MOTHER MARY KEVIN KEARNY AND HEALTH CARE

From The Third Mother Mary Kevin Memorial Lecture, September 13th 2024

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I. INTRODUCTION

This paper was presented as a lecture at the Mother Mary Kevin Kearney Third Memorial lecture on September 13th 2024, at the Sharing Youth Center in Kampala.

When Prof. Paul D 'Arbela of Uganda Martyrs University, Mother Mary Kevin Postgraduate School, called me a few months earlier to convey a request to give this memorial lecture, I had an instant acceptance for three reasons. First, I have been a silent admirer of the life of St Francis of Assisi. This started when I found people with strong devotion to St. Francis of Assisi selling religious items related to him around the Basilica of St. Anthony in Padua[1], Italy, around 2010. I wondered why many items related to St. Francis of Assisi were being sold on the compound of and around the Basilica of St. Anthony. Up to recently, I have also been wondering why some health facilities or schools started by Little Sisters of St Francis were named after St. Anthony, instead of St. Francis or St. Clare, both of Assisi. However, I have recently learnt that among Francis' early followers was St. Anthony of Padua (1195-1231)[2].

In 2012, I spent one week on the hill of Assisi and visited the tomb of St. Francis in the Basilica, the "Cripta di San Francecso" in the Basilica Inferiore di San Francesco, every evening for prayer. I also visited where the relics of St. Claire were kept, a walking distance away from the Basilica of St. Francis of Assisi. One can see that from the pictures in the Basilica, St. Francis wanted to imitate the life of Christ. My wife and I, together, also briefly visited Assisi in 2014, and went to the tomb to pray. The rest of the story is for another day.

Secondly, as I always do when asked to make presentations or lectures, I also this time asked why I was the one chosen at this time to give the lecture, after the big shoes of the two Professors. Although Prof. Paul D 'Arbela explained, I was inwardly more motivated to accept because of what my father told me when I was young, that, "If among many, you have been asked to speak, it means God has chosen that at that time you are the right person to speak. It does not matter

[1] Better known in Italy as "Padova"

[2] https://www.google.com/search?q=Relationship+between+St.+Francis+of+Assisi+and+St.+Anthony+of+Padua&oq=Relationship+between+St.+Francis+of+Assisi+and+St.+Anthony+of+Padua&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCjI3Mzc2ajBqMTWoAgiwAgE&sourceid=chrome&ie=UTF-8

what anybody says about what you have said. So, don't disappoint the people requesting you". This gave me the extra courage to step into the shoes of my very senior elder in the medical profession, Prof. Paul D 'Arbela. I am greatly humbled. The third reason was that I could simply not turn down a diplomatic call from my elder. I have learnt along my lifetime that a request from an elder is a diplomatic directive. In our medical training, we were taught to listen to and obey instructions from those above us.

As I prepared this lecture, from the beginning I struggled to figure out how to add just a little value to what had already been so well presented at the previous memorial lectures by the two renowned Professors, Prof. Paul D 'Arbela and Prof. Semakula Kiwanuka. I prayed that the Holy Spirit might guide me to find something useful to write and add on to theirs. It is, therefore, my prayer that you will indeed find something to take home as you read this article.

Purpose of the Memorial Lecture

The lecture and this article serve two purposes. The first is to disseminate information about the enormous contribution by Mother Mary Kevin Kearny to the integral development of Uganda. Secondly, it is to provoke all of us into inward thinking about what we can do as individuals, as a church and as Ugandans to further the integral growth of Uganda, especially in health care. Thinking through the life of Mother Mary Kevin Kearney, her life challenges us to remember the famous statement made by President John F. Kennedy of the United States "Ask not what your country can do for you. Ask what you can do for your country". (President John F. Kennedy's inaugural address, 1961).

The Bible tells us (Mathew 7:16) that "You will be able to tell them by their fruits. Can people pick grapes from thorns?" We are therefore harvesting or taking stock of Mother Mary Kevin's Grape Fruits. But what are you and me sowing or what have we sown to be harvested one day?

The personal challenge of thinking and writing about Mother Mary Kevin

In writing or talking about Mother Mary Kevin Kearny, the first challenge is to know where to start from and end and what to leave out or keep in, because of the vastness of her works and richness of her life. The theme is clear, the topic is also clear. However, these cannot have meaning without first having at least a brief reflection on the wider context of her life and deeds.

There are a number of heroes and heroines in health and other aspects of our lives. However, each of those is unique. Therefore, the key question to reflect on through is "What does the life of Mother Mary Kevin Kearney remind you and me of?" As I learnt about her, I was reminded of my first thirty minutes of reporting to my first workstation, St. Mary's Lacor hospital in Gulu, around 9.00 p.m. by train on July 15th 1983, as a young doctor, fresh from the Medical School. Dr. Pietro Corti and Dr Lucille Corti, founders of St. Mary's Lacor hospital, on invitation by Bishop

Suzanna, within thirty minutes told me of how Dr Corti had, in 1959, come to Uganda from Italy, through Kinshasa and then moved by road across the Congo into Uganda, then northwards to Gulu. He later started Lacor hospital in 1961. After listening to them for about thirty minutes, and as I was being led to my residence, I was greatly challenged and asked myself the question "If these people could sacrifice in 1959 to leave their homes to come into this bush, why can't we also do something for ourselves?" I immediately decided that my next move out of Lacor hospital would be to start a hospital, albeit being from a very poor family. That is what my wife and I did. On July 1st 1987, we moved to convert Holy Family Dispensary and Maternity Center, Nyapea into the current Holy Family Nyapea hospital. This experience made learning about Mother Mary Kevin Kearny have a personal meaning to me. I could easily relate with and greatly appreciate every bit of the story about her.

I now realize 1959, when Dr Pietro Corti came to Lacor, was just two years after the death of Mother Mary Kevin Kearney. I also realize that she died on October 17th 1957, just about one and a half months before I was born, and I am here now to write about her and give her memorial lecture. Where we, somehow, also remotely coming to further her work?

The best way to appreciate the work of Mother Mary Kevin Kearney in health care is not to narrow the focus on health care, but to first look at her legacy in totality; It should also be seen as a relay in terms of the work she did or that was done under her direct leadership, and the continuation of all the work by the Little Sisters of St. Francis whom she "gave birth" to and to whom she handed over her mission. The second aspect is to understand her work in health from the wider context of the history of health care globally, in Africa, in Uganda, and specifically the role of religion in health care and the Catholic health services.

II. A BRIEF GLOBAL AND AFRICAN PERSPECTIVE OF HISTORY OF HEALTH CARE

The practice of Medicine started many centuries before Christianity. The first known mention of the practice of medicine is from the Old Kingdom of Ancient Egypt (**1**), "Imhotep (2655-2600 BC), an Egyptian polymath, was considered to be the first architect, engineer, and physician in recorded history (**2**), 2012). He is reported to have "led us from Magic to Medicine". Hippocrates, the most famous physician of the time lived c. 400 B.C.). In Africa, some of the early hospitals include Ad-Dimnah Hospital founded in Tunisia in 830 BC (**3**, 7), the first Somerset Hospital, the first in South Africa built in 1818 (**4**), Mengo Hospital, the first in Uganda, and in East Africa, founded in 1897 (**5**), and Lubaga hospital, the first Catholic hospital and second one in Uganda, founded in 1899.

The Case of Uganda

Local health care, similar in practice to the Western system, could have occurred for long before introduction of what is called "Western health care" into the country. (**6** and **7**). R. W. Felkin who

observed the Caesarean Section being done in Kihura in 1879, was a British traveler. This was 18 years before the formal start of "western health care" in Uganda with opening of the first hospital, Mengo hospital in 1897 followed by Lubaga hospital in 1899.

III. RELIGION AND HEALTH

In ancient Egypt, priests were the doctors (**8**). For the church, providing health services is a scriptural demand and a moment for evangelization as well as one sees the hands of Jesus in the works of the healthcare providers. Jesus combined the preaching of the Word with the practical healing of diseases and sicknesses (**9**, Mathew 4:23). He passed on His healing ministry to the disciples, "..and gave them authority over unclean spirits to drive them out and to cure every diseases and sickness" (**9**, Mathew 10:1); "And as you go make this proclamation 'the kingdom of heaven is close at hand', cure the sick, raise the dead, cleanse the lepers, drive out the demons". **(9**, Mt. 10:7-8).

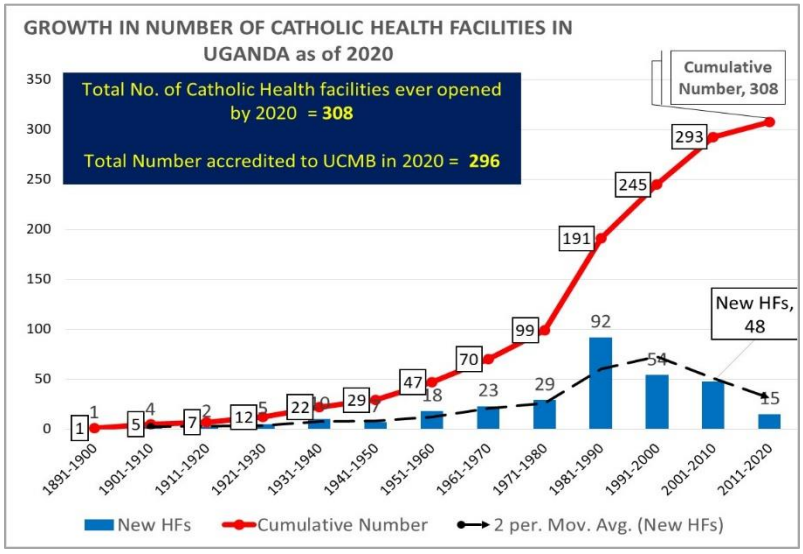
Worldwide, the Catholic Church remains the largest non-governmental provider of health care services (**10**). Sixty five percent of these are said to be in developing countries (Global South), a significant fraction of those being in Africa. These do not include the church's contribution to global preventive services.[3]

In Africa, Churches played a major or pioneer role in introducing Western type of Medicine from the late 19th Century ahead of or as part of colonization. In Uganda, for example, the first hospital (Mengo hospital belonging to the Anglican Church) was started in February 1897. The second one, Lubaga hospital, belonging to the Catholic Church, was started in October 1899. The role or work of the religious bodies in health care was recognized early in Uganda, starting with the opening of these first two hospitals. As the numbers grew, Uganda Catholic Medical Bureau (UCMB) was formed in 1934 to coordinate Catholic health services.

The then colonial government gave some support to faith-based (Mission health facilities) because they appreciated their role in health care. But this was not a well-coordinated. The Frazer Commission instituted in 1954 (Reported December 1955) (**11,** 45-49) recommended a formal channel for giving grant-in-aid to the mission health facilities. In 1955, UCMB was gazetted as the channel for grant-in-aid to Catholic founded hospitals. Nsambya hospital, and a few others at that time, were the ones whose performances led to this decision. Uganda Protestant Medical Bureau (UPMB) was formed in 1957 and gazetted to do the same for the health facilities of the Protestant Church.

Since the opening of Lubaga hospital in 1899, the Catholic health care facility network has continued to grow.

Figure 1: Trend in growth of Catholic-founded health facilities in Uganda



The first three Catholic hospitals were Lubaga hospital started in 1899, Villa Maria Hospital in 1902 and St. Francis Hospital Nsambya in 1903. The rapid rise in number of Catholic-founded health facilities coincided with or was a response to the deteriorating quality of government health services, starting with the reign of Idi Amin in 1971, with a peak in the period 1981-1990.

Source: Plotted from the database of the Uganda Catholic Medical Bureau (UCMB)

The first ten Catholic health facilities opened between, 1897 – 1925 (Table 1). All of them were founded by Religious Institutes (Congregations) – specifically Nuns / Sisters. This has remained the trend with most of the Catholic health facilities in Uganda.

Table 1: First ten Catholic health facilities founded in Uganda

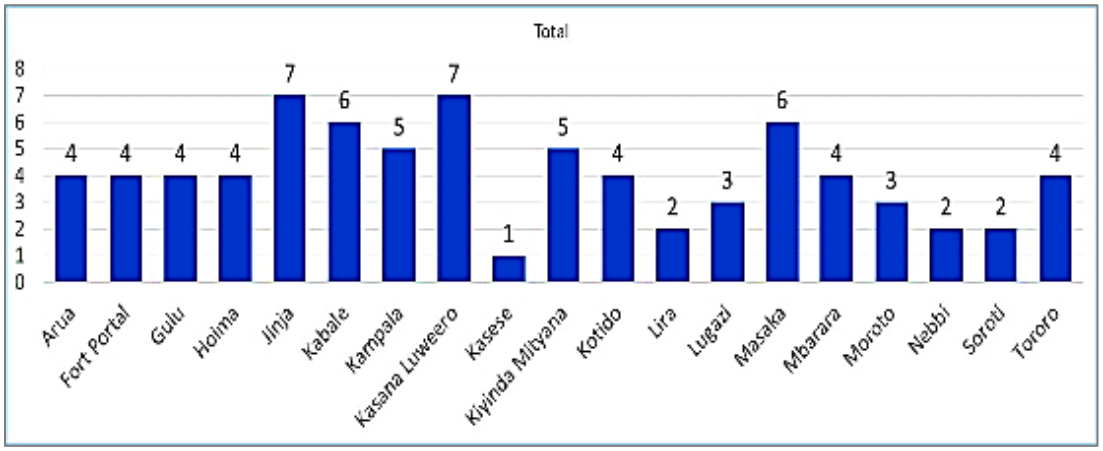
	Health Facility Name	Current Level	Diocese	District	Date/ Year of Establishment	**Founders**
1	Rubaga	Hospital	Kampala	Kampala	1899	Missionary Sisters of Our Lady of Africa
2	Villa Maria	Hospital	Masaka	Kalungu	1902	Missionary Sisters of Our Lady of Africa
3	Nsambya	Hospital	Kampala	Kampala	1903	**Mother Kevin – Franciscan Sisters**
4	Kisubi	Hospital	Kampala	Wakiso	1905	Missionary Sisters of Our Lady of Africa
5	Naggalama	Hospital	Lugazi	Mukono	1906	**Mother Kevin – Franciscan Sisters**
6	Virika	Hospital	Fortportal	Kabarole	1911	Missionary Sisters of Our Lady of Africa
7	Kamuli	Hospital	Jinja	Kamuli	1914	**Mother Kevin – Franciscan Sisters**
8	Bwanda	HC III	Masaka	Kalungu	1921	Missionary Sisters of Our Lady of Africa
9	Nkokonjeru	Hospital	Lugazi	Buikwe	1923	**Mother Kevin – Franciscan Sisters**
10	Nyondo	HC III	Tororo	Mbale	1925	

Source: UCMB Database 2024

Missionary Franciscan Sisters, under leadership of Mother Mary Kevin Kearney, founded four (40%) of these first ten Catholic health facilities in Uganda (coloured blue in table 1) above. The first six Catholic hospitals, that is to say Lubaga, Villa Maria, Nsambya, Kisubi Naggalama and Virika, were all founded before Mulago Hospital. Mulago hospital was founded in 1913, first as a center for treating sexually transmitted diseases.[4]

There are currently thirty-eight Religious Institutes having members working in Catholic health facilities or Diocesan Health Departments in the country. Table 2 shows the number of the Religious Institutes working in health facilities of each diocese.

Figure 2: Number of Religious Institutes with members working in Catholic-founded health facilities in the different dioceses in Uganda in 2024



Source: UCMB – Compiled from Annual reports of Catholic-founded hospitals accredited to UCMB and reports of Diocesan Health Departments

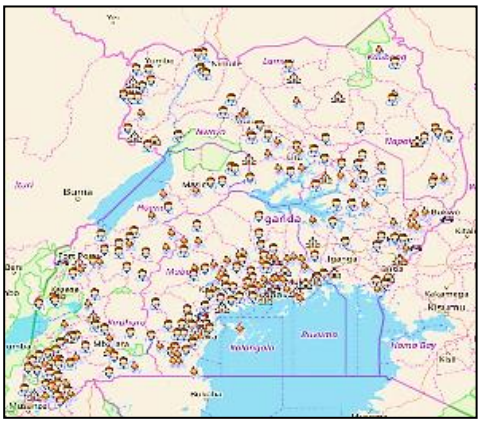
Jinja diocese and Kasana-Luwero have the greatest number of Religious Institutes that have members working in their health facilities. As seen in fig. 6, members of the Little Sisters of St. Francis (LSOSF) are working in eight (42%) of the 19 dioceses / Archdioceses.

Distribution of Catholic health facilities

Overall, Catholic-founded health facilities are today distributed all over the country (fig 3)

[4] Dr. Byanyima Rosemary Kusaba, Executive Director, National Referral Hospital, "Executive Director's Message", https://mulagohospital.go.ug/

Figure 3: Geographic distribution of Catholic-founded health facilities accredited to UCMB, 2024



The pattern of distribution of health facilities is similar to that of government and the protestant church and resembles the income distribution and poverty pattern in the country.

Source: MOH DHIS2

The majority of the Catholic health facilities accredited to the Uganda Catholic Medical Bureau are in the central region i.e. Kampala Ecclesiastical Province. That is also, where the majority of the health facilities founded by Mother Kevin-LSOSF are located.

Table 2: Distribution of Catholic-founded health facilities according to Ecclesiastical Provinces in 2024

Region	Total	Percent
Kampala Province (Central)	107	**36%**
Tororo Province (Eastern)	56	**19%**
Gulu Province (Northern)	50	**17%**
Mbarara Province (Western)	85	**29%**
Grand Total	**298**	**100%**

Source: UCMB Database

IV. MOTHER MARY KEVIN KEARNEY, THE PERSON – WHO WAS MOTHER MARY KEVIN, OSF, CBE?

Mother Mary Kevin Kearney[5] was born Teresa Kearney on April 28, 1875 in Ireland. She lived for eighty-two and a half years and died on October 17, 1957 *(**12**)*. She spent fifty-four years (63.4%) of her whole life in Uganda from 1903 to 1955. Having professed as a nun at the age of about twenty six and a half years, it means she spent fifty six years of her life a nun. Therefore she spent fifty four out of fifty six (96.4%) of her life as a nun in Uganda.

Her childhood history was similar to that of many African children even today, especially in our rural societies. Her father died in a motor accident on January 8th 1875, three months before she was born. She lost the mother on March 17th 1885 when she was at age of 10 years and started living with the grandmother. Tereza Kearney dropped out of school at age 14 years. (**13,** 15; **14,** and **15,** 13) In order to cope with life, she became an assistant teacher - Junior Assistant Mistress in Dublin at age of 17 (**14**). In 1893 (at 18 years) her grandmother, her caretaker, died.

Mary Kevin Kearney the Franciscan Nun and the Journey to Uganda

Ms Tereza Kearny was admitted to the Franciscan Convent on November 21st 1895 (At age of 20). On April 21, 1898 and therefore aged twenty six and a half years, she took the name Sister Mary Kevin of the Sacred Passion. On December 3rd, 1902, (Aged 27) she and five other Sisters left England to begin missionary work in Nsambya led by Bishop Hanlon. (**14** and **15,** 22). The six sisters (led by Mother Paul) arrived in Uganda on January 15, 1903 (Munyonyo) and walked to Nsambya where they set up a convent and eventually started what is now St. Francis Nsambya hospital.

Bishop Hanlon resigned in 1912. He was replaced by Bishop Biermans (**13,** 68 **and 16,** 78-79).

Mother Mary Kevin and the Little Sisters of St Francis (LSOSF)

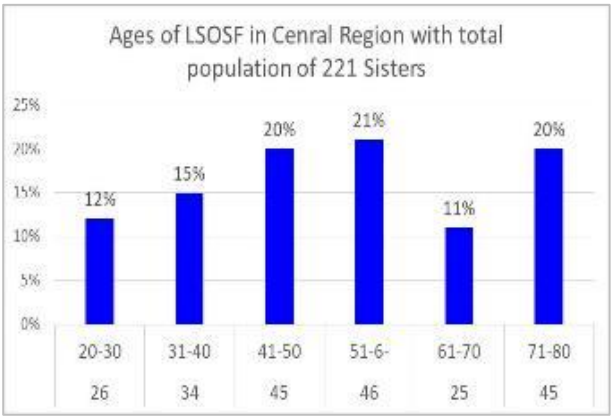
Mother Mary Kevin Kearny realized the need and importance of having a local congregation as demonstrated by the yearning of local girls. She consequently started with the formation of eight little girls in 1921 on the agreement with Bishop Rt. Rev. John Biermans. After two years of Postulancy, the first group of local Religious Nuns under her care were passed out (consecrated) on May 1st 1923 and called the *"Little Black Sisters of the Third Order of St. Francis".* This local

[5] Photo of Mother Mary Kevin Kearny (Courtesy of LSOSF)

congregation was later named *"Little Sisters of the Regular Third Order of St. Francis of Assisi".* It was incorporated as a legal body in Uganda on October 5th 1948 as the Registered Trustees of the *African Little Sisters of St Francis,*" under the Incorporations Ordinance of 1938[6].

It is not clear when the name was formally changed to the shorter one of "*Little Sisters of St. Francis".* The Institute (Congregation) was canonically recognized only in 1959, and the same year the local Bishop, Rt. Rev. John Biermans, set it up as one of Diocesan right (Jan 10th 1959). This was just two years after the death of their Founder, Mother Mary Kevin Kearny. In a private conversation with some of the members, they said today there are some 850+ members and some 50+ in formation. The age distribution of the current members is as in figure 4. As majority of the LSOSF in Uganda are located in the central region, this sample may portray a good representative of the whole membership of the Institute, at least in Uganda.

Figure 4: Age distribution of members of LSOSF in Central Region of Uganda, 2024[7]



- 52% are 51 years and above
- 20% are in dependency group 71-80+ years
- 27% are 20-40 years (2 age groups), just enough to compensate for those in only one age group

Source: Unpublished data compiled by Rev. Sr. Jane Francis Nakafeero, Administrator, Naggalama hospital, 2024

Mother Mary Kevin – Founder of the Missionary Sisters for Africa and the Little Sisters of St Francis (LSOSF)

Faced with very heavy load of work on the few sisters, the new Bishop, Rt. Rev. John Biermans, instructed Mother Kevin to get more Sisters. The first of the new four Sisters arrived in July 1913. Subsequently, they received three more, one a year, to increase the number to ten. One of the new four was the first qualified nurse in the group (**17**, 32).

However, this came with the challenge of having Sisters from Ireland who were in enclosure and not prepared for missionary work. Mother Mary Kevin Kearney subsequently and consequently founded the Franciscan Missionary Sisters for Africa in 1952, on approval by the Holy See. The

[6] Certificate of Incorporation seen by the writer.

[7] Central region Kampala Archdiocese (12 Convents), Lugazi diocese (23 Convents), Masaka diocese (1 Convent) Kiyinda-Mityana diocese (3 Convents) and Kasana-Luweero diocese (2 Convents).

purpose was to have missionary Sisters who would be well prepared for the non-enclosure ministry and culture. On Sept 11th 1952 she was appointed as their first Superior General.

In Feb 1955, Mother Mary Kevin Kearney handed over leadership of the Franciscan Sisters for Africa to Mother Mary Alcantara. She left Uganda and was appointed the Local Superior of the Brighton Novitiate House in the USA. One of the many things she did there was fundraising.

Mother Mary Kevin Kearny – The Decorated Nun

Mother Mary Kevin Kearney was recognized for treating the sick during the First World War, and subsequently receiving three awards. The sick were mainly the locals who had been injured while carrying loads for the fighting European forces.

On Christmas day, 1918 after the signing of the Armistice, she was awarded the MBE (Member of the Order of the British Empire) for her services to the sick and wounded during the First World War[8] . She was in Kamuli when the news of her recognition came by telegram (**16**, 92). An "Armistice", is an agreement for the cessation of active hostilities between two or more belligerents. In 1955, after leaving Uganda and travelling to the United States, she was with the O.B.E. the Pro Ecclesia et Pontifice from Pious XI for her service to the people in Africa. "Pro Ecclesia Pontifice" is a Decoration of the Holy See. OBE means *Officer of the Most Excellent Order of the British Empire.* In same year, at the age of 80 (**14**) (and 2 years before she died) she received the CBE, "*Commander of the Most Excellent Order of the British Empire" (given by British Monarch).*

V. MOTHER MARY KEVIN KEARNEY AND HEALTH CARE MINISTRY

Mother Mary Kevin Kearny started her health care ministry in 1903 with the opening of a dispensary under a mango tree near the convent in Nsambya (**12**). In 1906, she expanded the services, thus growing from the dispensary under the mango tree into the larger Nsambya hospital. In the same year, 1906, she expanded the missionary work and set up a hospital in Naggalama, twenty-three miles away.

The first seven years were reportedly very hard. Sleeping sickness ravaged the villages around Lake Victoria. The epidemics of sleeping sickness killed "a conservative estimate" of about 400,000 people (**17,** 17) reportedly making Winston Churchill describe the islands and shores of Lake Victoria as "*The beautiful garden of death*".

[8] First World War lasted 28 July 1914 – 11 November 1918

Smallpox was endemic. Bubonic plaque was sporadic but killed many people in Busoga following the introduction of cotton in 1904, which provided breading grounds for rats. Plague was followed by famine and the sisters witnessed ghastly scenes. Sister M. Louis, OSF reports *"Dead bodies lay near the houses and, often too, we saw what looked like skeletons crawling along, looking for roots to eat (***16,** 86*)".*

Tropical diseases such as Malaria and dysentery were rife, and due to lack of care, infant mortality and maternal deaths were very high.

In 1910, Mother Paul had to return home due to ill health and Sister Mary Kevin Kearny was given the task of building up and directing the missionary work. *(***16,** 74 and **17,** 30*)*. The experiences of the first seven years, especially the high infant and maternal mortalities, made her decide to study midwifery. She requested Cardinal Bourne of Westminster to allow her study midwifery. Cardinal Bourne refused because the Canon law at the time did not allow the Religious to do Maternity work. She however insisted on and, with permission of the Bishop, attended a modified course in Obstetrics in Alcase in France. In doing this, she showed assertion, resilience and challenging of the status quo for the good of humanity. When Mother Mary Kevin went to Ireland for a Chapter of the Congregation, her cousin, also a nun, reportedly made what could be described as a rather "callous" statement about the high infant mortality, saying *"But you baptize hundreds of those infants! Doesn't that satisfy you?"* In response, Mother Mary Kevin humbly said *"That is a grace, certainly, I don't deny it. But we won't build a living Church on dead babies. We must help the living" (**16**, 100)***.**

In reference to the restriction by the Cannon Law, not allowing nuns to train as Midwives, Mother Mary Kevin said in 1919, *"Believe me, that legislation will soon be changed, at least for the missionary countries"*. Indeed the Holy See lifted that restriction from the Cannon Law in 1936. (**16**, 101)

With the help of Dr. Evelyn Connolly from Ireland, who had arrived in Nsambya that April, she started Nsambya Enrolled Midwifery Training School in 1921 amidst lack of financial support from both government and her congregation. Within her own congregation there were skeptics, the "Job's Comforters". When she approached the Medical authorities for support, she met with "many rebuffs from the Department and they finally said the "The money has already been allocated; the matter is closed". The Medical Authorities had wanted that the Anglican Church Missionary Society (**17**, 51) control the training school Mother Mary Kevin was planning to open. She, nonetheless, insisted, saying "I am not asking for money, I am asking for authorization" (**17**, 52); apparently surprised by her answer, they gave her the approval to start the school for training Catholic midwives, making one highly placed government official of the time to reportedly have said of Mother Mary Kevin (**16**, 116):

"She is an amazing woman. The whole Department may have firmly decided that she cannot have approval for her private enterprises. She calls on us. She is perfectly simple, perfectly charming and perfectly inflexible! Invariably she gets what she has come for; invariably she is proved to be right. She is a wonder, a woman totally dedicated to religion; she keeps us all on our secular toes"

In 1932 Mother Kevin set up her first Leprosarium in Nyenga, near the source of the Nile (**15** and UCMB database)[9] and in 1934 set up another at Buluba. Lives of people living with leprosy in these camps were changed. They began to be trained, to work, to improve, to have therapy. They became as self-reliant as possible. The attitude of the people gradually changed from prejudice to acceptance, realizing that leprosy was a curable as other diseases if treaded early as other sicknesses and curable when given proper treatment in good time.

For the first two decades, Nsambya hospital depended on part time doctors. In April 1921 Dr. Evelyn Connolly a lay volunteer arrived to become its first Resident Doctor. Dr. Connolly later joined the congregation of the Franciscan Sisters under the name Sister Assumpta. Sr. Dr. Assumpta was instrumental in starting the Nursing School at Nsambya Hospital in 1935. She died fifty-two years later at Nsambya Hospital in 1974.

Health Facilities Founded by Mother Mary Kevin and the LSOSF

To date, there are twenty-five health facilities in Uganda and Kenya[10] founded either under the leadership of Mother Mary Kevin or by the Little Sisters of St Francis who she founded. Therefore, what the latter now does can be considered as part of her legacy and is herein considered as such. Table 3 gives the list of the health facilities.

[9] UCMB Data Base and Hospital Annual Reports

[10] Names of facilities identified by the Generalate of the LSOSF. Dates of opening facilities in Uganda were obtained from the UCMB database build from past annual reports of health facilities and Diocesan Health Departments

Table 3: List of health facilities started by Mother Mary Kevin Kearney or the Little Sisters of St Francis (as at 2024) in both Uganda and Kenya

	Unit Name UCMB	Current Level	Diocese	Date/ Year Established	Current legal ownership	Country
1	Nsambya	Hospital	Kampala	1903	Kampala Archdiocese	Uganda
2	Naggalama	Hospital	Lugazi	1906	Lugazi diocese	Uganda
3	Kamuli	Hospital	Jinja	1914	Jinja diocese	Uganda
4	Nkokonjeru	Hospital	Lugazi	1923	Lugazi diocese	Uganda
5	Nyenga	Hospital	Lugazi	1932	Lugazi diocese	Uganda
6	Buluba St. Francis	Hospital	Jinja	1934	Jinja diocese	Uganda
7	Lwala	Hospital	Soroti	1934	Soroti diocese	Uganda
8	Budini	Health Center III	Jinja	1938	Jinja diocese	Uganda
9	Budaka Namengo St Francis	Health Center III	Tororo	1938	Tororo	Uganda
10	Dabani	Hospital	Tororo	1939	Tororo	Uganda
11	Kavule	Health Center III	Lugazi	1943	Lugazi diocese	Uganda
12	Kanzalu		Machakos	1946		Kenya
13	Amakura			1952		Kenya
14	Nakuru Subukia	Health Center	Nakuru	1955	LSOSF	Kenya
15	Bikiira	Health Center III	Masaka	1982	LSOSF	Uganda
16	Mirembe Maria St. Gabriel	Health Center III	Kiyinda-Mityana	1982	LSOSF	Uganda
17	Nyanguso	Dispensary	Kisii	1984	LSOSF	Kenya
18	Kasarani	Hospital	Nairobi	1993	LSOSF	Kenya
19	Nakuru Mother Kevin	Hospital	Nakuru	1995	LSOSF	Kenya
20	St. Damiano	Hospital	Bungoma	1999	LSOSF	Kenya
21	Nakuru St Anthony	Hospital	Machakos	1999	LSOSF	Kenya
22	Ngora (St. Anthony)	Health Center III	Soroti	2004	LSOSF	Uganda
23	Pamba	Health Center III	Soroti	2005	LSOSF	Uganda
24	Kasikeu	Health Center	Machakos	2005	LSOSF	Kenya
25	Mother Kevin	Health Center III	Jinja	2021	LSOSF	Uganda

The above list was developed from both the database of UCMB, the health department of the Uganda Episcopal Conference for the case of facilities in Uganda. UCMB accredits and coordinates all health facilities of the Catholic Church in Uganda (Diocesan and Religious). More information was got from the Education office of the Little Sisters of St. Francis (especially in the case of Kenya). It is worth noting that most of the facilities in Uganda, shown in the above list, are legally not owned by the LSOSF. First, to own property, an organization has to be legally incorporated under the civil laws of that country. Consequently, the legal ownership of property established by the Franciscan Sisters and later the LSOSF initially went to the Registered Trustees of the respective Dioceses and at the time the Franciscan Missionary Sisters were "handing over to the LSOSF" the latter were not legally incorporated in Uganda and therefore could not legally own these facilities.

As said earlier, the LSOSF were incorporated in Uganda as a legal body on October 5th 1948[11] as "*The Registered Trustees of the Little Sisters of St. Francis*". They became able to legally own property. So, why did dioceses continue to own property started by the LSOSF after their incorporation? Some Sisters talked to privately say there was simply a lack of understanding of what the new legal status meant. Others say Mother Mary Kevin kept acquiring land and registering simply as "Church land", not necessarily in the name of the legal entity of "The Registered Trustees of LSOSF". This, they say was also because there was a very thin and grey

[11] Source: The writer has seen a copy of the "Certificate of Registration as a Corporate Body"

line between what belonged to the Mill Hill Missionaries and Franciscan Missionaries. “They were the same people”. “Those days demarcation was not as important as it is today”.

The situation was different in Kenya. Information from the Generalate of the LSOSF in Kenya indicates that they were incorporated there on April 28th 1988 after the Institute had had many “eye-opening experiences”. Therefore, it is not clear how they were able to legally own the health facilities in the name of LSOSF in Kenya before their incorporation there.

Members of LSOSF continue to provide professional services in these health facilities that they founded, in agreement with the local Bishop Ordinary, where the facilities are now under the legal ownership of the Diocese.

Growth of the Franciscan-founded health facilities – Diocesan Right or Missionary?

Figure 5 and table 4 show the distribution of the health facilities in Uganda and Kenya by numbers and percentage proportions[12].

Figure 5: Proportion of health facilities founded by Mother Mary Kevin and LSOSF in Uganda and in Kenya

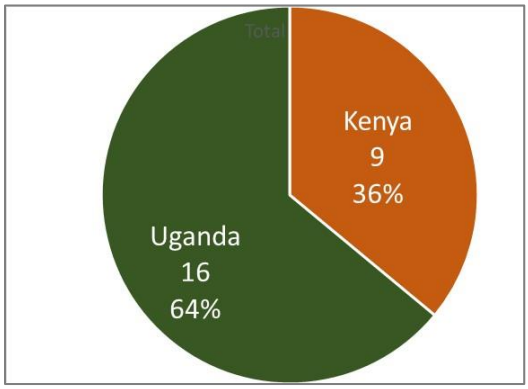


Table 4: Number of health facilities founded by Mother Mary Kevin and LSOSF in Uganda and in Kenya

Country	Total
Kenya	9
Uganda	16
Grand Total	**25**

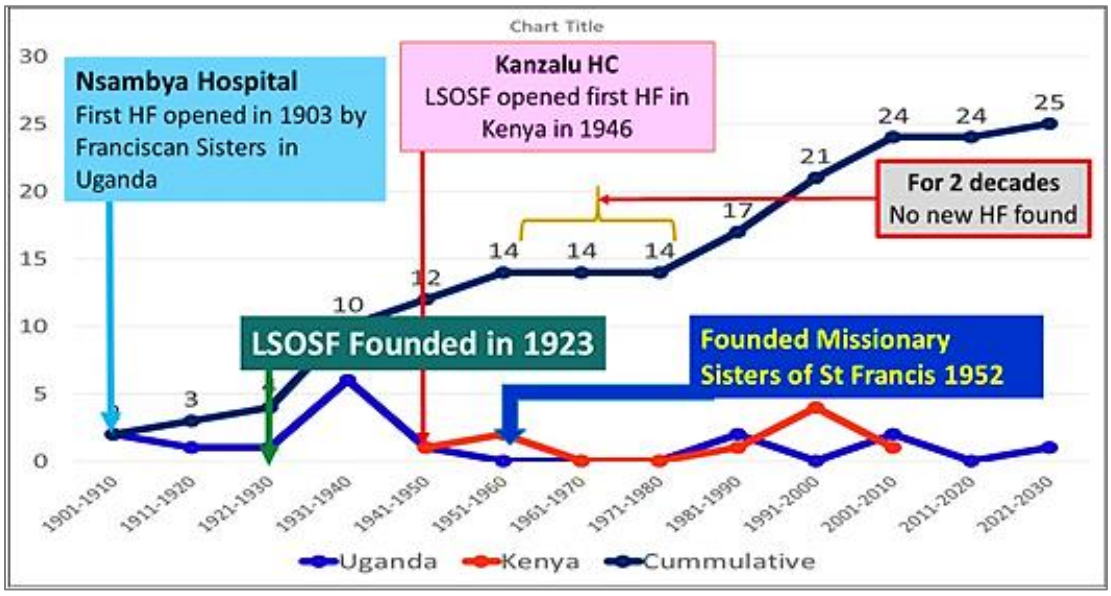
Although the LSOSF were in 1959 instituted by Bishop Rt. Rev. John Biermans as of a Diocesan Right, the Institute seems to have become Missionary, like the founders. In any case, the Catholic Church is by nature a missionary church. They now also have communities in Tanzania, although no records of health facilities founded by them in Tanzania were obtainable.

The trend of growth of the “Franciscan”-founded health facilities in Uganda and Kenya is shown in fig. 6[13].

[12] Derived from table 3

[13] Source: Developed from the years of foundation shown in table 3.

Figure 6: Trend in growth of health facilities started by Mother Mary Kevin and the Little Sisters of St.Francis in Uganda and in Kenya



While the first Franciscan health facility, Nsambya hospital, was founded in 1903, the congregation founded their first one in Kenya, Kanzalu Health Center, forty-three years later, in 1946. What is not clear is why there was a stagnation of the growth in health facility numbers, in both Uganda and Kenya, for two decades (1960 – 1980). It is not clear whether this was related to the founding of the Franciscan Missionary Sisters for Africa in 1952 and a possible need to first consolidate their existence in Uganda before resuming expansion of the Missions and health facilities. Explaining why it took long, till 1046, for Mother Mary Kevin Kearny to start a health facility in Kenya, Sr. Margret Kubanze[14] explains that Mother Mary Kevin Kearny was only going where the Mill Hill Fathers had a presence.

VI. "THE GREAT DANCER GOES HOME" - MOTHER MARY KEVIN KEARNY GOES TO REST

There is a saying that "Even the best dancer goes home". After all the great job she had done in Uganda and Kenya with the LSOSF, and having moved to the United States in 1955, Mother Mary Kevin Kearny wrote her last letter to the Little Sisters of St Francis on October 15th 1957 from Brighton, Massachusetts, USA(**15**, 38). In the letter, she expressed "All being well, I hope to be back in Uganda early May D.V. I am longing to see you all and to visit all the missions again, God willing". However, two days later, on October 17th 1957, the light was extinguished, the curtain came down, and the great "dancer" had to go home. Mother Mary Kevin was found dead in her bed at the Novitiate in Brighton, after a hectic previous day of a public meetings where she had

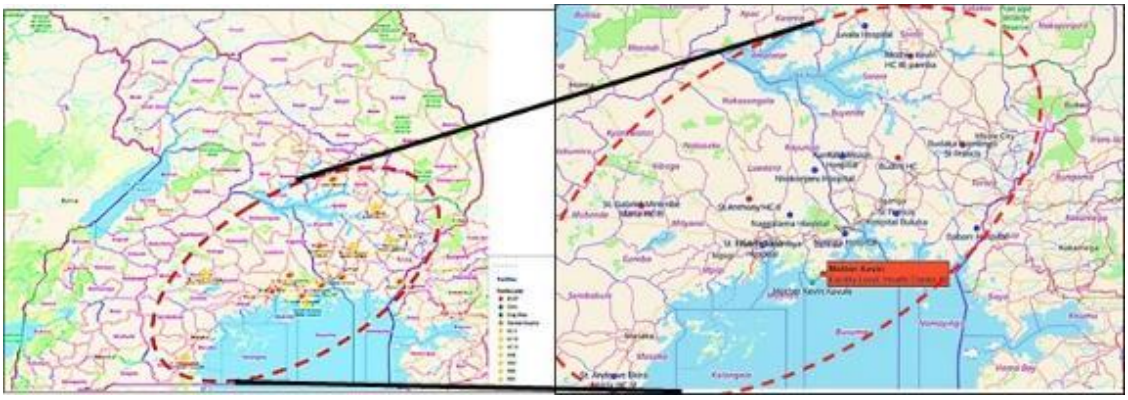
[14] Sr. Margret Kubanze is the Postulator for the Cause of Mother Mary Kevin, Servant of God.

had to answer many questions about her mission. May her soul continue to rest in peace and may the Lord answer the call for her beatification!

VII. CONTINUATION OF THE HEALTH MINISTRY BY THE LITTLE SISTERS OF ST. FRANCIS

As said earlier, and like a relay, Mother Mary Kevin Kearny had passed on the health care ministry to the Little Sisters of St. Francis to continue with. This work had four components. The first was and remains the health care in health facilities, the second is development of human resources among the LSOSF to work in health facilities not of the Franciscans but in Uganda and elsewhere. The third was to train other members of the society, both lay and religious as health professionals. The fourth, taken for granted, was the integration of pastoral care or faith into health care through both the training schools and the culture of work in the health facilities.

Figure 7: Distribution of health facilities founded by Mother Mary Kevin and the LSOSF in Uganda (2024)



Source: Plotted from DHIS 2 (MOH Uganda) by UCMB

These facilities are in eight Catholic dioceses in Uganda.

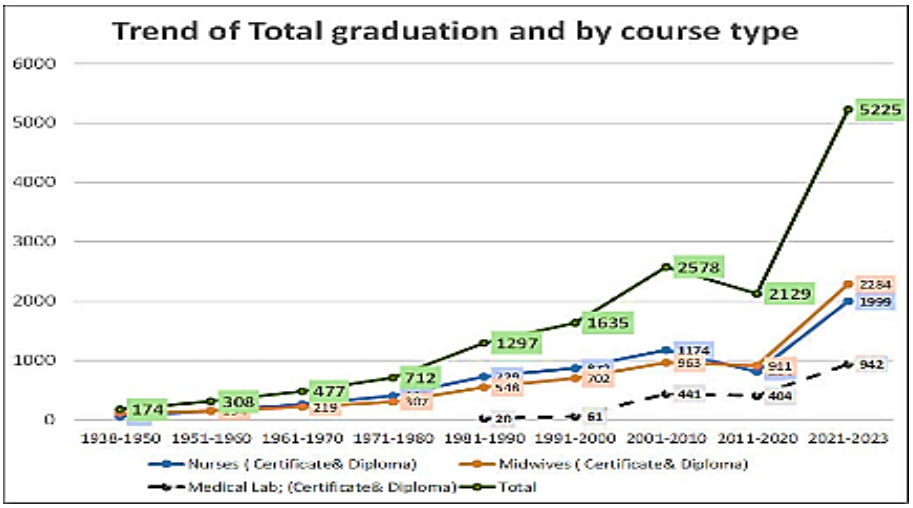
Figure 8: The eight dioceses where members of LSOSF are currently working in Uganda (2024)

1. Jinja Diocese
2. Kampala Archdiocese
3. Kasana Luweero Diocese
4. Kiyinda Mityana Diocese
5. Lugazi Diocese
6. Masaka Diocese
7. Soroti Diocese
8. Tororo Archdiocese

Contribution to the production of Human Resources for Health in Uganda

The contribution to the production of human resources for health has been for both the general population and for members of the LSOSF. In 1921, Mother Mary Kevin started the midwifery school and started the nursing school in 1935, both in Nsambya, linked to St. Francis hospital Nsambya as the training center. Data for the initial years were not obtained. Nevertheless, from available data, in the period from 1938, the different schools, forming the Nsambya Hospital Health Training Institute, have produced 2284 Midwives, 1999 Nurses and 946 Laboratory technicians and technologists, these totaling to 5225 certificate and diploma holders[15]. The trend is shown in figure 9.

Figure 9: Number of health professionals graduated from the Nsambya Hospital Nursing and Midwifery School from 1938-2023



As shown in fig. 10, they have also graduated four cohorts of Bachelor degree holders in the last four years (having started the program seven years ago), with 160 Bachelor of Nursing Sciences (BSN) and 125 with Bachelor of Midwifery Sciences, both making 285 graduates[16].

[15] Source: Nsambya Hospital Health Training Institute database, July 2024

[16] Source: Nsambya Hospital Health Training Institute database, July 2024

Figure 10: Number of graduates in Bachelor of Nursing Science and Bachelor of Midwifery from Nsambya Hospital Health training Institute

The Bachelors degree courses are gaining popularity as more trainees are seen to be graduating, especially in nursing.

Members of LSOSF in the Health Profession

While Nsambya Hospital Health Training Institute itself has trained over five thousand health workers, only 78 of their own members of the congregation have trained as health professionals. This is not surprising, as most religious congregations / institutes focus their members on the spiritual functions. But there is also a tendency to train more as teachers than as health workers. Table 5 shows the numbers who have so far got trained in five different fields[17]. The term "Nurses" is here used to embrace midwives as well.

Table 5: Number of members of LSOSF trained into the Health Profession so far (2024)

	Current number	Number passed on	Total Trained	Gross Mortali
General doctors and Surgeon	**10**	1	**11**	9%
Nurses	**40**	14	**54**	26%
Laboratory Technician	**5**		**5**	0%
Pharmacists	**4**	1	**5**	20%
Nutritionists	**3**		**3**	0%
Total	**62**	**16**	**78**	**21%**

[17] Source: From the Generalate of LSOSF, July 2024

Sixty nine percent of these have trained as nurses (and midwives). Out of the 78 trained as health workers, 16 (21%) have since passed on over the years. At the time of this review, it was not possible find out what age they passed on at and the causes of mortality. However, it is worth noting that the highest gross mortality has been among nurses (26%). This may be related to the fact that they were the first to get trained and have spent a longer time to be counted, while the rest are new comers.

The first Nun to train as a doctor in Uganda

The first member of the Institute of LSOSF to become a medical doctor was Rev. Sr. Justine Lucy Geraldine Najjuka who graduated with a Bachelor of Medicine and Bachelor of Surgery (MBChB) from Makerere University on January 10th 1989 (**13,** 91). This was a new inroad for the LSOSF. It is possible this could have come with both excitement and challenges in their community, given the big demand the work of a doctor has on the person, which can affect attention to other demands in the community. It was another Mary-Kevin-like inroad into professional capacity building. Dr Sr. Najjuka is reported to have also been the first Nun to become a medical doctor in Uganda. She is now a Plastic and Reconstructive Specialist Surgeon. It is therefore not surprising that Culton Scovia Nakamya said "Sister Dr. Najjuka broke all glass ceilings to become plastic surgeon" (**18**).

Since then, nine more members of the Institute have graduated as medical doctors.

Overall Contribution by Religious Institutes to Health Workforce in the UCMB Network

From the 38 different Religious Institutes / Congregations currently having members working in health facilities of the Catholic Church accredited to the UCMB, there are over 500 health workers as shown in table 6[18].

Table 6: Numeric contribution by Religious Institutes to Health Workforce in UCMB Network

	2028/19	2019/20	2020/2021	2021/22	2022/23
Members of Religious Institutes	662	532	592	569	546
Total in UCMB network	10,155	10,276	10,319	10,031	10,363
% Contribution by Religious Institutes	7%	5%	6%	6%	5%

[18] Source: UCMB Database compiled from reports from hospitals and Diocesan Health Departments

Table 7: Members of LSOSF who are health professionals as proportion of all Religious working in Catholic health facilities and as proportion of all workforce in Catholic health facilities in Uganda in 2024.

	Total workforce	LSOSF HWs	LSOSF % Contribution
Religious Health Workers in the UCMB Network	546	62	11%
Total Workforce in UCMB network	10,363	62	1%

It means that currently the 62 members of LSOSF who are health professionals make up 11% of all the Religious working in the Catholic-founded health facilities and 1% of all health workers in the network of Catholic-founded health facilities in Uganda.[19]

Growth in number of Catholic-founded Health Training Institutions

From the pioneering done by Nsambya hospital in 1921, the number of Hospitals having health training institutions (HTIs) has greatly increased, with the Catholic network now having 17 this. But Nsambya HTI continues to lead in number of courses. The number of courses provided by the different training institutions (excluding the Mother Kevin Post-graduate Medical School) varies a lot, with the Catholic HTIs providing the largest range of courses.

Table 8: Number of Health Training Institutions under UCMB, UPMB, UMMB, Government, Private Health Providers and the number of courses provided by each category.[20]

	Number of Hospitals with Health Training Institutions	Comment on capacity
UCMB	17	• Number of courses mostly 2 to 10 • Only two with 1 course each and only two with 2 courses each • Hence largest volume of courses
UPMB	10	Mostly 2-3 courses
UMMB	1	3 Courses
Government	10	2-3 Courses
PHP	25	1-2 Courses

[19] This is assuming that the 62 are all actively working in the health facilities. No effort was made during this review to trace where they were deployed.

[20] Source: UCMB Health Institutions Database – incorporating information from MoES

Nsambya Hospital Health Training Institute leads with ten courses (Table 9).

Table 9: the number of courses provided by each of the Catholic-founded HTIs

	Name of Heath Training Institution	Total No. of Courses
1	St Francis Hospital Nsambya Training School	10
2	Lacor Training School	8
3	Karoli Lwanga School of Nursing/ Midwifery	6
4	Rubaga Hospital Training	5
5	Ibanda School of Midwifery	4
6	St Joseph's Kamuli Midwifery /Nursing	4
7	St Lawrence Villa Maria Nursing and Midwifery	4
8	Virika School of Nursing	4
9	Kalongo School of Midwifery	4
10	St Joseph's Hospital Kitovu Medical LTS and Nursing Training School (NEW)	4
11	Mutolere School of NTS	4
12	Nyenga NTS	4
13	St Joseph NTS-Kitgum	3
14	St Kizito Hospital Matany school	2
15	Mater Ecclesiae School of Nursing and Midwifery Luwero school (NEW)	2
16	St Joseph Lab School Maracha	1
17	St Martin Institute of Health Sciences Munteme-Hoima (NEW)	1

Source: UCMB Database, 2024

"Mother Mary Kevin's" initiative gives birth to post-graduate training of doctors

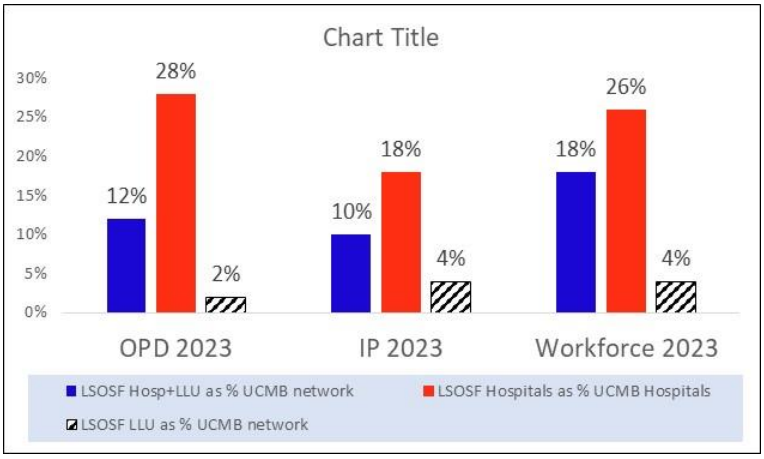
Figure 11: Monitor Newspaper report on opening of Mother Kevin Postgraduate Medical School (2024)

Meanwhile, the initiative of Mother Mary Kevin to train nurses, midwives, eventually laboratory personnel, and being a sight for medical internship, gradually gave birth to a campus for post-graduate training of doctors. It was officially opened in September 2014 to host the Mother Kevin Postgraduate Medical School of the Uganda Martyrs University, with Nsambya hospital as the teaching hospital (**19**).

Contribution to performance of the UCMB network by Facilities founded by LSOSF

Being health facilities of the Catholic Church, whether now owned by dioceses or by the LSOSF, these LSOSF-founded health facilities are accredited to the Uganda Catholic Medical Bureau (UCMB), which is the health department of the Uganda Episcopal Conference.

Figure 12: Selected performance of health facilities founded by Mother Mary Kevin / LSOSF compared to the whole UCMB network in 2023[21]



For the combined network or total of Catholic-founded hospitals and lower level health facilities accredited to UCMB in 2023, those founded by Mother Mary Kevin and the LSOSF made up 18% of the health workforce in the network, 10% of in-patients and 12% of outpatients seen. Meanwhile, among the hospitals alone, the "Franciscan-founded" facilities made up 26% of the hospital workforce, 18% of hospital in-patients and 28% of the hospital outpatients seen. Meanwhile, they made up 4% of the workforce, 4% of the in-patients, and 2% of the outpatients seen in the lower level health facilities.

Figure 12 reflects the fact that most of the health facilities founded by Mother Mary Kevin or the LSOSF have grown into hospitals while the Institute / Congregation has in more recent decades made less effort to open more lower level health facilities. This may be a reflection of the (privately expressed) frustration they faced for many years over ownership of the facilities they had opened, fearing that new ones might, again, be taken over by Dioceses.

VIII. LESSONS FROM AND MEMORY OF MOTHER MARY KEVIN

As one reads through and reflects on the work of Mother Mary Kevin Kearney, whether in health care, community work, spiritual formation or education, a unique but powerful combination of

[21] Source: Analyzed from the UCMB Database

resilience anchored on faith and humility is seen. These three form a strong core, based on biblical foundation. But what may be described as even more unique is the fact that she was lowly leaned but highly educated. Other lessons follow from them.

1. **Humility**. "For when I am weak, then I am strong" (2 Corinthians 2:9-10).
   Her humility was reflected total surrender to serve the poor. She was also non-segregative and sensitive to the religious differences that existed and steered clear of it.
2. **Faith**. "Everything is possible in him who has strengthened me" (Philippians 4:13).
   With faith, she confidently came into the unknown in Uganda. She simply had a lot of conviction that there was great need and she saw what could be done for the needy. She based her life and work on prayer.
3. **Resilience.** "We are in difficulties on all sides, but never cornered; we see no answer to our problems, but we never despair" (2 Corinthians 4:8).
   She demonstrated resilience very early in life, managing a challenging childhood; not giving up in the first difficult seven years in Uganda; and Insisting to find alternative to learning midwifery when refused to by the Cardinal and the Canon law and went ahead to learn "modified Obstetrics" at the risk of being labelled "defiant". It means that, for some progress to take place, but without conflicting with doctrine and charism of the institution, some level of courage is needed, which may be called "respectable defiance".
4. **Visionary.** Mother Mary Kevin was a visionary, taking up leadership role early in life and going ahead to found two Religious Institutes, the Franciscan Missionary Sisters and the Little Sisters of St. Francis. She opened the Midwifery and Nursing Institutes and other institutes that we are today happy to have.
5. **Selflessness**. She worked and planned for continuity beyond her. Today many people only work for their time and for themselves. More importantly, she worked for the sustainability and growth of the Institute of the Little Sisters of St Francis, whose existence, many years now, continues to show to the world the work of their founder who left them many years ago.
6. Mother Mary Kevin embraced the holistic approach to human development through a combination of propagating faith, educating and providing health care to the same person or same community, thus integrating spirituality into service.
7. In her work within the church as well as interaction with government officials, she demonstrated what might be called "positive assertion", not breaking the law or insulting anybody, but humbly going beyond comfort to ensure that the common good was achieved.
8. She demonstrated that for the work of faith-based or religious-founded health care to sustainably succeed, it had to be supported by the production of human resources for health from within the faith-based setting.
9. She also demonstrated that the sustainability and long-term success hinged on founding, strengthening and working with local community instead of external workforce. It also hinged on strong commitment, faith, sacrifice and continuous innovation of oneself and of the system.

10. She was driven by love and the feeling to give to others who were in need. Today her name serves as the root of the word *Kevina*, automatically associated with "hospital" or "charity institute" in Uganda. Incidentally, the name Kevin is said to be an Anglicized version of the Gaelic (Western Scotland) name Caoimhín, from caomh ("kind, gentle, & handsome") & ghin ("birth")[22]. So, it may be interpreted to mean[23] "born kind and gentle at heart". It is said some people think the name Kevin has often been associated with qualities of leadership, innovation, and charisma. Well, without going into superstition, Mother Mary Kevin was kind and gentle at heart; she was a leader, innovative and charismatic. What is in a name!

IX. CONCLUSION

In a summary, Mother Mary Kevin's core quality and strength that made her stand out uniquely were in three things:

1. **Humility** "For when I am weak, then I am strong" (2 Corinthians 2:9-10)
2. **Faith** "Everything is possible in Him who has strengthened me" (Philippians 4:13)
3. **Resilience** "We are in difficulties on all sides, but never cornered; we see no answer to our problems, but we never despair" (2 Corinthians 4:8)

She led a purposeful life and lived in the future both spiritually and in her deeds in health care and other areas like education, community development and evangelization. She was a person who continuously thought both in terms of the challenges but more about solutions, the "how to" rather than lamenting. She deposited a lot into the spiritual bank account through her deeds.

X. RECCOMENDATION

1. Renewed commitment of the church to health care.

The Post-Synodal Apostolic Exhortation, *Africae munus* **(**139-141) (**20)**, which followed the Special Synod on Africa in 2009, states the commitment of the Catholic Church in health care. It says, "The Church is resolutely engaged in the fight against infirmities, disease and the great pandemics."

However, it is important to see that the involvement of the church goes beyond the laity and the Religious e.g. in health promotion and disease prevention. The Religious should also rediscover the greater role to play in the health sector. There is need to create professional interest early

[22] https://www.familyeducation.com/baby-names/name-meaning/kevin
[23] Writers personal interpretation

in the formation of the religious or enable more Religious (and clergy) to "hear and respond to" the call to serve in the health sector or healing ministry.

However, with what seems to appear as reducing vocation and enrollment into the Institute, the call for more enrollment of the members of the Institute into the health workforce may suffer from a reduced pool to pick from and the desire to ensure some other areas of work are also not deprived. It means that both for the interest of the wider need of the Institute and for their role in the health sector, there is need to increase the work towards cultivating more vocation in young girls. This call serves for all other religious institutes as well.

2. Saving and protecting life must remain a priority in health service

Mother Mary Kevin said "***we won't build a living Church on dead babies. We must help the living".***

Therefore, dignity and sanctity of life should go together.

3. The Health or Healing Ministry needs strong, visionary leadership with strong advocacy and lobby skills

This is what we saw in Mother Mary Kevin. The high-level government official of the time described her as:

> "Perfectly simple", "perfectly charming", "perfectly inflexible" "a wonder," "invariably proved to be right". "Gets what she has come for", "Keeps us all on our secular toes"

How many of us can fit into these shoes or description today?

There is need to be assertive for the right things, when there is no contradiction with doctrine or the law or when the law is flawed or is in contradiction with doctrine or good truth. Often bureaucracy fails us or we are too shy to engage with it.

There is also need to not only train as health workers, but also train in health management and leadership.

4. Continue with / strengthen an integral Mission that Mother Mary Kevin stood for

Mother Mary Kevin Kearny was involved in education (both Primary and Secondary), opening Health facilities, production and development of human Resource for Health - Nursing Training

school, charity work in orphanages, building of school for the blind and two centres for leprosy as well as strengthening faith. These were somehow inter-related.

The Vision of the current strategic plan of the LSOSF is a *"Holistic transformation of self and the world***"** and a Mission **"***To reach out with compassion to the marginalized in the spirit of St. Francis and Mother Kevin***.** Their Charism or main gift remains **"***Bringing newness and fullness of Christ's life in the world today***".**

In these, we see a relationship with Mother Mary Kevin's Approach. The Vision, Mission and Charism contain the key words. The key words "Holistic and Integral", mean a whole-person approach, "Compassion" demonstrating love. "Holistic" and "Compassion" are in line with the integral approach of Mother Mary Kevin Kearney.

This is also in line with the Vatican's creation of the Dicastery for Promotion of Integral Human Development, with four Commissions – the Commission for Health Care Workers, Commission for Charity, Commission for Ecology and the Commission for Migrants / Refugees. Integral means "holistic development of the human person: social, economic, political, cultural, personal and spiritual."

In Uganda, the Mission of the Uganda Episcopal Conference (UEC) is similarly "*To promote integral human development in the whole world inspired by gospel values (Lk. 4:18 ff*). The vision of UCMB that coordinates the Catholic-founded health facilities in Uganda is "*A holistic healthy life for individuals, families and communities***",** with a goal "*To contribute to Universal Health Coverage and Integral human development for a healthy population in Uganda*".

In provision of holistic health services, there is need to emulate "Mother Mary Kevin Kearney, the woman of faith". As mentioned earlier, there is need to get more women and men of faith into the health profession and promote faith in health care. The latter may be through Clinical Pastoral Health care for the sick and a Pastoral Approach to Health care especially in the communities. Religion and Spirituality impact on people's health. For example, some religious cultures prohibit some foods and alcohol – social determinants of health. In fact, faith or religious practices have other direct effect of faith on one's health.

5. A call to diversify involvement of the Church, including LSOSF in health

The church as a whole, and the Religious Institutes in particular, need to go beyond the traditional curative services. It needs to explore more for innovative roles in Clinical Health services and get more involved in disease Prevention and Control, and rehabilitative services.

Prepare to handle new needs in health care, for example, non-Communicable Diseases and their complications, Global Health Security related conditions that keep emerging (Covid-19, Anthrax, Ebola, Swine Fevers, Mpox etc). This calls for training more members. Become a channel for

doing community risk communication. Once again, get involved in controlling Tropical Neglected Diseases, including Leprosy that Mother Mary Kevin started with in Buluba and Nyenga.

XI. WHAT MESSAGE DO WE TAKE HOME

I am not providing the answers here. I invite you, individually, to give yourselves time to close your eyes but open your ears to the words of the Holy Spirit as you focus on Mother Mary. Reflect and do self-introspection around the following three questions or any other questions that may have come up in your mind.

1. What is the one thing you feel you and I should emulate from Mother Mary Kevin in our own lives?
2. If Mother Mary Kevin Kearny came back today, what would please her and what would she find not consonant with her vision of health care?
3. What have you and I done, that today could remain as legacy if we departed from this earth?

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