

**Called to “Mission”:
A Life-changing experience
(Nigeria 1981 - 1985)**

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THE PORTICO

Supplement

“Be with those who suffer, the oppressed and those on the margin of life.
Heal the sick, excluding no-one....

“You are missionaries; work with all people of good will. Join resources
with them to bring a world of justice and peace, where true development
is fostered and human dignity and rights respected.”

(from the Constitution of the Medical Missionaries of Mary)

The Call

In 1981, a nurse tutor is urgently needed in Mater Misericordiae Hospital in Afikpo, Nigeria run by the Medical Missionaries of Mary, Ireland.



Preparation

was almost nil!!!

Jabs and anti-malarial medication, and deciding what to take - 22kg luggage for a 2 year stay - and a farewell Mass with several good friends, And clothes, for a tropical climate... a few good books?

The Journey



KLM via Amsterdam to Lagos, internal flight to Enugu. Arriving in Enugu - I was met by the Sisters.

The journey to Afikpo was being in

sunshine

blue skies

banana trees

yam heaps

“another
world”

barefoot people

the red earth

carrying heavy loads on their heads

... a sense of anticipation, wonder, thankfulness.

“Mater”

- ❖ Mater Misericordiae Hospital: 300 beds, served a wide rural area.
- ❖ Afikpo was a small town, in the bush, at the end of nowhere! People travelled or walked long distances for medical help. Mission hospitals were not corrupt, usually had drugs and did not turn people away if they could not pay.
- ❖ Our renowned Sister Dr Gynaecologist was a living legend — people coming from the other side of the country to see her.



Medical, surgical,
children's wards had

Scarce Resources

Patients often on the
floor in the verandas

Two petrol drums of water
daily for the 40-bedded
female wards

Prayer worked wonders
for 'big surgery'

4 pints of blood in the
blood bank for obstetrical
emergencies

A small child died for want
of 60ml of blood!

No anaesthetics - operations
under spinal anaesthetics

Two oxygen cylinders, a
phone that did not work

Relatives had to donate blood,
were frightened to do so

Patients' families provided
the meals.

Health in the Tropics

Children died of measles;
from serious complications
(no vaccine then)

Typhoid, dysentery,
malnutrition, were common.

Many road accidents occurred

Babies if admitted under 8 days
old, usually died of tetanus
(from a dirty stone used to cut
the umbilical cord)

TB was prevalent.

Malaria, anaemia, worms,
were endemic

Many of these illnesses were
preventable so health education and
preventative care were imperative.



*A kind patient
befriending an orphan
patient*

Teaching student nurses - 150 of them



Students were keen to learn and privileged to get a qualification which would raise their family out of poverty. Immaculate in their white dresses and caps, they lived as a community and slept in dormitories.

Resources were almost nil! Every scrap of paper and every used envelope was saved - so I wrote my “handouts” for the curriculum (which were later published in a textbook).



MMM Community

Seven Irish Sisters and one from the UK, lived in a large colonial style convent, with a little chapel whose walls were home to green and orange lizards. I was privileged to join the community for prayers, meals, and sometimes recreation. They were very wise, experienced beautiful women.



with Sr Margaret, Principal Tutor, and Matrons

The local Church

The original little mud hut mission chapel in the compound, with its wooden shutters, I'd go over to, to pray quietly in the evenings, long since replaced by the large church downtown.

Mass was a vibrant 2 to 3 hour celebration with singing and dancing - and an offertory procession of small change, eggs, chickens and the occasional goat.

There were 200 baptisms at Easter. Catechists kept the distant village communities alive in their faith and prayer in between the priest's visits.



*Mary at Sister Imelda's Final Profession,
with pp Clement, Principal Tutor Sr
Margaret, and others*

My Personal Challenges

- ✱ The heat, humidity, mosquitos and sand flies!
- ✱ Being at death's door with malaria and amoebic dysentery
- ✱ Fear of thunder and lightning, snakes and scorpions,.
- ✱ Food! and going shopping in the local market
- ✱ Lack of communication with the outside world,
- ✱ Lack of resources of all sorts
- ✱ The need for infinite patience.
- ✱ Understanding local culture and customs

Conclusion

- ✿ My time in Afikpo was a wonderful life-changing experience in spite of daily difficulties
- ✿ I admired the student nurses, their vibrancy of life, faith, courage and their sense of communal living
- ✿ The life of the women, mostly poor subsistence farmers, who worked hard in the fields, labouring to earn enough to feed their families, was inspirational. Beset by poverty, malnutrition, lack of education, and gender inequality, they had great faith (christian or otherwise) believing in the God of Creation. They literally walked “in communion with the earth”.
- ✿ The liveliness of Faith - and living it out - could teach us a lot here in the northern hemisphere and the UK.
- ✿ I was given an insight into the conditions of life that are experienced by those in poor countries. This has given me gratitude for all the gifts of life here in the UK - health, social security, education, democracy and freedom of speech. And now in 2021, our freedom to express our religious beliefs without fear of terrorism and persecution.

- ✿ Living in another very different culture was a gift ... (though difficult at times). I believe every indigenous community's customs, ancestry, legends, values and way of life etc. are precious - not to be scorned.
- ✿ My Mission Experience changed my life - for the better forever - as I now endeavour to live simply, pray and work for justice, peace and the eradication of world poverty, and live out a vocation as a Lay Assistant of the Medical Missionaries of Mary.

Deo Gratias

Mary Bradley

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More information about the Medical Missionaries of Mary can be found at www.mmmworldwide.org

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