Hello, my name is Sister Ntenmusi Xaveria. People have commented that I look like Whoopi Goldberg. Unfortunately I have never met her. What do you think? Do I look like her? (pause)

I am a nun from the Congregation of the Tertiary Sisters of St Francis of Cameroon. I come from Njinikom, a village in the geographical Division of Kom in the North West Province of Cameroon. The Division of Kom has a population of about 31.000 people, the majority of whom are farmers.

They are a people whose cultural values include hospitality, respect for one another, loyalty, charity, communal brotherliness, music and celebrations. We celebrate birthdays, marriages and even our friends and relatives deaths, most often with ancient cultural symbols and practices. At the same time, life for most of us from this part of Cameroon is filled with sacrifice.

I was born in a family of 2 boys and 10 girls, five of who died at infancy from common preventable diseases like upper respiratory infections, diarrhea, malaria.

Seven of us survived our childhood, 2 boys and five girls. During my childhood I grew up in my maternal uncle's household of 15 people, a complete football team with four reserve players. Cameroonian's love football and is the national sport. For you Americans, you call it soccer.

Our houses, like almost all others are built of mud and sticks used to make solid walls. The roofs are made of bamboo rafters with a thatch covering. Every dry season, we would follow our uncle to the hills where the thatch was cut and carry it home in bundles. If not cut in time, fires would ravage the fields and the existing houses with an old roof would suffer during the rainy season for lack of a new roof. I shared a small bamboo bed with three other children, a common practice at that time. My parents and relatives and the others in my village, depended almost entirely on the food crops that came from their labor on the farms.

The Tertiary Franciscan Sisters opened Njinikom Convent in 1953, as their second Convent in Cameroon. The type of life they lived, their manner of doing things, attracted young indigenous women such as myself. I developed the desire to join them.

It was not easy to do in the 1950's. The girl child in Cameroon was, and is still is, so precious to the African family. To understand this idea, even going to school was a taboo to say nothing of joining the sisterhood. In our

culture, the girl child was typically regarded as one to stay with the family and because of the expectations that she will grow up, (married or not) will deliver children that will increase the family size. This was especially true during my childhood period when family wealth was closely associated with the number of people in the family. Schooling was regarded, as a tedious exercise meant for stubborn children. It was also very common to receive a beating as punishment.

My parents were divided over the idea of allowing me go to the Convent after I had completed primary school.

But my mind was so resolute for the vocation. Today, I am the Matron (you would know that as the administrator) of the St. Martin de Porres Catholic Hospital in Njinikom. I have been in this position since August 1999.

This past year we had 5158 adult admissions. We had 2186 Children admitted to the hospital. We have 41 Nurses, 25 Auxiliary Nurses and 25 Support staff. Our doctors include a Gynaecologist; one paediatrician; one Surgeon/Traumatologist/Orthopaedic; one general Practioner and a Pharmacist. We have a total of 150 beds.

The Tertiary Sisters of Cameroon trace their ancestry to Maria Hueber who founded the Congregation in 1700 at Brixen, Italy. Brixen is located in Tyrolia, in northern Italy that speaks both German and Italian. Over the Centuries, our numbers have grown to over 550 women, with some 270 Sisters in Cameroon.

In 1935, five Sisters from Italy arrived in Cameroon and began missionary work at Shisong, a village located about three hours drive time over very bad roads, from Njinikom. Their very first apostolate began with a Dispensary, Maternity and a Domestic Centre for girls that was located in Shisong.

Today, we have 36 Missions sites with 33 of them in Cameroon, 2 in the Central African Republic and 1 in Chad that are in either the Healing Ministry, Education, or Pastoral and Support services to local parishes or the Bishop's office.

Our health ministry continues to face severe challenges such as: the very serious problems of HIV/AIDS, our number one killer of children is malaria, and other diseases of children that can be treated if only they

receive care in time or we have the needed basic medicines. As an African hospital, we face unpaid hospital bills for patients who cannot afford their care; we have inadequately trained or unqualified staff; we have severely limited financial and material resources to provide basic services. Plus, we have a constant challenge to pay our staff adequately which results in many of he most qualified people leaving, in spite of our willingness to negotiate with them. Many resist change and develop poor attitudes.

Although, the challenges for the common venture were much worse six or seven years ago. At that time we had:

1. Little or no Communication: This was two fold, both by movement and dissemination of information. Publicity in Africa is typically oral. However, one Sister was trained on Communication and Publicity in a US University. That increased our publicity through brochures, websites, newsletters and email, and this has drawn us closer to the US and the Common Venture.

2. Great Distance to travel: The distance between Cameroon and US needs no emphasis, but to get from Chicago to Njinikom is almost a two day trek via Air France and car.

3. We had to deal with cultural and congregational differences. Today, personal encounters, living together through the Common Venture have helped bridge this significant cultural divide.

Sister Marlene has done a wonderful job of describing all the essentials of the history and goals for the Common Venture but let me talk about what I see.

Fruits of this collaboration include:

• Construction of chapels in Njinikom and Shisong

• Facilitating training programs for nuns and staff in teacher preparation, nurse education, theology, congregational leadership and development and support of the TSSF institutions and our ministries.

• We were able to purchase or have donated needed hospital equipment. Particularly important were sterilizers and laundry machines

(Before the Common Venture, both hospitals used to boil bedding in

black pots on an open fire)

There was also the equipment for our Pharmaceutical Production Unit (Autoclave, IV machine, water treatment, Osmosis, raw materials and having the services of a volunteer woman pharmacist from Germany who worked for us for 2 years. All of this was a dream come true in a country where drugs are scarce, and we can now produce many at cheaper rates.

As a result of this collaboration the existing situation has improved:

1. There has been improvement in our Hospital especially treating Malaria, although it is still the most common killer disease in this community, especially as it affects children. Unlike HIV, many survive its attack from our treatment and our ability to produce malaria treatment medicine.

2. TB: We had 73 cases last year and 47 were tested HIV positive. It is one of the common opportunistic infections of HIV, hence 9 of the 73 died. As you know, generally speaking, people with HIV don't necessarily die from HIV, but from the opportunistic infections they acquire, such as TB.

3. Our HIV/AIDS Program- called Project Hope which is one of Cameroon's best practice program which makes us very happy.

- As a result of the project, there is an increase in community awareness and responsibility towards HIV

- There is increase in the number of people for voluntary counseling and testing.

- There are increased referrals to the hospital

- There is an increased number of Support groups and social groups

Lastly, I will speak a little bit about some of the work we do with traditional healers-I hope there is still time.

Traditional Healers are people who practice traditional methods of treatment by the use of herbs and they process the herbs (either by boiling and the patient drinks the liquor, grind the herbs dry and they are

consumed in powder form, grind and mix with various oils eat or rub the body) according to the various diseases.

• Each neighborhood has at least 3 to 5 traditional healers. 65% of the patients who come to the hospital do so after they would have consulted with a traditional healer. Some of them claim to treat every disease including HIV.

• After we started the Project Hope in 2000 –an integrated HIV/AIDS program was designed in 2002 to work with the traditional healers. What prompted us to work with them was because they constitute a principal risk factors for patients in the transmission of HIV, by not following sterile procedures and promoting mis-information about how HIV is acquired and how to cure it. So we started providing them training on risk mitigation.

• In so doing, we collaborate with them through training sessions, exchange visits by the Traditional Healers Program service, which falls under the Prevention Service of the project.

• A major outcome of this collaboration is indicated by the high level of awareness and acceptance rate of over 90 % in this community and the rate of referrals to the hospital has increased significantly.

However, we face some problems with them. Some have never received training and those who have received it need refresher courses.

• Follow up is difficult given hilly terrain, distance to walk, poor roads especially in the rainy season, and equally difficulty in getting patients to our hospital. In spite of those difficulties, we are encouraging the traditional healer to make more referrals to the hospital.

• Also, our traditional birth attendants have not had any formal training to improve on their practice. Needs assessments have been carried out that led to an awareness to denounce their crude methods and improve their hygiene and sanitation.

Lessons learnt from this collaboration with the traditional healer and birth attendants:

- They like to collaborate with personnel of modern medical practice

- The relationship is cordial.

- However, charlatans still infest the practice of traditional healers.

- They are unhappy because they desire material assistance like buckets, cups, gloves, razor blades etc and we cannot provide. These are very useful working materials for them; buckets are used to preserve their boiled liquors of different kinds, cups are used for single treatments each day, gloves for the general use as we know, and razor blades for used one for each person during body mutilation procedures, all in a bid to achieve risk mitigation.

- They like to attend refresher courses but logistics restrain this desire

- They do not now claim to treat HIV/AIDS

- When cutting they now provide single razor blades for each patient

- Single cups are used for single patients

- However they are unhappy that we do not also refer cases to them

Finally…Please know how grateful we are for the Common Venture. It has been as much of a spiritual journey for us as it has been material and I want to publicly thank Sister Marlene. We are also happy to have the Catholic Consortium of U.S. Catholic organizations working with the Common Venture on many of our health programs and projects. All of us working together have had a profound affect on the lives of thousands of people in Cameroon, including the Tertiary Sisters.

I will be pleased t respond to any questions. Thank you