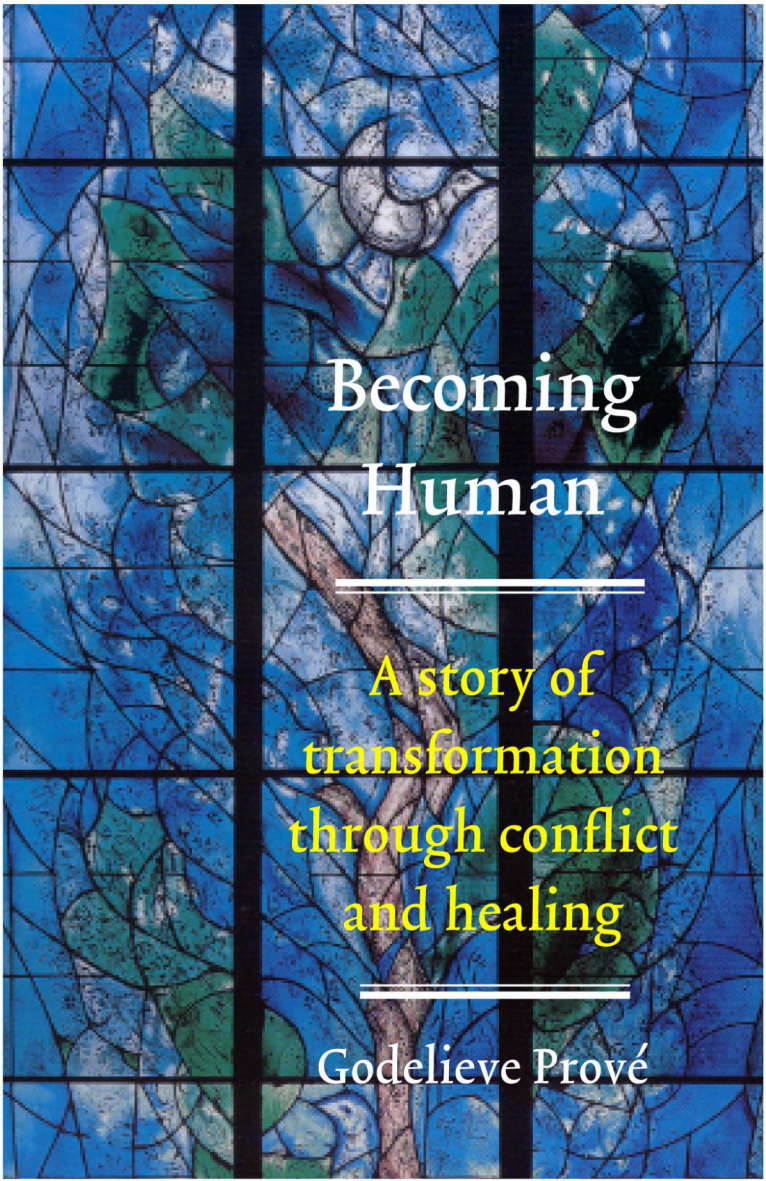

Becoming human

A STORY OF TRANSFORMATION THROUGH
CONFLICT AND HEALING

Godelieve Prové

Eburon
Delft 2004

The writing of this book was stimulated and supported by the Qualitative Research Unit of the Centre for Ecological Health Care at Capelle aan den IJssel, The Netherlands

Printed on acid free, recycled paper.

ISBN 90 5972 037 7

Eburon Academic Publishers
P.O. Box 2867
2601 CW Delft
The Netherlands
tel.: +31 (0) 15 – 2131484 / fax: +31 (0) 15 – 2146888
info@eburon.nl / www.eburon.nl

Cover: © Marc Chagall / Charles Marq, L'arbre de la vie, stained glass window Pfarrkirche St. Stephan, Mainz, c/o Beeldrecht Amsterdam 2004
Cover design: Jan Kees Schelvis / Travaux Publics, Groningen
Graphic design: Textcetera, The Hague

Foreword

What is the value which the new Feminine finds itself called upon
to reassert in the face of the patriarchal trends within and without?
It is the very one which is the goal of the masculine search for the Grail;
the vessel or magical cauldron of life's play and renewal.
It is the self-experience of soul through subjective and personal feeling
and intuiting in relation to the concrete here and now.
What is valued is the feel of this moment in joy and pain,
not the abstract ideas or remote heavens of unending,
peaceful perfection to which the patriarchy was wont to aspire.

(E.C. Whitmont, 'Return of the Goddess')

This book is about women and about the value of the feminine for human development and, in particular, for the development of a more humane approach in the field of health care all over the world.

It is a personal story about the recent history of an unusual group of women, the world-wide organisation of Medical Mission Sisters, as told by one sister, a Flemish medical doctor. I say 'unusual group of women' for several reasons. Firstly, because these women managed to establish themselves within the patriarchal Roman Catholic Church as an organisation of medical professionals committed to bringing relief to the suffering. Secondly, because, while they were working long and hard hours in clinics and hospitals all over the world, they were willing to enter into a confrontation between the (patriarchal) rules and structures of their organisation and their personal experiences, questions and doubts with these. Thirdly, because they worked through, and are still working through, the ensuing crisis towards a transformation of themselves and of their work in all its aspects.

This story about the Medical Mission Sisters is fascinating as it points to the possibility of a transformation of the western approach in health care towards a more life-giving and healing way of health care. The transformation that has taken place within Medical Mission Sisters is also, I think, a reflec-

tion of the humanistic impulse that occurred in the western world in the sixties and the seventies of the twentieth century. An impulse that is called by some cultural philosophers the 'Third Renaissance', following the Renaissance of 1450-1600 and a rebirth of that at the beginning of the twentieth century. Generally speaking, we can see in the impulse of these three periods an emphasis on a human-oriented approach, in which the individuality of people, the equality of men and women and the value of the subjective human experience are important characteristics. Contrary to the patriarchal approach in which uniformity, hierarchical structures, and general rules and solutions are prominent, we see in the periods of renaissance a movement towards a dialogue with human reality which leads to different approaches and solutions depending upon place, time, context, culture and individuality of people. These were themes and concepts which were often mentioned in talking about developments in health care and in medical science in the sixties and the seventies of the twentieth century, but which were fairly soon replaced by protocols, standards and evidence-based (i.e. "general") knowledge in health care.

What could have happened, and may still happen, if the confrontation between the patriarchal approach and the renaissance impulse (with its feminine qualities) would have endured longer? I think that this book reflects on this and may give some idea about that. What does it take to stand such a confrontation for dozens of years, at the same time fulfilling one's profession? Also on that question some answer may be found in the story described in this book.

That is why this book is more than a personal story of human development, which, at the same time, seems to be at the core of the transformation described. The Belgian scientist Prigogine said in an interview around 1980 that for him science is not about finding an all-encompassing theory about reality but about studying processes in reality close to the ground in order to get to the 'heart of the matter'. I think Godelieve Prové has succeeded in doing so and I am impressed by the dedication of Godelieve and her sisters, which speaks so clearly through the story and her reflections on it.

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Introduction

This book tells a personal story that is nonetheless closely connected and interwoven with the story of an international group of some 650 women: women who believe in social justice and ecological consciousness as the foundation that can unite people from different cultures and different religions in a sister/brotherly community; women who are involved in the empowerment of people, in projects that provide water, food and health care, in a variety of education and training programmes, in medicine, in counselling and therapy, in inter-religious dialogue, in pastoral care; women who do not shy away from socio-political analysis and who make their voice heard in public life. Together they form a religious community in the Roman Catholic Church – the Society of Catholic Medical Missionaries, founded by Dr. Anna Dengel in 1925.

I joined the Society in 1956. After working as a medical doctor in Africa for some years I was recalled to Europe and spent the next twenty years in various leadership positions, which took me all over the world where Medical Mission Sisters were involved. I experienced at first hand the radical – even revolutionary – changes in the Church and in the Society which took place in the years following the Second Vatican Council. Also during this time, I accompanied our founder, Anna Dengel, in her final years and at her death.

With this background, in 1993 I was approached by the Society leadership to contribute to a series of articles around themes that had influenced Anna Dengel, and on which she in turn had made an historical impact through the Society which she had founded. While recognising the potential worth of such a project, and what I could myself contribute to it, I was not ready for it at that time.

In 1996 I was approached again, this time with the suggestion to focus more concretely on the eventful last years of Anna Dengel's life, which had been marked by conflict, and even scandal, yet had ended in her peaceful death in 1980. Having been so deeply and personally involved in those final years, the theme of "conflict and transformation" in Anna Dengel's life

appealed to me. I saw it as symbolic of the crisis all MMS had lived through in those days. As such, however, I felt it would be impossible to do justice to the process of transformation Anna had undergone without attempting to examine and interpret this same process as it had happened in the Society as a whole.

Society history up to that point had been researched and published covering the period from pre-foundation until 1968. It gave facts and figures and described the external aspects and circumstances that had caused conflict, but it did not go into depth on how these conflicts had come about and how they had affected us, as individuals and as a community. To speak or write publicly about experiences that deeply affected our very soul was no easy task: it was too painful, too personal, and too recent – many of the people involved were still alive.

I had been confronted with conflict situations from my early years of formation in the Society, through the years as a medical practitioner in Malawi from 1962 to 1966, and especially during my time in leadership. In more recent years, when I was involved in counselling and retreat work in Amsterdam, I had come face to face with deep trauma and tragedy in the lives of the individuals who trusted me with their stories.

More than once people had encouraged me to write about my life in the Society. When I was approached in 1996, I felt the time was ripe: at that moment it seemed as if my whole life had prepared and led me to a project like this. I still had to overcome a certain reluctance, and an initial resistance, but I was ready to at least attempt to tell my own story. I wanted to honour the truth as I had lived and experienced it. In doing so I hoped also to honour the strength, inspiration and dedication of my fellow sisters, to encourage them to explore more deeply their own experiences and together to reach a deeper understanding of the processes of conflict and transformation we have lived through as a Society.

I began to collect data, consult archives, and listen more carefully still to the people I met; and to reflect more deeply on the meaning of the events in my own life. The original project, an article on the last years of Anna Dengel, now had a special focus: "Conflict and Transformation" – and I had so much material that it would become a book.

I began the first preliminary writing in 1996 under the supervision of Rudy Rijke of the Centre for Ecological Health Care. In January 1999 he

asked me whether I was writing for Medical Mission Sisters only, or would consider making the book available to a wider public. The question did not come as a complete surprise: more than once Rudy had suggested that the dynamics of the interaction between the individual sister and the group, and the various processes of conflict and transformation we had lived through as a community, had significance also for the world around us. He proposed that a careful description of these processes, and a further exploration of their deeper meaning, could become a project supported by the Qualitative Research Unit which the centre had initiated in 1995. Being a board member of the centre I was familiar with the purpose of this unit: to create a pioneering environment in which people ready to engage in qualitative research could stimulate and support one another in exploring in a systematic way the inner processes and deeper meaning of human experience, and the significance of this experience for health, human development and healing.

In accepting this new challenge, and opportunity, I was well aware that what I was now setting out to do would go far beyond the initial request – but that made it all the more worthwhile. The book would become a genre apart: neither a simple biography, nor a formal history of the Society, but a – possibly confusing – mixture of both, since my life and that of the Society were so totally interwoven that it would have been artificial to try to unravel them.

Research into the process of conflict and transformation in the Society as a whole demanded in the first place that I enter into an honest exploration of my own experiences: an exploration which at times became an almost ruthless confrontation with my own processes of withdrawal, growth, and regression, as I encountered and interacted with the multi-faceted realities of 'the Society' and gained insight into the key moments of transformation. In this process I saw clearly that this interaction – as individuals, with one another, with authority, with the Society as a religious community and with all the external and constantly changing circumstances of our lives – had brought about a radical transformation, in myself, in my fellow sisters, and in the Society as a corporate body. I saw this transformation – in a different time and context we might have spoken of "conversion" – as a fundamental change in our self-understanding, in autonomy, in vitality, but first and foremost in *the meaning and quality of life itself.*

The first part of the book is a narrative historical overview; it tells my personal, subjective story, as I became step by step acquainted with the Society, and in so far as I have participated in it, been confronted by it, and contributed to its further course. *It is Society history seen through my eyes, as I have experienced and lived it* – a considerable limitation, but a necessary one in order to remain focused on the personal and inner processes that are at the core of transformation. Major happenings of the past century, such as the end of colonialism and the Second Vatican Council (1962-1965), to name only two which had a major influence, form the background.

The emotional distance gained while writing the historical overview enabled me to get in touch with and understand more clearly the psychological and spiritual dynamics at work in this process of conflict and transformation in myself and in the Society. The insights gained into the key moments of transformation led me to write the second part of the book, which tells the same story all over again, but this time from a psycho-spiritual perspective, each chapter highlighting a particular phase of the transformation process.

From a difficult and labouring beginning, this work has, during the years of reflecting and writing, gradually turned into a precious gift: in the first place a gift to myself, a gift coming from the quiet strength and source of Life leading me on from deep within; and a gift received from the many people who contributed to this undertaking and without whom I would never have completed it.

For his initiative, for the interest Rudy Rijke has taken in me and in Medical Mission Sisters in general, and for the way he has continued to challenge me from the time we first met in 1986, and later through the many years of preparation and labour for this book, I am immensely grateful. Meeting at regular intervals with Rudy, Joke de Vries, Jo Lebeer, Jacqueline van Riet, and Jannie Wolfert in the Qualitative Research Unit, to share the progress made, became an additional challenge. I have felt supported and encouraged by them, as well as by the board members of the foundation – Wilbert Cools, Joke de Vries, and Willem Nagtegaal. I thank them for their pertinent comments and suggestions on the first manuscript.

The manuscript was sent also to Arnold Bartels, Thomas Cullinan, O.S.B., Ben Frie, S.J., Harry Hamersma, Kees Waayman, O.Carm., Jeroen Witkam, O.C.S.O., all of whom took time to read it, and to give me their much appreciated feedback.

My deepest gratitude goes to the Medical Mission Sisters to whom I belong. All through the years my unspoken questions, my inner dialogue with the reality around me, crystallised sooner or later into an explicit dialogue or confrontation among us. So very many have entered my life, have listened, trusted, suffered and been patient with me, and have shared their own stories. This was particularly true of Michaela Bank, Lutgarde De Brouwer, Angelika Kollacks and Leonie Verheijen when we shared our experiences in our regular "mission and transformation" meetings. The day-to-day support came from our local MMS group in the Bijlmermeer, among whom Nicola Cortlever was like a competent midwife at my side and Lutgarde De Brouwer introduced me into the mysteries of the computer.

Several Medical Mission Sisters who played an important role at definite turning points in our history – Nicola Cortlever, Gertrud Dederichs, Antoinette De Sa, Denise Elliott, Jane Gates, Elizabeth Koonthanam, Sarah Summers and particularly Annemaria de Vreede and Lydwien Nieuwenhuis – read the manuscript with a critical mind and gave me their honest reactions. Their feedback made me realise that it was not easy for those who had not followed the whole development of the project to grasp what I was attempting. A consultation in London with Denise, Gertrud, and Elisabeth in early January 2003 proved to be extremely helpful in this regard and resulted in a further revision of the manuscript.

The same holds for the many sisters whose names are mentioned in the text and who were kind enough to check the pages related to the events in which they played an active role; some provided me with their own archival material, or with other publications on the issues dealt with. I have gratefully accepted and incorporated many of these corrections and suggestions, which have enabled me to be more accurate and more balanced in the information given. At the same time I am well aware that I cannot do justice to their experiences and to so many specific interests within the framework of this present book.

My special thanks go to Elizabeth Koonthanam and Gertrud Dederichs, our Society Coordinators during the time of the writing of this book, for their support over the years, and for allowing me ample access to the Society's archives; and to Marietta Natividad, the Society's general archivist, who patiently provided me with all the material requested while working in

London, and who continued to send me copies of whatever document I still needed to consult later on.

I wrote my original manuscript in the simple English of a person used to functioning in English but whose native tongue is Flemish. I wish to thank Lynne Rooker, an English Medical Mission Sister, who did the final editing and, with great competence and dedication, ensured the correct use of the English language and the inner cohesion of the book. And last but not least my thanks go to Freek van der Steen of Eburon Publications. His warm welcome, and genuine interest in the focus of this book, made the work on its completion and publication an easy and rewarding task. Special thanks to him also for lending me the *Woordenlijst van het Rooms-Katholicisme* (1988, Callenbach), which greatly assisted me in adding a glossary for those readers not familiar with the Roman Catholic Church.

Amsterdam, May 17, 2004.

PART I

An historical overview

This historical overview is biographical: the timeline followed is the one of my own life. I am narrating those events which were significant in my life as a Medical Mission Sister, and which illustrate the particular perspective of this book: the exploration of conflict and transformation.

I am giving an account of the questions, the emotions, the reactions that made up my inner world as I lived through these events, and as I lived through the tensions and conflicts that had a major influence on my further growth and development as an individual.

There will be incidents that happened in other places and at different times that would be far more revealing in terms of conflict and transformation than those mentioned in this book. Only those events in which I was personally involved, and could consult an archival document or the official history of the Society[1] have been included. Other historical material has been added only when it touched me personally by deepening or making a significant difference in the understanding of the experiences I was living through.

My story is conditioned by my culture and background, and by when and where I joined the Society: my noviciate, for example, does not say anything about the noviciate in another place or at another time, and definitely not about 'the Society noviciate' in general. The same holds for all other events mentioned.

My story is conditioned also by when and where, and for what purpose, I was sent or called to another country, and exposed to the culture and to the life and mission of Medical Mission Sisters in that place.

This is my story; it cannot do justice to the story of other Medical Mission Sisters, not even to those who were with me in the same place and at the

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1. History of the Society of Catholic Medical Missionaries – Pre-foundation to 1968 (internal Society publication)

same time. Their experiences are different, their stories as valid and as important as mine.

CHAPTER I

Joining Medical Mission Sisters

My father completed his medical studies in 1927. He established a medical practice in a suburb of Antwerp, in a densely populated area where unskilled labourers were living on top of one another in inadequate housing. My mother, helped by a housemaid, took care of what nowadays would be done by a secretary or a medical assistant. Although fully qualified herself to teach Germanic languages, she was perfectly happy with her role and proud to be his wife. Our whole life was coloured by my father's practice, which occupied a good deal of the ground floor of our house. The talking that went on around us frequently dealt with disease, with anxiety and death, with the joy of recovery and the birth of babies – we were never short of sugared almonds and sweets which father brought home on such occasions! All this was part of our daily life; as soon as we could answer the doorbell and pick up the phone, we too were letting patients into the waiting room, accepting messages, listening to peoples' stories and responding.

My father was a man of few words and quiet strength. As a general practitioner and family doctor, consulted in illness and in times of crises and quarrels, or as a sounding board in major decisions, he was highly respected – I never knew whether this respect was due to his profession or to the person he was. We somehow shared in that respectability, and consequently we lived rather isolated from our neighbours. We were the only children attending the Catholic school: it would have been unthinkable for us to go to the municipal school with the children of the neighbourhood or to play together with them in the street.

Most of the time my father was out, on home visits; he would come home, eat quickly and be off again on more visits or begin his consultation hours at our house. Rarely did he refer patients to specialists – they were few

in those days – or to the hospital: that happened only for x-rays and surgery or further observation in case of a difficult diagnosis. On his own initiative he did a variety of laboratory examinations, set fractured bones, and had developed a special interest and skill in taking care of complicated deliveries and miscarriages. He did not seem to be afraid – he had even delivered his own wife at home: my brother and I were born from my mother's womb into my father's hands.

Medicine had obvious limitations. There were no antibiotics in those days – it was a constant struggle, a matter of life and death. I still hear my father say: *'in extremis extrema tentanda sunt'*: in extreme (hopeless) conditions extreme remedies have to be tried. It meant that he never gave up. When evident that a cure was not possible he would still be there, consoling, relieving pain, helping to settle peoples' troubles and worries. When, often beyond all expectations, people were cured, he regarded it not so much as his, but, rather, as God's work. "God heals, and the doctor gets the money!" was another favourite saying of his, captured in a cartoon on the wall. The hint of a smile on his face when referring to it made me wonder whether he really believed it, and if so, how it worked! He was well aware of his powerlessness in the face of death. On the other hand he took full responsibility for the power he did possess in his knowledge, experience, skills, and courage to act, to take risks, or at times to just wait and see, trusting his intuition. He loved his life: his heart and soul were in medicine as it was then practised before and during the Second World War. This had an impact on us far greater than we realised when we were children.

In 1947, I decided that I was going to study medicine. My father was not enthusiastic, and tried to dissuade me by arguing such a life was too heavy for a woman. I had surely been influenced by my father's example, but the motivation that made me persist in my desire went beyond his influence and was very deep: it came about as a result of a spiritual experience which became the motivating force for all that was to follow…..

In spite of the Catholic environment in which I grew up, I struggled with questions around the person of Jesus from the time I went to school. If Jesus was God, as I was taught, how was it that I was not allowed to say that *God* was walking along the lakeside? I was corrected in front of the whole class: it was not God, but Jesus, who was walking along the lakeside. I could not see the logic of these corrections. I also wanted to understand the prayers that we

were taught and kept asking for explanation, but my questions were brushed aside by the sister who was teaching us. Incapable of letting go of my questions, and unwilling to surrender to what I did not understand, I began to perceive myself as different from the people around me – I was an unbeliever who did not belong; and, like all unbelievers, I was surely living in mortal sin and condemned to hell! I became a very introverted, well-behaved and quiet child who still wanted to understand but had stopped asking questions.

Some ten years later – I must have been sixteen – I was sitting in a class on 'sanctifying grace' when, all of a sudden and out of the blue, the sense of doom I had been carrying for so many years was lifted from me, and deep within me I experienced *life*. At that moment, I knew that this life had been there all the time and that nobody could take it away from me! I knew, with great clarity, that all life was one, and flowing from a single source; whether called body or soul, natural or supernatural, or whatever other distinctions people might figure out, I realised that this one and only life I was experiencing was sheer gift or grace – and I embraced it with my whole being. This experience was the answer to the many questions I had lived with since I started going to school: 'though my questions in relation to God and Jesus went unanswered, at least on a rational level, the experience erased them as being no longer relevant.

That day, I went home a different person, running and dancing in the street. My whole world had changed: I was overcome by an overwhelming sense of life and joy, and filled with a boundless energy that seemed to remain with me in the months that followed. I asked myself what this could mean and what I was going to do with all this energy and enthusiasm. A deep inner conviction came to me: that nothing could be more meaningful than helping others to discover that same abundance of life. The implications were immediately clear to me: I would not get married – a family would be too limited a scope for all the life within me – and I would study medicine and practise where life was endangered and few or no doctors were available.

At the time I informed my father of my decision, I lacked the courage to share this inner conviction and motivation: I had no words for it then; and, also, I wanted to protect the treasure I had found. But, to those who knew my father, it was no surprise that both I and, a year later, my brother, would opt to enter the same profession. Coming from the protected environment I had grown up in, life at the University of Louvain opened up a new world

which I eagerly explored. Without much effort I had always been a good student – and not being used to having to really "work" for exams I failed the first year at university! My father promptly decided that this was the end of medicine for me! I felt guilty but did not give up and had the courage to talk with a professor who was also student counsellor. Impressed by my strong – and, to him, unusual – motivation, he convinced my parents to give me a second chance. From then on my brother and I moved on together smoothly, year after year.

We graduated in 1956 and our ways parted. My brother became a general practitioner who never formally upgraded or specialised. He saw it as a physician's responsibility to keep abreast of new developments; but specialisation, with its potential for asking higher fees, seemed to him an injustice to the patients and a lack of respect towards himself and the profession he was committed to. A stubborn man, he persevered in this attitude until his sudden death in 1990.

My future took a different turn….

As a first-year medical student, I had been one of eight women among more than a hundred men. With my conviction that marriage was not for me, I was asking myself how to behave correctly towards these men, from whom we got plenty of attention! At times I began to waver and asked myself whether such a drastic decision to remain unmarried could be made at the age of eighteen. Talking to a student chaplain, he told me, rather matter-of-factly, that my spiritual experiences of these past years were a definite sign of a religious vocation. My world collapsed! Such a possibility had never entered my mind, and the idea terrified me. With the exception of the Jesuits, the Catholic environment to which I belonged did not have much esteem for religious: generally speaking, they were considered to be poorly educated, and even when well educated they were not taken seriously because of their lack of real life experience. To become a nun would be a definite decrease in social status, something just not done, and something that would not be welcomed by my parents. My first reaction was that this could not be true for I was not 'holy', I did not pray, I was not even sure what I believed. I was only interested in *life* and in sharing the treasure I had found!

Nevertheless, I could not forget or ignore what this particular chaplain – an experienced and respected authority among the students – had told me. What if he was right? If entering religious life was indeed God's will for me I

would have to obey! Puzzled and shaken by the prospect of becoming a nun, many months went by before I gathered the courage to talk about this at home. After a few days in which we all felt miserable, my father took me apart in his study. He wept – never had I seen him weep before – and told me that the moment had come for me to know that he was a severe diabetic and would probably die at an early age, leaving my mother alone with my only brother. He had wanted to live a completely normal life and had succeeded in concealing the fact he was a diabetic – even from his own children! I was not to share this with others, not even with my brother. I was touched by this revelation, and all of a sudden understood why my mother was worried every time my father was delayed in coming home. Yet my father's greatest fear was that as a religious I would be opting for a superficial life, a life without great pain or great joy. He felt I was too young to take such an important decision; he would prefer that I first finish my studies. He assured me, however, that he would respect whatever decision I would ultimately make: for children do not live for their parents, rather parents for their children. I was touched and relieved, and more than eager to follow his advice. Life went on as if nothing had happened. It was an incident that soon seemed forgotten...

In my fourth year, about halfway through my medical studies, a friend of mine gave me a small leaflet: "maybe something for you!" The information given in this leaflet, in summary, was:

> *The Society of Catholic Medical Missionaries, known as Medical Mission Sisters, is an international religious congregation providing professional medical care in areas of great need.*
> *Anna Dengel, who founded the Society, was born in the Tyrol, Austria; she studied medicine in Ireland during the First World War in order to work among Muslim women in India: as Muslim women could not be seen and treated by men other than their own husbands, she had come to the conclusion that here was a task to be accomplished by women for women.*
> *Her few years of experience as a doctor in India had also convinced her that the enterprise of medical mission work was of such importance that it could only be realised efficiently by an organised group of women with total religious dedication. This led in 1925 to the foundation of the Society in Washington D.C., USA.*

At that time, however, the Roman Catholic Church did not allow religious women to study or practise medicine or midwifery. Some ten years later, in 1936, this prohibition was lifted, paving the way for the Society to become a formal religious institute a few years later.
In 1930, Eleonore Lippits became the first Dutch woman to enter the Society in the United States. After finishing medical studies she had returned to the Netherlands in 1939 to begin a Dutch foundation. A noviciate was established at Imstenrade, close to Heerlen in the south of the Netherlands and a house of studies in Utrecht.
Sisters are prepared and sent out to Indonesia (since 1947) or South Africa (since 1951).
New missions in Africa and Asia are being planned.

I could not believe what I was reading: women joining together, remaining unmarried, for the sake of medical work in areas of great need! The information was unsettling – I was suddenly and strongly reminded of the chaplain's words of a few years ago, which I had been trying to forget. I felt attracted, and at the same time afraid... My inner peace was gone! I knew in my heart that I had to find out more about them: I went to the Netherlands to see and visit these Medical Mission Sisters for a couple of days.

I found myself in a strange world in which nothing was familiar to me: their religious dress, their language, their food, their structured prayer life. At first I did not know what to think, but all the external strangeness and my inner confusion seemed to evaporate as soon as I met some of the sisters personally. Something clicked when they began to talk about the things that mattered to them, and I about what had brought me there. I experienced something of that same quality of "life" that was so precious to me. I was invited to come and join them right away but I could not see the point of interrupting my studies. From then on, however, I could no longer ignore the fact that there existed a group of women who were living what I actually felt called to do with my life. In pursuing my dream I knew I would need the support of like-minded women: it was clear to me that my future lay with them. Two months after my graduation in 1956 I went to Imstenrade and entered the Society of Catholic Medical Missionaries.

After half a year of adjusting and initial probation, I was accepted as a novice and adopted the grey habit with white veil. As required by church law,

two full years were spent in the noviciate. In order to be valid the first year had to be an uninterrupted period of "retreat", lived on the premises without professional work or any other responsibility. Most of the time was spent in reading, praying and a lot of routine housekeeping chores. There were some classes: religious life, canon (ecclesiastical) law, history of the Society, English, missiology, Gregorian chant.

I had expected that this way of life as a Medical Mission Sister would naturally provide a continuation and deepening of my inner journey and proper help to reflect on what had touched me so deeply, and what I wanted to share. I had been looking forward to a spiritual adventure under the guidance of experienced men and women. But nothing happened; and nothing was made of my attempts to talk about this. The only response I received was that I was doing all right and had nothing to worry about: worries were temptations and should be ignored. This was incomprehensible to me and a total break with the way I had been living. I was given books – they did not help; a priest came weekly to hear confessions – he was of no help. I was quietly told that I would have to help myself – and that was it! I could not accept this as an answer; I felt desolate, and was at times even nauseated and sick from sheer misery. I covered this up and continued to function outwardly as was expected. In order to survive in this unreal world I imagined myself at times to be part of a movie cast that kept rehearsing the same scene day after day. That helped a bit.

This type of preparation was not what I had expected – I could not understand how it related to medical mission work! I knew I was free to leave at any time, yet, in spite of my doubts and misery, I stayed, believing in the vision of the Society's founders, Anna Dengel and Agnes McLaren – no-nonsense women with a clear and definite message – who confirmed me in my own dream.

I learned about Agnes McLaren in our classes about the history of the Society. Born in 1837 into a prominent Scottish Presbyterian family, she had fought for the right of women to study and practise medicine. Eventually, she herself obtained her degree from the School of Medicine in Montpellier, France, and began a practice among the poor in Cannes. Having become a Catholic at the age of sixty, she devoted the latter years of her life towards the realisation of a hospital for Muslim women in Rawalpindi, (then) India, and set up a Medical Mission Committee in London to support this endeavour.

She could not understand, nor accept, that church law forbade religious sisters to be trained in medicine and even midwifery. Five times she travelled to Rome to plead for a change in these rules, but her pleading was to no avail. She even went to India to see for herself; and as a result of that experience she was even more convinced that the problem of medical care for Muslim women would remain until religious sisters could practise medicine in these areas. By chance, Anna Dengel came to know about Agnes' search for women medical practitioners to staff the hospital in Rawalpindi, and was immediately attracted to such work. Sponsored by the London Committee, Anna studied medicine in Ireland, went to Rawalpindi in 1920, and finally, in 1925, realised Agnes McLaren's dream through the foundation of the Society. Agnes McLaren died in 1913, the same year Anna had begun her studies in Ireland.

When I joined the Society, Anna Dengel was sixty-four. She resided in the Generalate – the Society's international headquarters in Rome – but once in a while she came to the Netherlands and visited us in Imstenrade. She was very ordinary and down to earth; at the same time I was immediately struck by the sheer power of her presence: she was of a compact strength, knew what she wanted, and did not need a lot of words to communicate. As a novice I was filled with fear and awe of her as the Mother Founder! Yet, in Agnes McLaren's vision, and in Anna Dengel's solid presence, I somehow saw my own motivation affirmed. More than anything else that motivation carried me through to the end of the noviciate, when I made my first profession of vows and commitment to the Society.

After a couple of months – I had begun to do publicity work in Belgium – I was asked what further preparation I needed if I would be sent to "the tropics" within a year, and while waiting for a visa. No country was mentioned: I was asked only to sign the last page of a visa application without being given time to read the form. I opted for a course in tropical medicine, and went to Antwerp for this. I completed the course, but the visa – for Indonesia, I learned later – was never granted. I then became a medical assistant in a nearby clinic and midwifery school in Heerlen for further speedy in-service training in obstetrics and gynaecology. Soon I was doing caesarean sections on my own, under the critical eye of the chief gynaecologist, who told me that this was my preparation for Nyasaland (now Malawi), Africa. I was learning a lot and liked it. But, with no reason given, after about eighteen

months I was recalled to Imstenrade. From then on I waited month after month for the papers to enter Nyasaland, killing the time with cleaning and sewing.

In order to get some African experience, I was told I would travel via the Congo (now D.R. Congo) and stay for a while in a small hospital in Pendjua, deep in the interior of the country, to work alongside Thoma van der Zee, an experienced bush-doctor. It was a sensible plan but unfortunately it did not work out. My papers for Nyasaland were granted and I had to enter the country within three months: boxes were shipped, suitcases packed, my mission departure already celebrated – and I was still waiting for the visa to enter Congo. Finally I went myself to Brussels, where I found out that there was no chance whatsoever of getting a visa for Congo! I went straight to the Raptim travel office in Brussels, and was offered a seat on a chartered flight which was leaving the next day for Rhodesia and Nyasaland, with a one day stop-over in Rome; I could leave one day later and join the flight in Rome. I phoned my superior and was given permission to make the booking. I returned to Imstenrade and was dancing around the house while saying my goodbyes.

The next morning we went by car to Antwerp, where I spent one day with my family, aware that I would not see my father again. When I left for Nyasaland on May 2, 1962, my father's sixtieth birthday, he was not well enough to come along to the airport. My mother came, and also my brother and sister-in-law, who gave me a small bunch of flowers. I cried during the whole flight to Rome: I had not imagined that it would be so painful to say goodbye. The flowers were somehow a precious consolation – I carried them with me all the way to Nyasaland. Until then I had not even realised how much I loved my father, and what he meant to me. He died three and a half years later; I did not go home for his funeral.

CHAPTER 2

An African experience

The plane landed in Blantyre, the capital city of Nyasaland. I was met by our sisters and we set out right away for Phalombe, a small village about three hours drive from Blantyre. The tarmac road soon came to an end and we were driving on a so-called 'all-weather' dirt road through the savannah: once in a while we passed a few huts, a person walking by barefoot, the smell of fire or some smoke in the distance. After an hour and a half the Mlanje Mountains loomed up on our right, an indication that we were almost there. In the midst of nowhere we came to some small buildings and stopped in front of one – our house. I was warmly welcomed by the Dutch MMS community of Phalombe Hospital. With my arrival we were a community of seven sisters; I was the youngest.

Hardly arrived, I was shown the other buildings: a tiny one-room house invaded by white ants served as living quarters for a few girls who were helping us, and an old mission school consisting of three classrooms had been converted into a temporary hospital. In the maternity ward I met several women with their babies; ante-natal care and deliveries took place in the same room. The general ward was crowded with sick children and a few adults. The third classroom was divided into cubicles and contained a complete outpatient clinic; and a small laboratory and an isolation room had been fitted in on the veranda. Everything was simple and full of life: all over the veranda people were sitting on the floor, eating and chatting away; children were playing, even under and between the beds.

In its own way, it was a masterpiece of organisation and creative use of limited space – our sisters, the people and the few staff were obviously proud of the way they had it organised and functioning. Yet it left me speechless! Pushed to give my first impression, I could only utter one word – "chaos": my

mind and imagination could not grasp what I was seeing, nor fit it into any frame of reference or experience available to me.

The next morning we went to see the site of the future hospital, just a few minutes downhill from our house. The construction had started six months earlier, after some two years of palaver. Too many groups and individuals had been involved – the Society authorities in the Netherlands and Rome, the Church and the Ministry of Health in Nyasaland, the Dutch architect, and Misereor, the main funding agency in Germany. The Ministry of Health would grant future financial subsidy on condition that we would build according to the government plan for rural hospitals – our plans, designed in the Netherlands, were unacceptable to them. Mother Dengel cabled that under these conditions we would adopt the government plan. Her decision did not settle it, however: the local church authorities objected, for they would not tolerate what they perceived as government interference! More tedious negotiations followed, in which the Church had had the last word. The construction was now in process, using the Dutch plans, with funds from the Friends of the Medical Mission Sisters in the Netherlands and grants from Misereor. Our 'sister-builder' showed me around, and introduced me to the two young Germans who carried the full responsibility for the construction: they were working with unskilled local people and instructing them along the way in such technical aspects as plumbing and electrical wiring. I was, in fact, rather relieved to discover that the building was far from complete – it would give me plenty of time to get used to the situation in which I had landed!

During the months that followed I lived with the prospect that I could be sent home at any time as a total failure! I was thirty-two, and hesitant, almost reluctant, to take up the responsibility of medical director with nothing more than my theoretical knowledge of tropical diseases. The sister nurses and the nurse-midwife were all older than me, and experienced: they knew the people, their language, their customs, their diseases, the common treatments. Never had I dealt with small children in convulsions from cerebral malaria; never had I seen measles in a black child, or a full-blown neglected pneumonia, or struggled with the toxic side effects of the drugs used to treat bilharzia or amoebic dysentery. Too much of what I was seeing was totally new to me.

Before my arrival, Dr. Bijl, a Dutch physician connected to a mission hospital near Blantyre, had been visiting once a week to see serious patients, and

to be a sounding-board and support in all difficult cases. Now that I was there twenty-four hours a day, seven days a week, it was soon decided that it was no longer necessary for Dr. Bijl to come. From then on I found myself alone with the whole and overall responsibility. There was nobody to consult, no other doctor in the whole region, nowhere to refer patients to. The nearest hospital was two hours' drive away, and transportation difficult to get or too expensive for the people to pay. If a mother needed a caesarean section, we ourselves had to drive her to Blantyre or across the mountain to a hospital that was a bit closer but which could only be reached outside the rainy season.

No wonder there was pressure from all sides that Phalombe Hospital would offer surgery! After I had been there for about two years, Anna Dengel herself wrote, rather bluntly, that it was high time I started doing surgery as soon as possible, otherwise Phalombe would never develop into a real hospital. I was upset, wrote back that my preparation for surgery had been minimal and told her how precious months when I could have been doing further training in gynaecology and obstetrics had been wasted.

Step by step, as departments were ready, we began to move from the old school building to the new hospital. By 1964 the operating room was also fully equipped and ready. We had gone ahead *as if*... and now I had no valid reason or excuse to delay doing surgery – except my own fear: I had neither done nor seen any surgery for more than three years. Francine Wolters – being the experienced midwife she was – resolved the matter for me. One day she sought me out and announced: "Godelieve, now is the moment for our first caesarean section – a woman in labour, bleeding to death, little chance the baby will make it. Nothing can go wrong; even if the mother dies, they will be grateful you have tried!" Francine knew me, she cared, and I felt supported by the team spirit among us. The woman on the table smiled; she had made it so far and had complete confidence in us. When all was ready, we prayed for a moment and moved ahead with all our senses on maximum alert, attuned to one another, bound together in our concentration on this one mother and her baby, almost as if we had been doing this for years. All went well: the baby was alive and the mother survived the surgery. We were elated, and had a little celebration while still keeping an eye on the mother as she was recovering. As if we had lived in a dream too good to be true, we

could not stop checking and confirming for ourselves that mother and baby were well.

This first success paved the way for other more difficult decisions. What to do with a ruptured womb, for example – I had never seen one during the whole of my training. Should I play safe and do a hysterectomy, or opt for a uterus repair with the risk of all kind of complications after surgery? Realising what a stigma it was for an African woman not to be able to bear children, I took courage after a while to do a uterus repair, in spite of the tremendous stress under which we continued to live for days after the operation. Women brought in with a ruptured womb had often been in labour for days, and were usually in very poor general condition – it was somehow a miracle that they recovered.

But not everything went well… I remember the first mother who died after delivery: she never stopped bleeding; the woman who developed sepsis: I must have missed a ruptured womb, and she died; the young woman with longstanding gynaecological complications: nothing helped – I felt incompetent to do exploratory surgery and she did not want to go to the city… she went home in miserable condition and probably died. All in all, after about two and a half years, I had seen and been through the worst that could happen, and was no longer afraid when called to the delivery room for an emergency.

In the meantime I had also become acquainted with the many non-medical but equally difficult aspects of my responsibilities as medical director. The number of in- and outpatients was growing all the time. We were few sisters facing an increasing workload and could not continue indefinitely being the ones to give all the injections, to check all the tube feedings and do all the dressings; to get up when the sister on night-duty couldn't cope alone, and work all through the following day as if nothing had happened. There was an urgent need for additional staff, but they were hard to find in a country that had no higher education of any kind, not even a training programme for registered nurses. The only solution was to begin our own training. That meant also more work, and, moreover, work which none of us was qualified for or had ever done before. I approached the Ministry of Health – and permission for the training of enrolled nurses was granted immediately and without question. So it was that, in 1963, armed with the syllabus and with books borrowed from the only other school in the country, we opened a training

programme, with a first intake of ten students. Each of us played some part of the project: giving classes, supervising clinical experience, sewing the uniforms, taking care of the board and lodging. My share consisted in teaching hygiene, anatomy, and, later on, infectious diseases, and a good deal of midwifery. In the beginning I was still unfamiliar with the correct English pronunciation of many technical or medical terms and had to scribble phonetics all through the text; at the end of my input I could either repeat what I had prepared or end the class! It was hard work but a most effective way to learn a language!

As soon as we had moved into the new buildings, we discovered certain shortcomings and began to offer alternative suggestions for the departments still under construction, to make them more functional and practical to work in. Since nothing could be changed in the building plans without permission from the Society authorities in the Netherlands, we sent our ideas to the Netherlands. But they in turn had to forward these requests to the General Council in Rome, where Eleonore Lippits, then first councillor, held Phalombe hospital in her portfolio. Our suggestions were not appreciated, and only resulted in considerable and frustrating delays. We soon came to the conclusion that it was not worth fighting over a connecting door between the delivery- and sluice-room that would have made work so much easier, particularly at night when all had to be done under the faint light of a kerosene lamp. I also would have liked to question certain expenses but did not even try, knowing that it would not be understood. For example, a low wall had been built surrounding the buildings, which gave a nice finishing touch and served at the same time as a stone bench for patients and relatives; but people would rarely sit on this wall. I could not see why a lot of money would be spent on such niceties when it was already obvious that we would not be able to cover the running expenses of the hospital.

Authority was a source of great confusion for me. The Society policies stated that there was a religious superior for the community and a medical director for the hospital; but the superior seemed to also have the last word in many hospital affairs. As a medical practitioner, I carried heavy responsibility in matters of life and death, and nobody would ever question me. In matters that were not strictly medical, however, I was not encouraged to think for myself and figure out what would work in the Phalombe situation; I was not

expected to have opinions that were different from how things had been done before or elsewhere.

New policies and procedures for the hospitals had been introduced by the General Council for implementation throughout the whole Society: all MMS-managed hospitals were to be characterised by a uniform way of functioning, whether in Asia or in Africa, in rural or urban situations. These policies would guarantee high professional standards and facilitate the transfer of sisters from one place to the next. To explain them and assist in their implementation, Thecla Ruiten had been sent to Phalombe by the Netherlands pro-provincial council. In practice, we all felt that these policies, developed and operational in the larger Asian institutions, did not make sense in our simple situation in Phalombe: they were in no way applicable even if we had tried. Thecla, an exceptionally competent midwife and tutor with a lot of sound common sense, could see our point and did not try to convince us of their usefulness. The policy book disappeared into a file! Instead, Thecla spent time upgrading our skills and techniques in obstetrical complications. She taught me how to deliver a dead baby without surgery in case of totally obstructed labour due to a narrow pelvis or a transverse presentation. Having done it a couple of times under her supervision, I felt confident and continued to use her techniques from then on, always remembering that this was the gracious fringe benefit of the Society hospital policies!

When the whole hospital was equipped and in full use, Livina de Nijs was appointed as administrator. She took over from me all organisational and business matters within the hospital and dealt also with outside authorities, such as the Ministry of Health and the Medical Stores. Her presence was a great relief, but the confusion and the conflicts around authority continued to exist. The community superior still expected to be consulted as the only one who knew how things should be done, or, rather, how things *had* always been done! And, as new wards had opened, and the number of patients grew, the number of rules and regulations increased. Our experience was growing but so also were our frustrations.

Most of the time the basic issue was finding out what would be appropriate in the African context. The homely days of the beginning in the old school building were over, but how should we function now? For some of us that was no question: a hospital was a hospital and no hospital could function without some rules and regulations. These regulations were simple enough,

ordinary issues of law and order. Yet they often touched on fundamental questions:

- Fixed hours were set for attending out-patient clinics and for visiting patients: outside these regular times people had to wait. But what if they had walked for hours? What if they had waited for days to finally get transportation?
- Sick children had to stay in their beds, so that the nurses would not have to go looking for them when they needed treatment. But what if they could not sleep, used as they were to sleeping with their mothers on the floor?
- Entrance to the delivery room was forbidden to outsiders: the grannies who usually accompanied their daughters had to sit outside while waiting. But what if labour was long and the women were restless and calling for their mother? Could these mothers be trusted? Might they not give their daughters 'mankhwala' – local herbal medicine – which could be harmful?
- Patients were discharged after a final medical check-up. But what if parents all of a sudden wanted to leave when they feared the child was dying and their custom demanded that a child should die at home in the village?
- Extra fees were charged for a private room. But people took it for granted that exceptions could be made: could patients related to the chief occupy a private room without paying this fee?
- All student nurses were young unmarried women: when found pregnant they were dismissed. But why could young women whose mothers took care of their child not be accepted – especially as their motivation often seemed higher?

Some of us questioned whether it was right to impose these rules and regulations on the patients and visitors. Our daily attempt to do so and to establish any order met with such resistance that it turned into a constant struggle: What did we really gain by it? For whom was the benefit? What had we come here for? Soon enough, each sister in Phalombe arrived at her own interpretation and had a wide variety of excuses to ignore these regulations, or to compromise. Our loyalty to the hospital administrator and our sense of obedience to our religious superiors within the Society told us we should follow them, our heads saw the rationality of it – but our hearts felt for the people, whom we wanted to know better and to befriend. And so the conflict

over these questions went on for ever as each one tried to find out what was right and to follow her own conscience.

More than anything else, this drove me to learn the Chinyanja language and to speak it well, so that I could communicate with the people at a greater depth than what was strictly necessary to take a medical history and make a diagnosis. Knowing their language then stimulated my interest in Bantu philosophy and I began to read whatever I could find on the topic. I was entering a totally new world… Carefully, with hesitation, I began to express myself or ask questions along their line of thinking and using their images, particularly in difficult situations. For instance, when a young girl would come and ask for an abortion, I only had to remind her of the meaning of life to help her in coming to a decision.

Life itself, and the joy of living, was the centre of the people's daily life. Because this was so all-important, people took plenty of time to express this, again and again, day after day, beginning with the way they greeted one another in the morning: *"ndiri moyo!"* ('I am alive!') – *"ndiri nayo!"* ('I too!'). I recall one day when I walked into the hospital and a woman stopped me, asking "what is wrong with you?" She was right: preoccupied as I was, my greeting that morning missed the quality of life to which they were so sensitive.

Women were key persons in celebrating life, in passing on life, in tilling the soil and harvesting. They had a royal dignity about them as they walked along balancing a large basket full of maize on their head, the baby comfortably tied on their back. They were strong in enduring anxiety and pain for the sake of life. They wailed in mourning their dead. Even naked and screaming in labour, in agony and suffering, that dignity of knowing and fully experiencing life never left them. I will never forget the transformation that took place in one particular young woman giving birth to her first child: she had come in all by herself, shy and full of shame, dismissed from the convent where she had tried to become a nun, and even rejected by her family, when discovered pregnant. A very long labour was followed by a difficult delivery, a breech presentation. As her labour progressed, she literally came to life, triumphant in giving birth to her child – as if she was finally experiencing what she was all about. Her suffering ended in life and joy, as she went home with her healthy baby.

These African women who yelled and danced for joy when life was experienced in all its mysterious fullness possessed something I was missing, something precious that resonated with my own "one life only" experience: the

bodily expression of an energy and joy for which there are no words. They contributed to freeing me from a lack of ease with my own sexuality, an uneasiness that belonged to the environment in which I had grown up and which up to then I had never questioned. These women, rich in all their poverty, were teaching me some of life's secrets – they had a deep and lasting influence on me.

Eventually, my experience with these women led me to question what the Society and medical mission work was all about. At this point in my life, it was clear to me that it was not what I had hoped for: I was disappointed – mainly at the distance between us and the people. That distance was created through the professional character of our relationship with them, and I found that difficult and painful.

I had to make up my mind when, in 1964, after five years of membership, the time had come for me to apply for profession of lifelong vows in the Society. Wanting to be as honest as possible, I enclosed a letter with my formal application, mentioning the many questions evoked by my Phalombe experience: I was ready to make my final vows, if the Society would still accept me in spite of all my criticisms. I had no doubt that I wanted to dedicate my life to medical mission work – without hesitation, I would commit myself to the people and continue to live with them through their struggles and their joy; at the same time I seriously questioned the Society's ways of going about medical mission work. I never received an answer to that letter – and to my great surprise I was accepted for final vows without further comment. Not knowing what to think, I had mixed feelings about it, but also felt somehow affirmed.

That experience of being affirmed and accepted grew when Anna Dengel herself visited Phalombe in May 1965. In 1964 she had still been urging me to do surgery in order to make Phalombe a "real" hospital: now, just a year later, she found a 100-bed hospital functioning according to a basic organisation, with a group of about thirty students and a mob of outpatients – there could be up to four hundred on days of under-five clinics. She had not expected this, and was visibly surprised and pleased; she congratulated us for achieving so much in such a short time. I was impressed by her common sense and intuitive understanding of our situation. Time and again we had been told that someday Phalombe, as was the policy for all Society hospitals, had to become financially independent. Asking her how we were expected to

make this happen, she reacted with indignation, her fist pounding the table: "for a rural hospital such as Phalombe it will never be possible!" That was another welcome consolation.

Seemingly all by itself, our involvement kept expanding. In 1964, Nyasaland had become independent Malawi and a fresh national awareness had stimulated new initiatives. Hospitals of all denominations organised themselves and, in October 1965, PHAM – the Private Hospital Association of Malawi – was founded. Having been active in promoting this endeavour I was elected onto the executive committee. After our first group of enrolled nurses and midwives had passed their final exams in early 1966, we were invited to become examiners for other hospitals. The Ministry of Health also asked us to supervise the primary health work in the surrounding areas. As we were going out to the villages, we began to organise ante-natal or under-five clinics along the way, alleviating the overload of work in the hospital and making our services more accessible to the people. In addition to these medical activities I had also become a member of the executive of ARIMA (the newly formed Association of Religious Institutes of Malawi).

Return to the Netherlands

In July 1966, all these activities were suddenly and unexpectedly interrupted when I was elected as a delegate to the pro-Provincial Chapter in the Netherlands. I travelled with Anna Kerssemakers, our superior and, as such, the ex-officio representative of Medical Mission Sisters in Malawi. I was delighted with the opportunity to go home and be with my mother, who still found it difficult to accept that I had not been there eight months earlier when my father died. Together we relived the whole three weeks in which he had been in coma, and let the painful truth sink in. There had been little time for this in Malawi, but for a couple of precious days I now let myself be touched by my mother's and my own mourning.

I was expected in Imstenrade to join commission work that had already begun and would continue for a full month, preparing position papers and proposals to present to the chapter. On September 8, 1966, the chapter was formally opened by Michael (Hélène) Smeets, pro-Provincial Superior, in Imstenrade. The Netherlands pro-Province consisted of a hundred and eighty-eight sisters and nine novices and was responsible for the foundation in the Netherlands and the work in Indonesia, South Africa, Congo, and

Malawi. There were twenty-four chapter members representing these areas and two observers – one from Germany, the other from Jordan, from communities under direct administration of the General Council but where there were a significant number of Dutch sisters.

In a long written report, expressed in her straightforward way, Michael Smeets highlighted the most pertinent issues in respect to the present state of the pro-province. Up to 1958 there had been a constant increase in the number of members; between 1958 and 1963 a rapid decrease in growth had followed, and from 1963 onward no increase at all. From then on, as many sisters were leaving as were joining, and the Dutch group was getting older, with only twenty sisters under the age of thirty.

It is revealing and refreshing to read the minutes of that meeting, and to be confronted with Michael's analysis and clear insights. In her mind, this lack of further growth was a consequence of our way of life being no longer appropriate to the actual circumstances of our day and age. She emphasised the problematic and uncertain character of our times, the critical situation of the Church as a whole, and the crisis facing religious at this time. She saw the need for a structural remodelling; she talked of *transformation*, and wanted religious life to become flexible to such an extent that an ongoing adaptation would become normal and self-evident.

Realising that not all the sisters would welcome such radical changes, however, she saw the need to provide special help and care for those sisters who, losing themselves in their work, were not yet aware of the problems and uncertainties facing religious life. She was afraid that the inevitable changes in the externals of our way of life could simply pave the way for a new formalism – possibly worse than the formalism we now wanted to get rid of – rather than coming about as the result of a renewed religious commitment.

Michael felt that sisters should be engaged in creative tasks that would give them joy and satisfaction. Too often she had been obliged – on direct orders from the General Council – to assign sisters to tasks for which they were not properly prepared or trained, or to make them switch to new tasks, or even move to another part of the world, at such short notice that would have been considered impossible outside a religious congregation. Feeling responsible for the well-being of the sisters, she saw the urgent need to prevent such unexpected manipulations and tensions in the future.

Michael's report provided a solid basis for our further interaction in the chapter, and led to new insights. For the first time we defined a clear distinction between "belonging to" the community of Medical Mission Sisters, and community life as "doing things together". Community was appreciated as a functional way of life to achieve the goals of mission and the personal well-being of the individual members. But, if things done together – meals, prayer, relaxation, holidays – were not, or no longer, serving these goals, if they were met with resistance or had to be forced upon the members, then these means had obviously become an end in themselves, at the cost of truth, meaningfulness and authenticity. Doing things in common was not necessarily promoting the *quality of life* in community: in fact, too much done in common had brought about rigidity, and also a degree of superficiality; and, in the process, personal initiative and creativity was being squashed rather than stimulated.

Another point emphasised was that Medical Mission Sisters maintained relationships and commitments within a variety of other networks, in which we had a definite role and influence – our world was indeed far wider than the MMS community! The first implication of this, the least we could do, was to integrate our mission projects into the health planning of the country and to adopt the organisational and training patterns of that country, instead of maintaining or imposing our own ideas, whether these originated from our home country or from international Society policies and procedures.

These insights resulted in a number of rather bold recommendations to the Society's General Chapter, which was to be held the following year:

- Formation of new members to take place in a community of professed sisters, and focus on the development of the person through personal guidance; therefore, in terms of duration, studies and experience, it needed to be flexible according to the person's needs.
- Superiors and councils to function as teams of equals, with much more communication and dialogue prior to decision-making.
- Decentralisations of government so that decisions are made by those who are directly involved and know the situation.
- Pro-provincial superiors to be elected by the membership (rather than appointed by the General Council) and their term of office to be limited to three years only, with one possible re-election.
- Furlough leave to be taken every five to seven, maximum eight, years

instead of the present seven to ten years.

During the first days of chapter, and in the midst of our deliberations, there was a rather solemn session in which we had to cast our advisory votes for the appointment of a new pro-provincial superior for the Netherlands. As laid down in the Society's Constitution, the secret ballots were collected, and sent in a sealed envelope to the General Council in Rome. The answer came on September 12, 1966: to my surprise, I was the one appointed! I had to take over that very day, and preside over the rest of the chapter. All of a sudden my life had taken a totally unexpected turn – and four years of growing immersion in an African situation had come to an abrupt end! When the chapter finished its work on September 25, I was responsible for implementing its recommendations. The first step was to make a translation of the chapter minutes (150 pages) from Dutch into English, for the sake of clearance by the General Council. Only after that clearance could the outcome of the chapter be communicated to the sisters belonging to the pro-province.

While all this was in process, and before actually settling in as the new pro-provincial I returned briefly to Phalombe to pick up my things, and arrange how the hospital could manage for the time being without a doctor – there was no replacement yet and I could not stay any longer. Before leaving, the students and staff came for a farewell: they wanted to sing and dance, and to wish me the best. Halfway through my speech of response and goodbye I burst into tears – I could not understand what was happening to me and why, after investing so much energy, my first mission assignment had come to such an unexpected end.

Knowing that the year ahead would be completely taken up with preparation for the general chapter, before returning to the Netherlands I took the opportunity of being in Africa to pay brief visits to our sisters in South Africa and Congo.

Used to friendly Malawi, the apartheid regime hit me like an icy shower as I landed in Johannesburg. I was equally overwhelmed by the Ernest Oppenheimer Hospital in Welkom, Orange Free State. This industrial hospital, built by the Anglo-American Corporation for their labour force in the goldmines, had eight hundred beds, and practically all (92.5%) male patients. The miners came from many parts of Africa and, except for a few who held higher positions, were not allowed to bring their wives. Our sisters were responsible for the nursing services, the training and upgrading of black

orderlies and the supervision of the housekeeping. Heavy accidents and heat strokes accounted for a high percentage of emergency cases admitted to the hospital. I was invited to go down into the mines; I felt the rise in temperature as we went deeper and deeper into the earth and I saw for myself under what shocking conditions these men had to work – some were drilling hard rock, crawling along narrow and low galleries where they could no longer walk or stand.

This brief visit gave me at least an impression of a situation that I could not otherwise have begun to imagine. The oppressive apartheid regime was always present, everywhere. The sisters, too, had to abide by the apartheid laws – which had to be strictly observed, not only in the hospital, but also in their home. They were not allowed to mix with the blacks; they could not even invite them to their chapel, let alone to their table. This demanded extraordinary stamina and a long-term strategy, if we were ever going to contribute anything towards the empowerment of the black population. We had to be careful: we could easily be dismissed from the hospital, or expelled from the country as a group if we were seen to be trespassing across the apartheid barriers.

Although summoned to Rome by the General Council, from South Africa I still took time to stop in Congo. Landing in the capital, Kinshasa, I flew upcountry to Inongo where I was met. From Inongo we crossed Lake Mai Ndombe in a small outboard motorboat, to enter the interior of this vast country. Once we entered the swamps the motor was of no use: the natives steered our boat expertly through the vast tropical forest which towered over us and looked the same all around us. After a couple of hours we arrived at the government hospital in Kiri, which was staffed by Medical Mission Sisters: Thoma van der Zee was medical director, and we were responsible for the nursing service and for a social centre promoting the education of women.

From there I was driven by jeep a further 65 kilometres, over a narrow road cut through the forest and built over the swamps, to Pendjua. I was curious to see this place where it had originally been planned I should get my first experience in Africa en route to Nyasaland several years earlier. In fact, Pendjua was no more than a little village lost in the forest! It had no post office, no telephone connection, nowhere to go or visit; the same few priests had been at the mission station, year in, year out. Yet the simple hospital in Pendjua

was serving a whole region, far into the interior where few professionals wanted to be stationed. Baoto and Batwa people from far and near came to be treated here: the Batwa were a pygmy tribe living in the forest, hunting with bow and arrow, practically untouched by modern civilisation. I was fascinated by the inner strength and enthusiasm of the sisters living in this isolated situation: they seemed fully convinced of what they were doing and were carried along by their creativity, love for the people and acceptance of the forest around them. This tropical forest was so immensely dense that there was no view, no horizon, and no sky to look at. The sisters lived the monotonous life of this little village and the people of the region, out of touch with the rest of the world. I wondered how long they could go on living in such isolation…

When I eventually arrived in Rome my side-trips to South Africa and Congo were accepted by the General Council without further questioning. Anna Dengel had only one item on the agenda: the appointment of the Netherlands pro-Provincial Council. I made suggestions, listened to the comments made, and after a couple of days went home to Imstenrade when it was agreed that I would come up with definite suggestions after having asked sisters whether they would be ready to accept this office and work together with me. When the council was finally appointed, however, it seemed little more than a formality since very little regular work was done in the months that followed. All my time and energy went into the preparation of the forthcoming general chapter.

The Spring of 1967 brought a welcome intermezzo: from the Netherlands, I went with Miriam Hoover, superior of the American pro-Province, to visit the Muashir Memorial Hospital in Amman, Jordan, and to negotiate, on behalf of the General Council, the terms of a new contract for our involvement there. Dr. Muashir and his brother, members of a prominent Arab family, owned this small hospital. In 1961 Dr. Muashir had invited MMS to take charge of the general management, the nursing service and the training of practical nurses. The prospect of working in the Holy Land had been attractive to the General Council, and led to the initiative of establishing an international community to work in the hospital. The American, Dutch, English and Indian sisters who had been assigned there since 1961 appreciated the privilege of being able to visit the Holy Land and Jerusalem, but soon discovered that actually they were being exploited and underpaid for the highly

professional care they were giving to the wealthy patients of Dr. Muashir. The daily census was fifty patients at the most and yet our nineteen sisters had little or no opportunity to become involved in anything else.

Dr. Muashir – surgeon, medical director and administrator of the hospital – argued over every inch of his kingdom! We sat with him through marathon sessions of eight hours to record only a little progress, which would again be scrutinised and questioned the next day. It was business – and tough! Miriam Hoover, a seasoned hospital administrator, would not give in: she argued that the hospital was over-staffed and that our sisters would continue for another term only if the hospital services would be made available to a broader section of the population, or if the sisters would be allowed to be involved elsewhere. Miriam's negotiating skills gave me a crash course in another aspect of medical mission work, justice: all staff, including our sisters, were to have the same rights; all patients, whether rich or poor, were to have the same rights. In order to guarantee fair treatment, Dr. Muashir finally accepted to cease being the administrator and to employ a competent outsider who would be better able to respect the interests of all parties involved. When this was settled, the conditions for the continuation of the MMS contract were eventually agreed upon.

These visits to MMS missions in my role as pro-provincial were short but precious: I had at least seen a bit more of the sisters and works which I was going to represent at the general chapter – I was disappointed that Indonesia could not be fitted in, too. The places I had visited and the impressions I had gained made me realise that my time in Malawi had been relatively easy compared with what other sisters were coping with. I was also affirmed in the outcome and recommendations of the Netherlands pro-Provincial Chapter. We were somehow proud to belong to this group of women who had promised to go wherever sent and do the work assigned, not counting the cost to self. That ideal was still true; but at the same time some of us had begun to ask ourselves what it really meant, and whether we could continue to live it out as we had been doing over the past years.

CHAPTER 3

Revolutionary changes

It was an exciting time: the pro-provincial chapter I had attended in the Netherlands had been a stepping stone to the Society's General Chapter, to be held in Rome the following year, in October 1967. Since the Society's foundation in 1925, a general chapter had taken place every six to ten years. This coming chapter, the sixth in our history, would be special: our chapter *of 'aggiornamento'* or 'renewal' in the spirit of the Second Vatican Council. As prescribed by the Vatican authorities – for us the Sacred Congregation for the Propagation of the Faith – this chapter was mandated to produce a new constitution, one that would reflect the original inspiration of Anna Dengel, the Society's founder, while also being adapted to and in tune with the signs of the times.

Throughout the whole Society hope, expectation – and some apprehension – ran high, because of the growing awareness that life could not and would not go on as it was. Sisters participating in the recent chapters of the American, the Netherlands and Malabar (South India) pro-provinces had freely shared their experiences, their insights and their dreams for the future. They had sensed the awakening of their personal responsibility for the Society's mission and future, and they were excited by the possibilities before them. Their vision had been articulated in well-founded recommendations: for decentralisation, for drastic changes in the traditional noviciate, for dialogue – and especially for a more democratic way of decision-making throughout the organisation. All the members should have the opportunity to participate in planning developments in mission and in our way of life, prayer and relaxation: this could no longer be a matter to be decided by superiors and councils only!

As with anything else happening in the pro-provinces, the proceedings of the chapters had to be submitted for clearance by the General Council in Rome before they could be communicated to the sisters, who were anxiously waiting to know what had happened. The General Council had a hard time deciding what to do with the outcome of the pro-provincial chapters. In the past, general chapters had been the concern first and foremost of the Superior General: it was the forum in which she presented her "state of the union", her vision for the future, and matters needing urgent attention. The presentation of her agenda led more or less matter-of-factly into decisions being taken by the chapter as the ultimate authority within the Society. The membership had always been invited to send in recommendations, which were studied but never made up the real substance of any chapter. What was set in motion this time through the pro-provincial chapters was completely new and placed the General Council in a situation they had never previously encountered. In her 1967 New Year circular letter Anna Dengel admitted this when she commented: *"The outstanding achievement of 1966 has been the pro-provincial chapters in which the Vatican Council wind has been blowing mightily..."*[2]

Until then, the preparation of the General Council itself for this coming chapter had consisted in dealing with the matter of equitable representation, setting up a preparatory commission, studying the Vatican Council documents – and getting the premises ready. The outcome of the pro-provincial chapters had now added a completely new dimension that had come as a surprise: concrete recommendations expressing concerns of which the General Council was not aware.

The General Council took up the challenge by calling a joint meeting of the council with the three pro-provincials. This meeting took place at the end of February 1967 and it had a remarkable outcome: the General Council agreed that the work of the pro-provincial chapters provided a valid and solid foundation as preparation for the general chapter. Each pro-province was given permission to communicate the outcome of its respective chapter to its own membership. Moreover, the recommendations of the three pro-provincial chapters were to be circulated throughout the whole Society in a consolidated report inviting and encouraging feedback and further proposals from the membership at large. Chapter preparation would from now on be the responsibility of an ad

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2. Circular Letter of Anna Dengel, New Year 1967

hoc central co-ordinating committee, consisting of two members of the General Council, the General Treasurer, and the three pro-provincials – Miriam Hoover (America), Cabrini Vettikappallil (Malabar) and myself (Netherlands). It was unfortunate, however, that Cabrini did not get a visa in time to be part of what turned out to be a very significant meeting.

The deliberations leading to these decisions had been lengthy and difficult, particularly for Miriam Hoover, who had to explain why the American sisters had been so bold as to ask the General Council for permission to immediately implement their pro-provincial chapter recommendations, by way of experimentation and as preparation for the general chapter.

Likewise, the Dutch sisters had found the long wait for the outcome of these consultations with the General Council intolerable, and kept calling me from the Netherlands asking when they could proceed with the circulation of the report of the pro-provincial chapter. At some point, in fact, I had already agreed to let them go ahead, without waiting for the formal permission of the General Council. In the event, my decision seemed to be tacitly accepted by the council, and was definitely appreciated by Eleonore Lippits, who, as Dutch member of the council, maintained a special link with the Netherlands pro-province.

In between our meetings with the General Council Miriam and I spent time together and were a great support to one another: we realised that we were moving towards changes so significant and far-reaching that it would be worth all the waiting, all the hard work and all the frustration.

In April 1967, thirty-nine sisters from all over the Society, including the elected delegates to the Special General Chapter, met in Rome for eighteen days to review all the feedback received from the membership on the consolidated report sent out in February. An overview of their conclusions went out to the total membership and again a vast majority of the more than seven hundred sisters gave a personal response. This feedback was collated, studied, and made into a workable summary by a small ad hoc committee. By this time it was beginning to dawn on the General Council that the coming chapter was going to be far heavier and more time-consuming than they could ever have envisaged.

Meanwhile, quite a number of sisters across the Society were questioning this way of preparing for chapter: they would have preferred to start living the recommended changes for a period of experimentation, which could subse-

quently be evaluated and confirmed by the chapter in session and introduced into the new constitution. This placed the General Council in a predicament with which they could not cope: when both the American and the Netherlands pro-provinces pleaded to be allowed to introduce significant changes in the noviciate, the Council referred the matter to the Vatican authorities and – as was to be expected – the Vatican did not give this permission.

But so urgent was the need to allow the women who had joined the Society to live a more normal life that the Netherlands pro-provincial council decided to go ahead anyhow: the novices and novice mistress moved from the rural location in Imstenrade to Utrecht, to live in the midst of the city within a small community of professed sisters. This move marked for us the end of the rigid separation and isolation that had been the rule for all religious formation up to that time. When Anna Dengel, on holiday in Germany, announced that she would visit Imstenrade, some sisters were nervous and wanted me to bring the novices back for the duration of her visit! I did not see the necessity for this and preferred to tell Anna Dengel myself what we had done. She merely commented that there must have been serious reasons for me to act without permission: it was easy to explain why and that settled the matter.

These dynamics were significant for that whole year of transition between the pro-provincial and general chapters. I was forever being pulled between the sisters and the generalate, listening to both sides and trying to absorb frustration on both sides. At the same time I continued to nurture my own and others' enthusiasm for what was to come by making at least some decisions that left no doubt that things were going to change! As a member of the Chapter Central Co-ordinating Committee, I became aware that similar dynamics were operative in other parts of the Society. At the same time, I realised that the introduction of seemingly simple changes could become a long and difficult process for an international religious institute in the Roman Catholic Church.

In the course of preliminary meetings beginning September 6, 1967 the chapter members studied the mountains of written material. They were divided into commissions according to their preference, and began to produce the final texts on which the chapter deliberations would be based.

The Special General Chapter

At last, on October 11, 1967 the Special General Chapter was opened with the formal roll call of the twenty-six participants. Except for the three South Indian sisters representing the Malabar pro-province, all the rest were westerners. To somehow make up for this lack of equitable representation, an additional three sisters – a North Indian, an Indonesian and a Filipina – had been invited to participate as observers without voting rights.

Anna Dengel, presiding as Founder and Superior General, as she had done from 1925 onwards, gave her formal Report covering the ten years since the previous chapter in 1957. She mentioned the very recent inauguration and blessing of our newly built generalate by Cardinal Cicognani, the Society's Cardinal Protector – which meant that, for the first time, the Society could host the chapter on our own premises in Rome. She highlighted the membership as being the Society's main and most precious asset: with an increase of 280 new members since the previous chapter, the Society now numbered 728 sisters; with twelve new foundations, we were now involved in eighteen countries, and had forty-nine houses, of which thirty-five were engaged in medical works. She commemorated sisters and friends who had died, and noted significant events – particularly the Second Vatican Council and the *"Decretum Laudis"* (Decree of Praise) by which, on June 11, 1959, Pope John XXIII had extended his papal approval, recognised the Society as a duly established religious congregation of pontifical status, and approved its constitution.

In terms of faithfulness to the Society's Constitution and Directives, Anna commented that discipline had been excellent until about two years previously, when unrest in the world – among youth in particular – and wrong interpretations around authority and freedom, had led to a disregard of our established way of life and a decline in vocations. She experienced this trend as rather threatening and emphasised that maintaining our unity in spite of all the distances and differences to be covered was going to call for a conscious effort on the part of everyone: it would demand heroic, selfless and universal love. On the other hand she saw in the Society a substantial group of mature sisters able to carry on our work anywhere in the world.

Her famous phrase: *"the Society is what its members make it"* had challenged our loyalty and commitment ever since the Society's beginnings. But after forty-two years the members had indeed come of age, and many chapter

members were taking this phrase literally: *they* were going to determine the Society's future – and they did it with radical, almost revolutionary, enthusiasm. A vivid awareness of this concept of the primacy of the person permeated the whole chapter as a reactionary and encouraging refrain; and it became the guiding principle in our discernment: each member was precious; each one had a basic human right to respect and to concern for her wellbeing. In too many places the sisters had been too few or lacking the proper training for the workload and the responsibilities they carried: they were exhausted, they felt used, some even felt abused or depersonalised, particularly when they had not been asked, but were just told – as was often the case – to fill yet another gap.

Over the years expansion had been given priority over consolidation, and the increase in membership had not been proportionate to the increasing workload. In the coming period this unjust and stressful situation needed to be remedied: if the shortage of staff could not be resolved, certain works would have to be transferred to another congregation, to a private agency or to government. The chapter recommended this course of action for immediate implementation in respect to three of the smaller hospitals we were managing, and saw the need for a solid survey with regard to future and further planning for at least six other hospitals. In these decisions we felt affirmed and supported by a famous paragraph from a technical report of the World Health Organisation: *"the fewer the resources and the more pressing the needs, the greater is the necessity to evaluate the needs, to establish priorities, to assess results of activities and to redirect them"*. We also agreed with the report when it pointed out that health care, although characterised by a personal concern for the whole person, could not stop at the individual but should be directed to the whole community, and give priority to works that better serve the development of health for the total population in the country concerned.

The chapter recommended that Sisters who wanted to experiment with new forms of medical mission work should be given support and encouragement; and, whether engaged in new forms of medical mission work or in the established patterns, every sister should have the opportunity of experiencing the challenge and joy of using her talents creatively. From now on, all involvements should provide a physical and psychological atmosphere that would allow authentic human and Christian maturation and renewal of spirit. This renewed consciousness of the urgency of medical mission work,

together with the importance of assigning the right work to the right person so that joy and life could be found in it, set the tone for beginning the work on writing a new constitution for the Society.

Writing a new constitution

By assuming the status of a religious congregation, we had inherited some of the traditions of the monastic life which, over the centuries, had been incorporated into the lifestyle of active and missionary congregations – but which were, in fact, inappropriate to such a lifestyle. In our eagerness to be recognised as a religious congregation as defined by canon law, we had conformed – more or less willingly. This subculture, and the structures that went with it, had given us a genuine sense of identity, and was in many ways a source of strength; but at the same time it was setting us apart from the people among whom we lived and worked, and hampering a deeper relationship and involvement with them. We wanted the new constitution, therefore, to focus on essentials only, to eliminate all unnecessary and inappropriate structures.

The chapter was unanimous on the most basic essential: that the Society is for women who want to dedicate their whole life, as religious women, to medical mission work. In the light of this, every article of our (then) current constitution (produced in 1959), every rule or regulation within the organisation, all the customs that had slipped into our daily life, were held up and evaluated in the light of this single purpose: if it did not serve that purpose, it could be deleted and abandoned. Without any problem the small booklet outlining these 'directives and customs'[3] was immediately put into that category.

Tumultuous brainstorming sessions followed. I vividly remember the dynamics in a small group which was attempting to define the essential elements for the content of the new constitution. Mission, total commitment for life through profession of religious vows, principles of government and of formation, posed no difficulty – but anything beyond these fundamental issues immediately elicited serious questions, and revealed totally opposing views. Someone would ask: "What about prayer?" and write it on the board for inclusion in the constitution; someone else would jump up and erase it, quickly followed by somebody else writing it again – this time in capital let-

3. "Spiritual and Disciplinary Directives of the Society of Catholic Medical Missionaries"

ters! Prayer was considered an "essential element" by those who wanted the same pattern of structured community prayers to be followed throughout the Society; while others felt that individuals and communities should have the freedom to decide this for themselves – for them there was nothing special or specific about the prayer of Medical Mission Sisters, and therefore it should not be prescribed in the constitution. The same struggles went on over life in community bound by a common schedule; the practice of silence; the religious habit or dress; having or not having pocket-money; the lack of information on financial matters; and so on. What was established as almost sacred and beyond discussion for some was questioned and rudely thrown out by others. Emotions ran high!

This process of reaching consensus on the essentials was far more difficult than we had ever anticipated. But in the end we achieved it! It was an historic and solemn day when the Special General Chapter unanimously accepted the Society's new constitution. In a few pages, consisting of only thirty-nine articles, and in simple language, it captured the spirit that was moving us, and would replace the formal booklet of more than one hundred articles in the technical language of canon law, which needed continuous explanation.

Governance and Elections

The reactionary mood and will of this chapter was expressed most explicitly in respect to the acceptance of radical new principles of governance, which would mark the end of the centralised authoritarian model – in which Anna Dengel, as Founder and Superior General had been the one and only leader, and in which the General Council and later also the three pro-provinces had continued to play a dominant role. From now on, *the members were to be considered the foundation of the whole Society*. With their individuality and talents, and familiar with the needs of the particular situations in which they lived and worked, the members would become the initiators of change and development; they would elect their own leaders and their own representatives to the governing bodies. The governing bodies, in turn, would function as assemblies of equals in which decisions would be made by consensus. Through this interlocking system of representation the whole international Society would become one interdependent network in which there would be 'breathing space' for each culture and for each particular situation.

The application of these new principles of governance gave birth to a completely different structure of government, which represented a total break with the past. The pro-provinces were abolished: for North America and the Netherlands this meant the end of their care and responsibility over the works they had undertaken in Africa, Asia and Latin America. New administrative units were formed along geographical, national or cultural boundaries. These units – we called them "districts" – were to be coordinated by continent or sub-continent as a "sector": thus, for example, the former Malabar pro-Province became District South India within Sector Asia (India). The elected sector superiors would become members of the so-called "Central Administrative Assembly", (later changed to the "Central Assembly") which would replace the General Council.

This change in structure was intended to promote relationships of equality and interdependence between the respective units; and to encourage every unit, whether a district or a sector, to develop its own cultural and missionary characteristics. The implications of the new model were many: it would demand a major re-organisation in respect to management of our resources, procedures for the allocation of funds, and the assignment of personnel. The total assets of the Society were to be re-allocated among the different sectors so that each unit could make a fresh start and function properly right from the beginning.

As those who would be elected as sector superiors would have had no previous experience in overall Society government, a proposal was put forward that for the first term of office an additional member from the former administration would assist the Central Assembly, to provide continuity with the past. A possible candidate was already being named. This proposal, however, did not find substantial support among the chapter members: many were afraid it would delay and compromise the introduction of the new way of functioning to which by then they were firmly committed. The proposal was shelved and nobody spoke about it again.

The chapter was opting for a completely new beginning for which there was no precedent. Questions that had long been festering underground had finally been brought out in the open, sparking off an irreversible process of change which had moved on at an accelerated pace – even those who had been involved from the beginning seemed at times surprised by the pace of events.

Another difficult item on the agenda was the location of the Society's Generalate. The 1957 General Chapter had decided to move the Society headquarters from Philadelphia, USA, to Rome and to build a generalate fitting a missionary community which had expanded and needed a more neutral and central location for its international activities. By the time the building was finished, however, these goals were already *passé*. The solemn blessing and inauguration of the new generalate at the opening of chapter had been an ambiguous event: for some, a mark and symbol of what had been achieved; for others, an embarrassing expression of a certain grandeur they could not identify with. It was no surprise when the Rome generalate was added to the list of places destined for a special survey and study with regard to their future.

When finally all the implications of these major Chapter Decisions had been sufficiently studied and plans made for their responsible implementation, the chapter proceeded to the elections. Jane Gates, an American physician who had worked in Uganda, Ghana and Congo, was elected Superior General to succeed Anna Dengel; and Annemaria de Vreede, of Dutch nationality, became the Assistant – Annemaria had worked in Burma and Pakistan as a nurse-midwife and had been the novice-mistress in the Netherlands. Since the districts and the sectors were not yet set up, the chapter also elected the superiors for the six sectors. So it was that, from being pro-provincial superior for the Netherlands, I suddenly found myself superior of the newly-established Sector East Asia.

The newly-elected superior general, her assistant and the six sector superiors made up the Central Administrative Assembly which would be responsible for the implementation of the Chapter Decisions and for the introduction of the new Constitution – which we expected would probably evoke diverse reactions covering the full spectrum from total approval to total rejection! We decided to meet once a year for a full month in order to reflect together, to give and receive feedback on what we saw happening in our respective sectors; we would need to develop general policies and to make decisions on matters that concerned the Society as a whole. For the rest of the year each sector superior would reside in her own sector and would keep Jane Gates and Annemaria de Vreede informed: they would compile our respective communications into regular progress reports on the whole Society; interim decisions would be made by correspondence. Our annual meetings were to be held in a different sector each year so

that all of us would have at least a limited exposure to the Society and its mission in other parts of the world. From the first meeting in the Netherlands in 1967, we would move to North India in 1968.

We soon got to know one another, and achieved a compatible way of functioning together as the Central Assembly: each of us took turns in facilitating the sessions, and quite often we would work in small groups on different topics. At the end of each annual meeting a report was produced, to keep the whole membership informed. In addition to the report, soon after the meeting, the sector superiors would visit the different districts in their sector, and spend time with the sisters going over the report, answering their questions, and receiving feedback. In the ensuing years, it was energising to see the interlocking system conceived during the 1967 Special General Chapter being put into practice and functioning. I found myself looking forward to the central assembly meetings, in which I experienced the joy of meeting friends, visiting places, sharing freely about all that I had been facing during the year – the things that had gone well, as well as my questions and frustrations.

CHAPTER 4

Emergencies in Pakistan

In terms of Society governance Sector East Asia was made up of four countries. Under the former administration, Indonesia had been a "region" under the Netherlands pro-province, the Philippines a "unit" directly under the General Council, Pakistan a "region" under the American pro-province, and Vietnam a single house under the American pro-province. Each of these areas would now become a "district" within Sector East Asia. As Sector Superior, my first priority was to make this new government structure operative, to introduce and explain the new constitution, and to initiate the implementation of the 1967 Chapter Decisions in response to the shortage of staff in the hospitals and the creation of an atmosphere more conducive to growth and maturation in the MMS communities. Throughout my travels, visiting the sisters in each of these districts for the first time, I shared my impressions and reflections with Jane Gates and Annemaria de Vreede. Reading through that correspondence now, those years in East Asia come vividly to life again....

I had never been in Asia before and knew none of the sisters there. That I had been the one elected as sector superior for East Asia had to do with past history: it would be easier for the sisters in Pakistan, who had experienced difficulties under a former American pro-provincial superior, to make a fresh start with somebody who had not been part of that history, and preferably a non-American. That coincided well with the preference for a Dutch-speaking superior for the sake of Indonesia, a former Dutch colony, where English was practically not spoken – even the Indonesian sisters spoke Dutch.

The four districts had little in common except that Islam was the dominant religion in Pakistan, Indonesia and the southern Philippines. Geographically Pakistan would have fitted better with Sector Asia (India), but that was not possible for political reasons which made communication, travel and

exchange between Pakistan and India extremely limited. The end of British rule over India in 1947, marked by Partition and the birth of Muslim Pakistan, had also separated Medical Mission Sisters. In the early 1940s young women from Kerala, South India had regularly travelled to Rawalpindi, our first mission in the most northern part of India, with the intention of becoming Medical Mission Sisters. They trained as nurses and midwives and then returned to Kerala. A couple of years later, however, they had established their own noviciate and hospital in Kerala, but communication or exchange with Rawalpindi in Pakistan was then no longer possible.

Visiting Pakistan for the first time in 1968, I became fully aware of the tragedy of Partition: the whole width of India separated the desert of West Pakistan from the mighty waters of the Ganges Delta that made up East Pakistan. With two hospitals in West Pakistan, in Rawalpindi and Karachi, and one in Dacca, East Pakistan, travel for the sisters who now belonged to District Pakistan was very time-consuming: from Rawalpindi to Karachi was an overland journey of 1,200 kilometres, from Karachi to Dacca four times that distance – because no flight coming from Pakistan was allowed to cross Indian territory. From Karachi the route went all the way south, over Sri Lanka, and then north over the Bay of Bengal to Dacca. In spite of all the time and the money involved, meetings were a necessity, however, given the questions that had to be faced and the needs of the sisters who were carrying the responsibility for these three large hospitals.

Although I had seen many photos of it, my first sight of Rawalpindi Holy Family Hospital left me speechless! It dominated the surrounding desert with the size and extent of its buildings, its impressive tower and its massive walls to keep out the heat. This was actually the third location for the Society's hospital in Rawalpindi. The first was St. Catherine's, the small and simple hospital for Muslim women in which Anna Dengel had worked before she founded the Society. In 1928 the sisters had moved to the first Holy Family Hospital, which was considerably larger than St. Catherine's, with sixty beds. The present 300-bed hospital had been constructed during the turbulent years of Partition; it had opened its doors to the public in 1950, in time to commemorate the Society's twenty-fifth anniversary.

As I was shown around I was telling myself this could not be true – I had never imagined that Medical Mission Sisters would dare to take on a responsibility of such magnitude. The whole place was buzzing with life! The days

of St. Catherine's were long gone: male patients were now being admitted, male doctors were on the staff and even male student nurses were being accepted. But privacy for Muslim women remained guaranteed in separate quarters or private rooms. I was introduced to a complete medical staff with several specialists for each department: medicine, surgery, paediatrics, gynaecology and obstetrics. Recognised training programmes were going on for nurses, midwives, laboratory technicians, and a medical internship for newly-graduated physicians. The student hostel took up a good part of the building. The out-patient department was in a completely separate wing with its own entrance and waiting room. In the huge kitchen a cook was baking chapattis, the staple food, the whole day long, while waiters in smart uniforms were serving meals in the many dining rooms. In the laundry, outside under the sun, soiled linen was rhythmically beaten clean on soapy stone slabs. Every department was impressive in its own way. The chapel was large enough to serve as a parish church. I was overwhelmed by the demands of such a place, demands put on the sisters working in it, on the Society – and now also on myself. While taking it all in, I could already feel a heavy drain on all my resources.

Visiting the other hospitals in Pakistan I was less overwhelmed by what I saw but still very much aware of the burden of responsibility the sisters were carrying. As early as 1930, when the Society did not yet count more than fifteen members, and in spite of difficult beginnings in Rawalpindi, two nurses had been sent to Dacca, East Bengal. For years they were in charge of the nursing service in the Mitford Government Hospital while the diocese was waiting to build its own hospital. By 1949 a small diocesan hospital had been built in Mymensingh, 100 km north of Dacca, on a plot of land offered by the bishop, and was being staffed by Medical Mission Sisters. While construction was still under way in Mymensingh, however, plans were already being made for a far larger hospital that would make a greater impact when located in Dacca, now the capital of East Pakistan. The Dacca Holy Family Hospital was eventually opened in 1956, and from then on its needs took priority over those of the Mymensingh hospital: the 1967 Chapter subsequently confirmed this course of events by deciding to close the hospital in Mymensingh. This small hospital struck me as friendly and manageable; there was something homely about it. But there was no time for regret: it would have been impossible to staff both hospitals and the dice had been cast

long ago in favour of Dacca, where a small Catholic community was proud of the prestigious hospital they now considered as their own in the midst of the Muslim city.

In Karachi, the nursing school built with funds from Misereor, the main funding agency in Germany, had been completed a couple of months before I arrived. The sisters lived on the top floor of the student nurses' hostel, a bit removed from the noise and bustle of the city teeming with people and traffic of all kinds – including camels – that was buzzing around the hospital compound. The first sisters, two from Rawalpindi and two from the Netherlands, had come to Karachi in 1948 to take charge of an existing nursing home as a stepping stone towards establishing another Holy Family Hospital. The process adopted in Rawalpindi and Dacca was started all over again: land was donated by the diocese, and a 300-bed hospital was planned, to be built in stages. There was one difference: permission was obtained for a local fund-raising project. Karachi, located on the Arabian Sea, and the port of entry for West Pakistan, was the most prosperous and cosmopolitan city of the whole country, and the local population did indeed contribute towards the construction of the hospital. The first wing was opened in 1954, others followed, and by 1964 the bed capacity had reached a hundred and fifty. The hospital was simple, solid and known for its modern equipment. Only part of the plan had been constructed thus far, however – and it was obvious that, located in a densely-populated city, the services it could offer could never meet the expectations of the people. The out-patient department was very overcrowded and so short of space that all attempts to promote a more regular flow of people failed; the kitchen was crammed into the basement, where the heat was suffocating and the overhead fans were madly turning around hot air. Karachi was always hot and dusty, and sometimes without a single drop of rain for a whole year. As in Rawalpindi one could never forget that the city was built in a desert.

During my first weeks in Pakistan I came to understand how the sisters, and more particularly those in Dacca, had, under the previous administration, dreaded the visits of the pro-provincial superior. They had experienced her as coming to inspect every spot and corner of the hospital, and to call them to account for every aspect of their management. They could not help but transfer these expectations onto me as sector superior; I could sense their uneasiness and a certain agitation when I first arrived in a place. By explain-