



MaterCare International

"maternal health is a human right"

Fall 2004

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MCI HIGHLIGHTS MATERNAL HEALTH AT THE UN CONFERENCE ON IMPLEMENTING MILLENNIUM DEVELOPMENT GOALS

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Professors Robert Walley and Kay Matthews represented MCI at the 57th Annual United Nations, Department of Public Information / Non-Governmental Organization (NGO) Conference held at UN headquarters in New York City from September 8th - 10th 2004. The conference focused on the roles of NGO's, civil society and governments in the implementation of the eight Millennium Development Goals (MDGs) which were adopted by 189 UN Member States at their high-level millennium session in 2000.

Centred around the most critical problems causing tensions in the world today, the MDGs are designed to give people worldwide the tools to care for themselves in healthy, sustainable environments. Specific MDG targets are set to: alleviate poverty; treat and prevent the HIV/AIDS epidemic; provide universal primary education and gender equality; reduce child and maternal mortality rates; lower by half the number of people who suffer from hunger or lack access to safe drinking water; empower women; and create a global partnership to foster good governance and economic development in the least developed countries, including opening world markets to their goods.

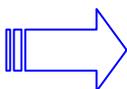
The three day conference, entitled "MDGs: Civil Society Takes Action" was attended by 550 NGOs and 2,600 delegates from 90 countries and provided an opportunity to assess the current status of the Goals, the

obstacles that threatened their realisation and innovative approaches to partnerships. Delegates attended five plenary sessions with governmental, UN Agency, NGO, civil society and local community leaders and 12 daily workshops on each of the Goals provided by selected NGOs. MCI was invited to provide a workshop on Millennium Goal # 5 which concerns improvement of maternal health.

Unfortunately, maternal health appeared not to be a priority at the conference as the subject was rarely mentioned at the plenary sessions. Of the 550 represented (out of 1500 NGOs affiliated with the UN) only one other, the Fraternalite Notre Dame, was interested in joining with MCI in providing this workshop and only 20 of the delegates thought it of sufficient interest to attend. Kay Matthews was the moderator and Dr Walley presented a short talk on the state of maternal health in developing countries and refugee situations and the work of MCI. A sister of the Fraternalite presented their work. There followed a question and answer period with most questions directed to MCI. The final 15 minutes of the session involved the participants developing a strong statement to be presented possibly to the final plenary session of the Conference. This stated that maternal health issues should be a major priority and therefore should be Goal #1, governments should be committed and should be lobbied to support NGO initiatives.

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MaterCare International's Patron Saint

St Gianna Beretta Molla 1922-1962

What would you do? Two months into your fourth pregnancy, you are told that you have a uterine tumor that threatens both your life and your unborn child. You have three choices: 1) a complete hysterectomy; 2) a therapeutic abortion which would also remove the tumor and enable you to have more children; or 3) have only the tumor removed. All three are medically possible, but the first two mean death for the child, while the third would mean almost certain death for you as the pregnancy progressed. This was the choice that faced Gianna Molla in 1962. Her decision was, one might say, the culmination of her life-long surrender to God.

Gianna Francesca was born on 4 October 1922, the feast of St. Francis of Assisi, and was called Giovanna Francesca in his honour. She grew up in Magenta in northern Italy, the tenth of Alberta and Maria Beretta's thirteen children. Her parents were solidly pious and nurtured their children's spiritual and intellectual development. When sixteen, Gianna became a leader in both the St. Vincent de Paul Society and Catholic Action, organizing a group of students to help care for the elderly and needy. In 1942 she entered the medical school in Milan from which she graduated in 1949 and three years later qualified as a paediatrician.

Both a brother and a sister were



serving as medical missionaries, and Gianna felt drawn to join them, but her family dissuaded her. In 1954 she met Pietro Molla, an engineer and vice president of a rapidly expanding match and plastics factory. They fell in love and were married in the following September. Their marriage was a very happy one. Three children soon arrived and Gianna delighted in her vocation as wife and mother. She also continued her medical practice, treating her patients with loving concern. She often said: "When we touch a patient's body we touch the body of Jesus."

Gianna possessed a warm and quick smile, athletic grace, a fun-loving, if reserved, nature, infectious enthusiasm for life, good fashion sense, and even culinary skills. Pietro was a workaholic by nature, but Gianna soon began to enrich his life both aesthetically and spiritually, by participation in the liturgy and attendance at concerts. As he said later: "She truly taught me how to live better. With Gianna, I discovered an atmosphere of serene spirituality, of faith

lived with happiness, where all things are good and pure when they are done with a pure heart." Her serenity flowed from a deeply contemplative spirit nourished by daily Mass, the rosary, and a brief meditation before the Blessed Sacrament.

After suffering two miscarriages, Gianna welcomed the discovery, in 1961, that she was again pregnant. Almost immediately a life-threatening uterine tumor was discovered, and she was faced with the choices outlined at the beginning of this article. Great as was her concern for her husband and for her three beloved children, to her only one choice made sense to save her unborn baby. The tumor was removed and Gianna resumed her duties. She prayed fervently that God would spare her life, but at the same time made her position clear to Pietro and her family: "They may have to save one or the other I want them to save my baby."

On April 21, 1962, the baby Gianna Emanuela, was born by Caesarian section. A few hours later, Gianna began suffering terrible pain and it soon became obvious that death was inevitable. On April 28, after seven extremely painful days, Gianna Beretta Molla died. She was not yet forty. As one of her sisters reflected: "She did the Lord's will each day in whatever situation she found herself. Her ability to make that ultimate decision was simply the result of an entire lifetime of holiness."

Gianna was beatified on 24 April, 1994 and canonized on 16 May 2004.

Email received from the youngest daughter of St Gianna Molla on July 30th 2004

Dear Dr Walley;

Sorry for the late answer to your letter and for my English language! I thank you very much for the great honour to have my mother as the Patron Saint of MaterCare International. I will try to write a letter to you about my mother to be read at the international workshop next October. I will pray that my mother will intercede for you.

With many greetings for your good apostolate.

Gianna Emanuela Molla



[...continued from page 1.](#)

MCI's concern about the lack of importance seemingly placed on maternal health at the conference was brought to the attention of the Communications Specialist of the UN's Development Fund For Women (UNIFEM) and the UN's Director of the Division of Economic and Social Council, Support and Coordination (ECOSOC). Both indicated that they considered this Goal to be the responsibility of the UN's Fund for Population Activities (UNFPA), which did not attend the Conference. However, it was admitted, that UNFPA was concerned mainly with reproductive health (abortion and birth control) and were not engaged in providing the necessary services for mothers to deliver their babies safely, i.e. essential obstetrical care, which is the main interest of MCI. MCI's was assured that its concern would be considered by the relevant authority at the UN

It is clear from this experience at the UN that MCI has much to do in promoting the needs of mothers.

AirMiles – A MaterCare Success Story

It started with an idea. “Could we donate some of our Air Miles to MaterCare?” wondered Terri Scott, Catholic Women’s League member from Winnipeg, Manitoba and strong supporter of MaterCare.

It wasn’t that simple but eventually it did happen. It was discovered that a business account in the name of MaterCare could be established and unlimited numbers of cards could be given out to supporters. The cost was nil to the person who simply carried the number written down on a little card and asked the clerk to enter it manually after a purchase was made. Or a mere \$5 to anyone who wanted a real zipzip card with the magnetized strip to make it easier for the clerk.

As of the September 2004, over 26,000 AirMiles have been donated by supporters! Roughly the equivalent of 24 round trips to central Canada/US from Newfoundland!

The AirMiles have had big dividends for MaterCare. They have been used for a flight to Washington DC to attend a Catholic Daughters of America convention in an effort to spread the good news about the work of MaterCare to the CDA and get their support. Donated AirMiles were used to fly Dr. Robert Walley, Executive Director, to speaking engagements in Timmins, ON as well as the major portion of a speaking tour in Western Canada in May 2004. We pay the tax and you have done the rest, thanks to your AirMiles donations!

Thanks to all supporters who have donated their AirMiles; truly, thanks to you, it’s working.

MaterCare AirMiles Business Account number is **8007 7296378**

MaterCare in Germany

Dr Walley was invited by the Lindenthal-Institut, Cologne, Germany to participate in their Colloquium “Professional Freedom and Professional Ethics in Medicine“ from Sept. 11-12th, 2004.

The program concerned with the “reform of health care” which has medical implications, but is more a political topic. The particular patient is not so focused nor the individual doctor on reform it is more the anonymous system of public care and politics is under the pressure of the system. In medicine there have always been economic constraints. But through the centuries physicians enjoyed a high degree of professional independence. The freedom was owed due to the ethical standards of the profession.

Expensive high-tech medicine, growing age of patients, and demographical dis-equilibrium are increasing costs. The medical profession has increasing demands placed on it to reduce costs while maintaining quality standards of patient care, which reduces professional freedom of decision making.

There are growing possibilities of interventions at the beginning and the end of life e.g. IVF, pre-implantation genetic diagnostics, abortion, embryonic stem cells, cloning; to euthanasia which has made a come back in Europe. Physicians are under more and more pressures to make decisions which strain their professional relationship with patients. The results are doubts on the side of the doctor and distrust from the side of the patient.

The actual pluralism of ideas about values privatizes morality. Private morals binds neither the state nor society. In endless debates on ethics in medicine, ethics itself is going to become the real problem to be solved. Today, the subject of ethics in medicine is progressively less about the doctor and more about society. More and more society expects from the physician to provide biotechnical services. Politics oppresses the physician’s conscience. Ethical obligations of the particular doctor does not guarantee professional freedom which if it is loyal to its “ethos“ forces confrontation with politics.

The colloquium aimed at focusing again on the ethical character of medical practice in an exchange of views with international experts.

Dr. Walley presented a paper entitled “ A Question of Conscience: The Right of Doctors to be Trained and to Practice According to their Consciences”. The paper focused on the difficulties for obstetricians who remain loyal to their faith, to train and practice in our present anti-life society. Therefore, there is this a crisis in recruitment of pro-life doctors to the specialty. This has serious restrictions of choice for mothers and who will look after them. These consequences for maternal health care were considered but an optimistic view was presented of the future if new initiatives are taken to develop an organizations such as MaterCare International.

(Translation from German)

Theresa Winchester named MaterCare International’s First Volunteer of the Year

Theresa, a retired ‘Major’ in the Canadian Armed Forces, became interested in MaterCare International through the Catholic Women's League of Canada when the National Resolution of support was introduced in 1997. The Human Right to safe birth for all women was important to Theresa as her mother safely gave birth 14 times. Besides being a life member of the CWL and former president of the CWL Military Ordinate, Theresa was invited to become a member of the Board of Directors for MaterCare Canada in 2001. Theresa was also appointed liaison between the CWL and MaterCare Canada.

Theresa has traveled extensively within Ontario, western Canada, as well as, New York promoting MaterCare and giving unfortunate mothers in Africa ‘a voice’. Theresa continues to recruit and guide dedicated volunteers within Canada to speak on MaterCare’s behalf. These are only some of the activities that Theresa has contributed during her ‘retirement’ time that contributes to MaterCare International’s continuing success.

Thank you Theresa!

Update on the West African Birth Trauma Centre in Ghana



Today's 82ND construction day work schedule, workers are still very active in completing some masonry works that were held up a couple of days ago by rain but for the site Civil Engineer, Mr. Wilberforce, his men are really geared up to do the most even under these last days threatening clouds.

The results are there to see, we can now appreciate seeing the Operating Theatre inside and outside walls standing completely up and high above the finished ground floor slab who are now being mounted with beam encasings prior to be rigged with solid steel rods before pouring next cement.

Next to the Operating Theatre, the Patient's Ward sector is also stepping into second gear with all the pillar heads up and high above the ground cemented floor with a team of masons working tirelessly mounting inside and outside walls in between the rows of sturdy columns.

But, I think next door works ahead in the Reception Out Patient Department is worth looking at because it holds a design of its own that the Archdiocese also treats favorably because this sector architecture does respond for the future mothers' needs

with adequate inter-department facilities such as: Pharmacy and Laboratory, Two Doctors' Consultation Rooms, a Reception Desk integrated with Administration and Records' Rooms plus spacious Out Patient Waiting corridors and even an integrated Courtyard.

Looking behind at the site a few months ago where shrubs and bushes were only part of the landscape, today, MaterCare Field Officer can stand on a huge ground floor slab extending in between the Operating Theatre, the Patient's Ward and through the Reception Out Patient Department, and appreciate all the hard ground work that has been carried out every week on the field by each team member of Mr. Wilberforce workers.

This project to build the Birth Trauma Centre with the Archdiocese as key project host together with MaterCare International is a delightful effort, both nurturing in acknowledgment to * THE STORY OF NANA GRACE *, a mother like so many who have suffered, and share the common goal of relieving mothers from further suffering.

Denis Lafleur
Field Officer
MaterCare International

Birth Trauma Centre Proposed for Rwanda

Dr Charles Ntare, an Ob/Gyn from Rwanda, attended MCI's 1st International workshop in 2001 and brought to our attention the suffering of mothers in his country, in particular those with obstetric fistula. Rwanda has suffered greatly during the last 10 years. Since that time, Dr Ntare has done a survey of the fistula problem and contacted MCI again in February asking for help. Since then we have worked with him to draw up a draft proposal and budget for a centre similar to the one under development in Ghana. He has also contacted his local bishop and has received the offer of a donation of land. In addition, he has the support of the medical and governmental health authorities. Dr.

Ntare is in the process of forming MaterCare Rwanda that will be the local partner representing MaterCare International. He will present his draft proposal to the MCI board meeting in Rome during the international workshop in October.

"I have also been mobilizing the catholic health professionals and we are in the process of meeting the Episcopal Conference in light of this good idea to express our commitment of association as Rwanda Catholic Doctors Association (RCDA) of which will be the basis therefore to form MaterCare Rwanda" (September 15th, 2004 correspondence from Dr. Ntare)

Rwanda Facts

Population: 8.4 million
UNDP rank: 163rd out of 172 countries
Poverty Percentage: 60.2 %
GNI(per capita): \$230US
Life Expectancy: 49 years
Maternal Mortality: 1,071 per 100 000
Infant Mortality(<1st birthday): 107/1000
(source: World Bank, World Development Report 2002; Demographic/Health Survey, 2000, UNFPA) (stats from Rwanda proposal)

Catholic Women's League of Canada (CWL) Continued Support for MaterCare International

At the 2004 National CWL convention, the general membership voted to continue MaterCare's unique status as a **Special CWL Voluntary Fund** for another two years and to review again at the 2006 convention. A very large "God bless" to the ladies of the CWL who made this decision. The support of the CWL and its members is essential to the success of MaterCare, now and in the future, beginning with the National Resolution passed in 1997.

MaterCare International's Breakfast presentation for Women September 22, 2004

A Breakfast Presentation about obstetric fistula and MaterCare International's (MCI's) efforts to relieve their suffering, was held at the Delta Hotel in St. John's, Newfoundland, for 100 women, community leaders. The breakfast was sponsored by The Royal Bank of Canada, Rodrigues Winery of Markland, Newfoundland and the Delta Hotel. This presentation was an information and awareness session organized by Gerry Power, Director of Fundraising, other MCI staff members and volunteers and was presented by Kay Matthews, MCI's nursing consultant and Marie Wadden a television producer.

Kay gave a brief introduction to MCI, and its mission and then introduced Marie Wadden, Marie described her visit to the MCI's safe motherhood prevention project in Ghana and then showed a captivating clip from a film she produced about the issues of maternal health in that country. Kay stressed the importance of providing the resources needed to help African people to help themselves and explained that MCI was trying to create a "Canadian Women helping African women" movement through financial, political and moral support. MCI's 6 minute information

video "A Human Right Denied" was then shown. The presentation impressed the ladies and left some of the women visibly moved. There was disbelief that in the 21st century, with all of the worlds' technology, that women should have to suffer the humiliation of an obstetric fistula and its consequent incontinence.

After the presentations, some of the women asked questions about MCI's Birth Trauma Centre presently being built in Ghana and its cost. Their questions showed genuine interest. They were surprised that you could donate frequent flyer points to MCI. It was suggested that women who owned businesses could have a donation box set up at their place of business and have some information pamphlets available. There were many positive comments and thanks for having been invited to what was described as an eye opening presentation. Hope was expressed that further 'information' events be organized.

This was the first event of its kind and its success indicates that it is well worth repeating in other centres.

Sandra Fowler
MaterCare International
Administrative Assistant



Salt + Light Television

This Catholic TV station is now available on cable and satellite in Canada and the United States. It has made a documentary about the life of St. Gianna Baretta Molla, adopted by MCI as our patron saint, entitled "Love is Choice" and also a two part interview with Dr. Walley, "Living Proof". VHS and DVDs of these documentaries are available from Salt and Light, Catholic Media Foundation, 114 Richmond St. East, Toronto, Ontario M5C 1P1. For an order form, please email Salt + Light at: info@saltandlighttv.org or visit their website www.saltandlighttv.org.



MaterCare Australia in East Timor

Dr. Adrian Thomas, MaterCare Australia chairman, went to East Timor in September to meet with medical, church, and government representatives. The aim is to provide a second round of courses in essential obstetrics for midwives and nurses with a separate course for doctors. The

second objective was to discuss with a group sisters how they can be helped to revive their rural mission hospital to provide maternal and child health services for an isolated rural area. Equipment and international volunteer obstetricians and pediatricians will be needed. Colleagues in

Singapore and MCI (Ireland) are also helping to develop this project. With a estimated population of 700,000, East Timor has only one general hospital and one obstetrician located in the capitol, Dili.

MaterCare International Christmas Cards Now Available

Order 1 or 2 MaterCare International Christmas cards and help women in Africa.
Send Cards to your family, friends and/or co-workers.
Cards come in sets of 10 or 25. Sets can be mixed.
Please email us for prices and order forms at info@matercare.org

Front view

Front view

MaterCare International Papers Presented or Published in 2004

1. "Obstetric Haemorrhage and Maternal Mortality in the Developing World- A Randomised Trial of Misoprostol versus Oxytocin in the Management for the Third Stage of Labour in Ghana, West Africa"
S. M. Parsons, R. L. Walley, K. Matthews, J.M.G. Crane, D. Hutchens
Presented at the 30th British Congress of Obstetrics and Gynaecology in Glasgow, Scotland
Comments: There were positive comments on the validity of the work and praise for the work. Some shared stories about their experiences with essentially less restricted use of misoprostol
2. Obstetric Fistula: a Practical Review
Robert L. Walley, John Kelly, Kathleen M. Matthews, Beryl Pilkington
Reviews in Gynaecological Practice 4 (2004) 73-81
3. "Oral Misoprostol in the Third Stage of Labour"
Accepted by the British Journal of Obstetrics and Gynaecology

MaterCare International Presentations

One of the programs MaterCare provides is advocacy. We want to give the mothers in developing countries a 'voice'. To do this, we conduct presentations to anyone that will listen. Dr. Robert Walley, Kay Matthews Theresa Winchester, and several of our

volunteer speakers presented to over 60 audiences in Canada and internationally. Presentations include educating the public and professionals about the state of maternal health in developing countries and the research, training, and service MCI provides

Thank you to those involved with hosting and organizing the presentations. We will continue to conduct presentation tours throughout the world. If you would like to organize/host a presentation or become a member of our speakers bureau, contact us.



Christmas got you befuddled as to what to ask for? As all of us in the privileged world are incredibly blessed while millions in the world barely survive. Would you consider this year asking friends and family to donate to the work of MaterCare instead of giving you another funny, over-priced tie or another adorable dust-collecting knick-knack?

Donor name: _____
 Donor address: _____
 Donor phone: _____ Donor email: _____
 Amount: \$ _____

Paid by: [] Cash [] Cheque
 [] Visa [] Donation on www.canadahelps.org

This is a Christmas gift given at the request of (*insert complete name and address including postal code*)

_____.

Please send a MaterCare Christmas card to acknowledge their generosity.

Please send the tax receipt in the name of: _____

MaterCare International

Name: _____
 Address: _____
 City: _____
 Prov/State _____ Postal Code/Zip: _____
 Phone: _____
 Email: _____

Help us help mothers?

- Add me to your mailing list (Email and/or regular)
- I would like to make a tax deductible donation of \$ _____
- Enclosed is my cheque
- Charge it to my VISA

Card# _____

Expiry Date: ____/____

Name as it appears on card: _____

In Canada mail to: MaterCare International, 8 Riverview Avenue, St. John's, Newfoundland Canada A1C 2S5
 In the US: MaterCare (USA) C/O The Life Center, PO Box 468 Deer Park, New York 11729