud stoops and has them hard at work — and that's a first class miracle."