

# Caritas

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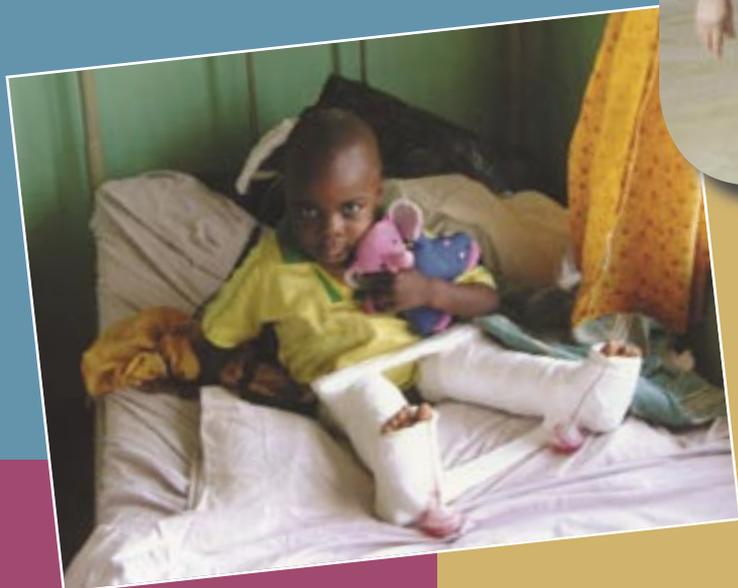
## AFRICA REVISITED



◀ A mother and child at a clinic where the Providence travelers took medicine.

Sister Roberta Rorke and Mark Koenig were greeted on their arrival by Daughters of Mary – (from left) Sisters Justine Tumushabe, Noeline Nakato and Yvonne Nassamula – and two drivers. ▼

In the summer of 1985, Sister Roberta Rorke traveled to Africa to participate with 14,000 women in a United Nations forum on women in Nairobi, Kenya, as a member of the World Union of Catholic Women's Organizations (WUCWO). She also visited Sisters of Providence on mission in Cameroon.



▲ This child's leg bones are being reshaped.

Last March, 20 years later, Sister Roberta returned to Africa, this time on a Providence International Missions trip to Uganda, Kenya and Cameroon. Her traveling companions to Uganda were Joanne and Mark Koenig, Providence International Missions (PIM) director. Joining the group in Eldoret, Kenya, were Pete Barry, materials manager of PIM, and Dr. Janan Markee, a resident from Providence Portland Medical Center. Sister Roberta found many hopeful changes, but nothing that obscures the reality of the severe challenges facing the African continent. →→

# AFRICA REVISITED...

## Karibu means welcome

in Swahili, and everywhere the Providence emissaries traveled, they felt the meaning of the sentiments it expresses. In the poorest of villages, the visitors were greeted with a sense of celebration and graciousness that included music and drums, dance, and gifts of whatever the residents had, including flowers and food – 7 goats, 8 chickens and armloads of bananas.

“Your visit is a statement of connecting our worlds and it says you care,” were the words of Sister Noeline, a Daughter of Mary in Uganda.

Why the return visit? There were three reasons, Sister Roberta enumerates: to see where equipment donated by Providence International Missions has been used and what is yet needed; to explore opportunities for volunteers to serve in the missions; and to visit the Daughters of Mary in Uganda, with whom the Sisters of Providence have had a relationship since the early 1960s.

What has changed since her first visit? “Twenty years ago, the white sisters ran the hospitals, but now they have been turned over to the African sisters,” Sister Roberta explains. “And they are doing a good job. They are well-trained. Africans have assumed responsibility and they are competent and qualified.”

Still there are some significant problem areas, like a nurse doing surgery in a village because there is no doctor, or a clinic that lacks sterile gloves. But those are the realities in this part of the world. In sub-Saharan Africa, nearly half the people live on one dollar a day or less, Mark says. The infant mortality rate is 180 per 1,000. Nine percent of the women ages 15 to 24 are HIV positive, but most do not know their status because they have not been tested.

AIDS is taking a heavy toll on a population that has the old and the young, but no middle aged. A whole generation has all but disappeared. “AIDS is certainly a factor,” Sister Roberta explains, “but malaria, a preventable disease, kills more people than the next two diseases.”

The realities are disturbing. A 7-year-old is the caregiver for her dying mother. A 14-year-old orphan is raising five siblings. And in a school of 1,200 children, 400 are orphans. A woman with AIDS, her husband and child live 30 yards from her mother, but they have no contact because of taboos associated with AIDS. A sister in Cameroon says that if the sisters mention condoms, the bishop will close the hospital.

Free medicines for AIDS patients are available from some Ugandan hospitals, if the patients find the hospital names in the newspaper. The free medicine is a result the U.S. government’s initiatives to help African nations fight the AIDS epidemic, Sister Roberta says. Emphasis is placed on treating pregnant women so the virus will not transfer to their children, but when patients begin to feel better, they are inclined to stop taking their medicine.

These are places where Providence International Missions has chosen to try to make a difference. Providence has sent shipments of medical supplies

and equipment to Kenya every year since 2000, Mark says. Pete manages a warehouse in Tumwater, Wash., where donated medical supplies are stored before being shipped where needed. He joined the group of travelers in Kenya and Cameroon. Meeting him for the first time on this trip, sisters at St. Mary Medical Clinic in Kenya greeted him with hugs. Pete describes a three-tier health care delivery system in those countries, with government sponsored health centers, private for profit centers, and nonprofit clinics. There are user fees for services, and if patients have no money, they are turned away from the private health centers.

The Providence donations are leveraged by those of others, like the sisters in Wisconsin who sent a commercial washer to a clinic in Cameroon. Three doctors from Holland come twice a year and do four surgeries a day for a two-week period in a village where children have a high prevalence of cleft palate, club foot and rickets. In rural Eldoret, Irish sisters, community health nurses and a social worker meet people on dirt roads daily, in the heat



◀ Donated equipment is invaluable to a hospital outside of Eldoret.

The medicines and supplies being opened here by Sisters Catherine Nakatudde and Mary Margaret Namirembe were brought to Daughters of Mary in Uganda for a clinic. ▼





▲ Mark is shown one of the prostheses made in Cameroon for someone missing a leg.

and the dust, to hear their stories and do outreach. While in Kenya, the Providence travelers met up with Janan, who was completing a one-month rotation at Moi Teaching and Referral Center, a hospital in Eldoret. They also spent time with Dr. Mark Rosenberg, who is responsible for getting the initial Kenya residency program exchange started seven years ago.

In Cameroon, a native son is making a major contribution. Father Emmanuel Mbock Mbock is successfully raising funds for village improvements and has organized women to make change happen. A child of the bush, Father Emmanuel walked eight miles a day to school and then back. He washed dishes to earn his education at the University of Freiburg, Germany, then returned to Cameroon, where he has built roads, clinics and schools. He is influenced by Plato's concept of the good, the true and the beautiful, Sister Roberta says, explaining, "He says people will aspire to something beautiful, thus when he builds a building, even in the bush, it is a beautiful structure." Sister Barbara Schamber, former provincial, laid the cornerstone for one of the schools Father Emmanuel built when the Sisters of Providence visited Cameroon in 2001.

While in Cameroon, the group visited the Sisters of Providence in Koudadang, where they administer a clinic and have a formation house of candidates. They also visited the Sisters of Providence in Febe, which is the novitiate house and the residence of sisters who work in various ministries.

The sense of hopefulness in starting projects is something that struck Joanne on this first visit to Africa. "They build step by step, waiting for money to start the next phase," she says. "They are planning for the future and building. They are people of integrity and are very resourceful."

Women are the touchstone for change in Uganda, as well. The Sisters of Providence first met the Daughters of Mary when the Ugandan sisters came to Seattle seeking educational opportunities and scholarships in the early 1960s. The congregation is the first indigenous religious community of women south of the Sahara. Over more than 40 years, the Sisters of Providence have provided room, board and the support of community life for Ugandan sisters while Seattle University has provided full scholarships for tuition and books.

The harvest in Uganda from the fruits of the relationship are obvious: Ugandan sisters educated in Seattle teach in the seminary, play important roles in various hospitals, direct a school for girls, and serve in leadership positions in their religious community. "The education of the sisters was important and has been well used," Sister Roberta says with satisfaction. The relationship continues with two Ugandan sisters currently living at St. Joseph Residence in Seattle while completing their studies, Sisters Jane Frances Nabakaawa and Immaculate Kyampeire.

"Women religious are really taking on the commitment of developing health care and education," Mark says. "They are committed to preparing themselves to do it." Their efforts do not stop despite incredible financial challenges, he adds. Women in Africa are building schools, expanding hospitals and preparing for the future, even though they cannot meet the needs of today. "You cannot help but admire that. It is pretty impressive."

But the needs are so great and the problems so huge that efforts to teach people to be self-sufficient often take a back seat to finding ways to merely survive. "There are huge obstacles in the

lack of economic development, and people are concerned with how to feed, clothe and educate themselves – subsistence. Anything beyond that is a luxury," Mark explains.

Although there have been remarkable changes since her visit 20 years ago, Sister Roberta cautions, "Make no mistake, Africa is not improving." Kenya is home to the second worst slum in the world, but some say its former president, Daniel arap Moi, is the seventh wealthiest man in the world, she asserts. "Anyone with any expertise acknowledges that conditions are so poor because of the politics of the International Bank and the World Monetary Fund and corruption at the highest levels of government." Moreover, there is no work for many of the people, she adds.

There is so much more to be done in Africa, four of the Providence travelers said in a presentation to the Providence International Missions Advisory Committee. It meets three times a year and includes representatives of Providence Health System, in Seattle, and Providence Health Services, in Spokane. "We have confidence in the people we are sending equipment to," Mark says. "If we make commitments and just stay true to them, there are opportunities you wouldn't imagine." It is personal relationships and connections that will lead others to become involved in helping. It would do wonders to enlist additional financial support, doctors or other health care volunteers willing to serve for limited periods, additional universities to provide scholarships, and colleges or professionals able to help clinics that make prostheses.

Sister Roberta plans to continue to keep the issue of what can be done in Africa on the agenda of the Sisters of Providence. As she said 20 years ago after her first visit, "The first step is always awareness. The second is action." ●

### *Some ministries of the Daughters of Mary, Uganda*

**Sister Teresa of Avila:** lectures at Alokolum National Major Seminary, teaches novices and aspirants to the religious community and gives spiritual courses in ongoing formation

**Sr. Mary Leonsia:** director of novices

**Sr. Petronella:** superior of Nandere Convent. There is a minor seminary and a primary school.

**Sr. Mary William:** works at the Motherhouse doing charitable works

**Sr. Mildred Nakyajja:** is at Bukulula in a primary school

**Sr. Vincent:** has been sick with malaria

**Sr. Justine:** one of the general councillors and is responsible for education. She is also director of Our Lady Queen of Africa, Senior Secondary School.

**Sr. Catherine:** one of the general councillors. She is responsible for formation at all levels and for the liturgy. She also lectures at Alokolum National Major Seminary.

**Sr. Noeline:** director and teacher at St. Theresa Secondary School in Bwanda