The mission of the Order of Malta

The origins of the Sovereign, Military and Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta – better known as the Order of Malta – go back to the eleventh century. When the crusaders arrived in Jerusalem in AD 1099, the Hospitallers were administering the Hospital of St John the Baptist, which had been established around 1048 to care for pilgrims coming to the Holy Land and for the indigenous Jewish, Christian and Muslim population. Made a religious order by a bull issued by Pope Paschal II in 1113, the Order had to defend the sick and Christian territory. Today, its mission is an exclusively humanitarian one, as its military role ended with the loss of its territory in 1798.

In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is ‘the promotion of... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfils its institutional tasks especially by carrying out hospitaler works, including health and social assistance, as well as aiding victims of exceptional disasters and wars...’

- The Order has a permanent presence in most countries in the world, both developed and developing. This presence has been built up over nine centuries of colourful history, in which it took part in the great exchanges between Europe and the Mediterranean basin and the rest of the world, gradually extending its scope to cover most of the geographical areas in which its charitable missions could usefully be conducted.

Because of its centuries-old experience and its members’ active involvement in the major trends in society, the Order has been able to adapt its resources and methods rapidly, keeping constantly up to date, to be in a position to tackle the new and ever-growing needs for medical aid, emergency relief and humanitarian work.

Today the Order is a major global, professional organisation in terms of the humanitarian aid, medical care and emergency medicine it provides, in its management of hospitals, specialised homes for dependent elderly people, socio-medical care centres, the collection and transporting of medicines and the training of workers and ambulance staff.

History: key dates

1048: Jerusalem
The foundation of the Hospitaller Order of St John of Jerusalem as a monastic community by the Blessed Gerard. He is placed under the sign of the Cross and the sick and the needy, as they have done since. By virtue of the Papal Bull of 1113 issued by Pope Paschal II, the hospital of St John is placed under the sign of the Cross, and granted exemptions.

1310: Rhodes
In 1291, with the fall of St. John of Acre, the last foothold of Christianity in the Holy Land, the Order is forced to leave the island and settle in Cyprus. It acquires territorial sovereignty on taking possession of the Island of Rhodes in 1310. To defend the Christian world, the Order assembles a powerful military fleet, patrolling the eastern seas and engaging in several celebrated battles. Governed by a Grand Master as Sovereign Prince of Rhodes, together with a Sovereign Council, it invests its own currency and establishes diplomatic relations with other States. The Order's knights are victorious over numerous Ottoman attacks until, overrun by Sultan Suliman the Magnificent with his powerful fleet and large army, they are forced to surrender on January 1st 1522 and, with the Sultan's recognition of their bravery, leave the island with full military honours.

1530: Malta
The next seven years sees the Order without territory, but retaining its sovereignty, a situation which prevailed until Emperor Charles V granted the islands of Malta, Gozo and Comino, and the city of Tripoli, as a sovereign fiefdom. On October 26th 1530, the Order takes possession of Malta with the approval of Pope Clement VII. During the Great Siege between May and September 1565, the knights rout the Ottomans under the leadership of Grand Master Fra de la Vallette (who gave his name to the capital of Malta). The fleet of the Order of St John (or of Malta, as they are now known) is one of the mightiest in the Mediterranean and plays its part in the final destruction of the Ottomans at the battle of Lepanto in 1571.

1798: Exile
In 1798, Napoleon Bonaparte occupies Malta en route to his campaign in Egypt. He meets with no resistance from the knights, as their regulations forbid them to fight other Christians, and thus the Order is forced to leave the island. By 1811 Malta is occupied by the British, and despite the recognition of the Order of Malta's rights of sovereignty as enshrined in the Treaty of Amiens (1802), it is unable to retain possession of the island.

1834: Rome
Having resided temporarily in Messina, Catania and then Ferrara, the Order settles in Rome in 1834, in properties with extraterritorial status the Grand Magistry in via Condotti and the Villa Malta on the Aventine Hill. From this time, the Order’s original mission of service to the poor and the sick again becomes its main activity. The Order carries out hospitaler and charitable activities during both World Wars, and these activities are developed and intensified under the stewardship of Grand Master Fra’ Angelo de Magistris (1962-1988) and continue today under his successor, the 78th Grand Master, Fra’ Andrew Bertie.

21st Century
Spanning a history of almost nine centuries, the Sovereign Order of Malta can proudly claim to be the sole successor to the Hospitaller Order of St John of Jerusalem, recognised by the Catholic Church in 1113. The Order has the unique characteristic of being both a religious and a chivalric Order of the Catholic Church. It is the sole organisation of the Knights of Malta to have possessed knighthood, the direct successors of its founders.
These words, which form part of the Constitutional charter of the Order of Malta, define our role in the world today. They also describe our most fundamental principle: that we act ‘without distinction of religion, race, origin or age’ wherever our help is needed.

This edition of the Order’s international Activity Report includes some brief, but telling, descriptions of the ways in which our humanitarian and medical aid services have sought to alleviate suffering among groups affected by disasters and emergencies, whether man-made or natural in their causes.

The Report covers these activities during 2001, 2002 and the beginning of 2003, a period during which the world experienced the shock of the loss of more than 3000 innocent lives in the terrorist attacks on the United States of America, and of the crisis of internally displaced people in Afghanistan, those affected by the turmoil of war in Iraq, as well as other areas of the world.

The Report also describes the ways in which our volunteers and medical staff responded to those most urgent of human needs – for shelter, food, water, medicines and basic unquestioning care. These were provided in many countries and for many reasons: following the disastrous floods that inundated much of Europe in 2002, after earthquakes in Europe and South America, and to alleviate the scourge of famine in southern Africa.

The most significant and heartening aspect of this Report is the fact that it provides an insight into the enormous variety of valuable work carried out by the Order’s Associations in more than 110 countries. Selected descriptions are listed in alphabetical order of the country in which the aid has been provided, and according to whether such aid was in support of humanitarian or medical needs.

None of these activities would have been possible without the personal commitment and willingness of the Order’s members and volunteers, or without the continued generosity of its private and public donors.

Thanks to our force of more than 80,000 permanent volunteers, we have been able to deliver the medical and relief services that are our primary raison d’être. They give unstintingly of their time, their energy and their skills to support the works of the Order in making a real and lasting difference to the millions of people whose lives would otherwise be ravaged by poverty, famine, sickness or disaster. They are to be found assisting in the aftermath of war, floods, earthquakes and hurricanes just as they are ever willing to provide first aid and care at large public gatherings. Their dedication also finds them visiting the elderly and the sick in their homes, providing meals for those who cannot prepare for themselves, teaching young people first aid and basic health care, caring for underprivileged children, helping the homeless.

Message from the Grand Master

“…the Order affirms and propagates the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age…”
The term ‘mentally or physically handicapped people’ is equally immeasurable, encompassing all those with physical or mental impairment as a result of disease, famine, disaster or accidents of birth. They, like every other member of the human race, have the right to decent standards of food, water, shelter, warmth and care. Here, our hospitaller missions include the ongoing fight against leprosy, not only in providing medical and surgical help to sufferers but also in working to overcome the stigma attached to this terrible disease. More recently we have extended our scope to include HIV / AIDS, specifically to prevent this condition from being passed from mothers to their children.

In carrying out all these works in all these countries, we seek to operate to standards that represent the best available practice. One of the challenges facing the Order as it moves into the 21st century is to provide a mechanism that will encourage the sharing of knowledge and skills between our members, volunteers and professional staff in a way that will enable our mission in one part of the world to benefit from our experience in another.

To establish the challenge, we organized a conference in Santa Cruz, Bolivia, ‘Conference of the Americas’, at the end of 2002 to discuss ways of collaboration for increased effectiveness in humanitarian aid in the Americas. The Conference underlined the importance of establishment of unity among the Associations, for the exchange of information and expertise, and for the furthering of contacts and coordination. It is a theme that we now take forward as we continue to respond to the needs of the poor, the sick, the needy and the dispossessed.

I hope that this Report will engender a greater understanding of the work of the Order of Malta throughout the world and of our undertaking to offer humanitarian aid as part of our Christian mission.

Frà Andrew Bertie
78th Grand Master of the Sovereign Military Hospitaler Order of St. John of Jerusalem, of Rhodes and of Malta
The Grand Commander, Fra’ Ludwig Hoffmann von Rumerstein, meets young friends while visiting the Order’s AIDS Hospice at Mandini, South Africa, December 2002, for the inauguration of a new wing providing 53 beds, and enhancements to the adjacent orphanage.
The charisma of the Order

After a thousand years of life, of struggles, of adventures, sometimes sad, sometimes not, but above all testifying to their Christianity and chivalry, the appeal of the Order, or its charisma, is as valid in the twenty first century as it was in the tenth, and it continues to take its inspiration from its origins. The reason for which it was founded as a hospitaller Order by Blessed Gerard in Jerusalem – ‘tuitio fidei et obsequium pauperum’ – is still its driving force today.

This is its history and its experience. It expresses its conviction in the principle: witness to the faith and service to those with needs of every kind – of health, well being, material goods, joy, spiritual need. This principle is what continues to activate the Order today and guide its future.

There is a profound and mysterious coincidence with the Evangelist: ‘All the laws and the Prophets are in agreement that we must love the lord our God with all our hearts and our neighbours as ourselves.’

   God and our brothers and sisters
   Faith and charity
   Prayer and work
   ‘tuitio fidei et obsequium pauperum’.

This principle has become the motto of all Western monasticism. Prayer and work are the faith in action, bringing good to all. This inseparable combination, between spiritual reality and material actuality is the basis of the incarnation of Christ made man, for us and for our salvation. Man is composed of body and soul, of spiritual and moral needs, of physical and material demands. He is hungry both for god and bread and expresses this hunger in the impassioned prayer which comes down to us: ‘Father, thy kingdom come, thy will be done on earth as it is in heaven, give us this day our daily bread and forgive us our trespasses’.

The Holy Father, John Paul II, defines the appeal of the Order in this way: an authentic richness of the Church, for its evangelical accord, for its extraordinary power of synthesis between heaven and earth, for its relevance to the present in this irreligious world, which is in great need of a decisive presence to care for today’s social outcasts.

Faith and charity are always the binding characteristics that make up the Christian testimony for all those who work under the eight-pointed white cross, the symbol of the eight Beatitudes, in the spirit of a Christian army. Belonging to the Order is an honour, but it is also a call to charitable action, a real commitment and a true vocation.
Internally displaced persons, Afghanistan, queue up for the Order’s clinic in the north of the country. Here, supplies have been donated by the Grand Priory of Lombardy and Venetia.
Activities for the years 2001 and 2002

This Activity Report summarises the medical, hospitaller and humanitarian work of the Sovereign Military Hospitaller Order of St. John of Jerusalem, of Rhodes and of Malta during the years 2001 and 2002.

Within its pages can be found a multitude of practical demonstrations of the ways in which the Order is alleviating human suffering in all its forms by delivering humanitarian relief, responding to emergency situations, and providing medical and palliative care to many thousands of people without discrimination on grounds of race, religion, political affiliation or age.

This Report summarises the Order’s special role and current activities. They are described in the Humanitarian Activities section of the Report, which covers a selection from among the Order’s charitable, or hospitaller, works around the world during 2001 and 2002. The second section, Government, explains how the Order is governed and lists its official activities and diplomatic missions. It concludes with a current bibliography and contact information for all Associations and Order organisations and diplomatic representations.

The Report emphasises the Order’s strategy of providing sustainable aid that will not only address immediate, short-term needs but also enable those who have been suffering to play an active role in their own recovery. It also includes examples of the work of our many thousands of permanent volunteers around the world in meeting the needs of mentally or physically handicapped people: an aspect of our activities that has been embedded in the traditions of the Order since its very beginnings.
Financing

The Priories, National Associations and Foundations of the Order fund their medical, hospitaller and humanitarian activities from the subscriptions and donations they receive from their members, from gifts and legacies and from fundraising campaigns directed at thousands of regular donors. Exceptionally, in Italy and Austria the Grand Priories have recovered their property, thereby helping to finance the Order’s administrative expenses.

In Europe, however, many socio-medical care centres and hospitaller establishments of the Order receive major funding from the national health and social security systems, together with donations from members or persons outside the Order and subsidies from governments and large foundations.

The financing of activities in the developing countries comes from a variety of sources. In general it comes from the Priories and National Associations; but for large-scale projects, or those which call for a sustained effort over time, the National Associations concerned seek contributions from the European Union, the specialised agencies of the United Nations or national governments, or donations from international foundations.

The same financing systems are employed for emergency humanitarian aid operations, where donations requested for a specific cause or project are absolutely vital. This is particularly true in Germany and France, where the Order can mobilise hundreds of thousands of donors.

The diversification of funding sources makes it possible to deal with situations that are very different in terms of emergency and scale, while remaining completely independent of governments and public donors.

Part-financing by public authorities, international institutions or the major foundations calls for strict conditions on the allocation of funds, with clearly defined medium- and long-term objectives, whilst donations from members of the Order and from individuals allow for greater flexibility in reacting swiftly and effectively to new or different needs.

The accounts of all of the Order’s Associations and organisations, and all its hospitaller establishments, are subjected to regular audits by external accountants, in conformity with the practice and legislation in force in each country. In addition to these local inspections, all these bodies are also subject to the overall control of the Board of Auditors of the Order of Malta, whose seat is in the Grand Magistry in Rome.
Latest news

Although this Activity Report covers work of the Order during 2001 and 2002, its humanitarian and medical activities continue to have a positive impact around the world. Significant events in 2003 where the Order has provided assistance include:

**Iraq** The Emergency Corps of the Order of Malta is concentrating its activities in the rehabilitation of the Iraq healthcare system, with relief measures organised in Baghdad and rural areas surrounding the capital and in Northern Iraq. The Corps has sent a team of French doctors, nurses and paramedics to Baghdad, while other German members are focusing their operation on health centres in four villages in Northern Iraq.

**Afghanistan** The Order’s German Association has been selected by the United Nations High Commission for Refugees to take over responsibility for the rehabilitation of three provinces in Afghanistan. With funding of around US$1.5 million, the work includes restoring water supplies, village streets and health care facilities as well as the organisation of income-generating projects.

**Geneva** The International Hospitalier Committee of the Order of Malta has been established in Geneva with the role of furthering the international activities and corporate identity of the Order’s institutions.

**Sudan** In the southern Sudanese town of Yei, the Order’s German Association has recently opened a new clinic for sufferers of trypanosomiasis (sleeping sickness), a widespread disease in the Sudan. Since 1997, the Order of Malta has been providing basic healthcare services for about 300,000 people in this area, afflicted by civil war. The Order also maintains a health centre in Yei and runs tuberculosis and leprosy control programmes in the country.

Sleeping sickness is advancing in many African countries. It is fatal if not treated. Up until now, less than ten percent of those infected have been able to receive medical treatment.

**Democratic Republic of Congo** The Order’s German Association, supported by funding from the German Federal Foreign Office, has provided medicine and clothing for 17,000 people displaced by internal fighting.

**The Dominican Republic** The Order’s Dominican Association has opened a medical centre in the Monte Plata region, north-eastern Dominican Republic, this June. The centre, ‘El Cacique’, is equipped for over 200 consultations a day, providing medical services to mothers and children. In the east of the country, the Association also manages and finances the Herrera Centre, which has been providing gynaecological and paediatric medical services for the last six years. Now mothers and children from outlying areas can count on the availability of emergency medical personnel, modern birthing equipment, paediatric and obstetric wings and a department for the prevention of uterine and breast tumours.

The centre was made possible through the support of the Order, a generous contribution from Project Hope, an international, non-profit, technical and humanitarian aid organisation. Future plans are to focus on education and total community involvement to improve healthcare generally and development of a preventive healthcare culture on the local level.

**Jordan** On 29 June 2003 full diplomatic relations between the Sovereign Order of Malta and the Hashemite Kingdom of Jordan were established through the signing of a protocol in Amman, bringing the total number of countries sharing diplomatic relations with the Order to 93.

**Cologne** Half century celebrations in Cologne for the Malteser Hilfsdienst and in San Francisco for the USA Western Association.

In September, Malteser Hilfsdienst, the Emergency Corps of the German Association of the Order, celebrated its fiftieth anniversary in Cologn, Germany, The Grand Master, Fra’ Andrew Bertie and the President of the Federal Republic, Johannes Rau, attended. The Malteser Hilfsdienst, known as the MHD, works with the sick across the Federal Republic of Germany, as well as with humanitarian projects in many countries across the globe. In October, the Grand Master and members of the Sovereign Council joined the Order’s Western Association in ceremonies in San Francisco, USA, to celebrate the Association’s fiftieth anniversary. Events and religious functions commemorated a half-century of charitable activities dedicated to helping the poor and sick.

**Geneva** In December Order representatives joined world leaders for the World Summit on the Information Society, called by the United Nations to discuss how to bridge the digital divide between rich and poor.

For more information on the Order’s activities around the world since June 2003.

www.orderofmalta.org
The Grand Master, Fra' Andrew Bertie, accompanied by the medical director of the hospital of San Giovanni Battista at la Magliana, Rome, Dott. Adriano Micci, greets a patient.
Humanitarian activities
A young patient visits the Order’s day care clinic in southern Sudan.
Emergency relief
A unified force for good

To victims of famine or of flood, to those dispossessed by war or by earthquake, and to those whose lives are thrown into turmoil by natural or man-made disaster, the Order has long held out a hand of comfort, help and support when it is most needed.

It has done so without regard to geographical or political boundaries, and without discrimination on grounds of race, religion, gender or age.

During 2001 and 2002, among activities undertaken, our members, volunteers and medical and nursing staff answered calls for emergency relief from groups as diverse as those afflicted by floods in Eastern Europe, by hurricanes in South America and by earthquakes in Italy and El Salvador.

In addition to providing immediate practical support in terms of food, shelter and clothing, the Order has also sought to address the less obvious needs of those afflicted by disaster by providing social services.
The Emergency Corps of the Order of Malta

One factor is always paramount whenever emergency relief is required: professionalism. The Emergency Corps of the Order of Malta (ECOM) is the Order’s global aid organisation. Bringing together resources from Priories and National Associations with expertise in this area, the Corps has the capability to provide immediate humanitarian relief to victims.

Aided by the Order’s diplomatic relationships around the world, ECOM’s role is firstly to assess the most immediate needs of those caught up in a disaster situation, and then to respond to them as promptly and effectively as possible. This calls for rapid mobilisation of transport, equipment and personnel, as well as equally speedy processing of any documentation needed to enable the aid to be delivered to those who most need it.

As well as fast action, the Emergency Corps of the Order of Malta also operates to international standards for humanitarian aid (such as the Sphere Project Code of Conduct). Where circumstances demand, the Corps also maintains its support over longer periods.

One demonstration of the way in which the Corps is making a positive impact on human suffering is the €1.1 million programme of relief provided in Southern Africa since December 2002.

ECOM’s first response was to send in a team to assess the needs of the health sector in the rural areas of Mutare and Bulawayo, Zimbabwe. Working with government agencies at national level in Harare, the team identified an acute lack of drugs as one of the most urgent issues. Accordingly, six rural health centres in Mutare were provided with a six months’ supply of essential drugs, while three health centre buildings in Nyangombe were repaired and rehabilitated under the Corps’ supervision, and local water, sanitation and power supplies were also repaired.

To combat the problem of malnutrition, the Corps enabled a nutritional nurse to be employed for six months during which a nutritional survey would be carried out in selected communities. In addition, fortified food was provided for 200 children every month and supplementary food rations were supplied to six hospitals.

The combination of drought, economic difficulties and the HIV/AIDS pandemic had left half the population of Zimbabwe with no regular access to health services and food supplies. Of those six million people, up to one million faced the real prospect of death from starvation and disease if aid failed to reach them in time.

Successive years of droughts, poor harvests, floods, political instability and the HIV/AIDS epidemic have created the potential for a massive famine crisis in southern Africa. Most at risk are the populations of Malawi, Zimbabwe, Mozambique, Zambia, Lesotho and Swaziland. Estimates indicate that up to 13 million people could be affected, of whom eight million are already in urgent need of help with food.
In Mozambique, the Corps carried out an assessment in cooperation with the United Nations Children’s Fund (UNICEF) to evaluate the situation and prepare a strategy for relief. Contacts were also established with relief organisations in Malawi and Zimbabwe, and plans have been made for a comprehensive relief programme for 90,000 people in Zimbabwe with financial support from the German Foreign Office and in cooperation with the two dioceses in Zimbabwe.

The end of 27 years of civil war in Angola, meanwhile, left some two million people dependent on food aid for their daily survival, well into 2003. In addition, the war had resulted in large numbers of internally displaced people and had severely damaged the infrastructure of the nation’s health system. Everywhere the picture was the same: buildings either destroyed by war or collapsed through neglect. Healthcare staff were either non-existent or poorly trained, and people were dying needlessly from curable diseases such as malaria, diarrhoea and respiratory infections. To make matters even more difficult for everyone – including aid workers – Angola had been heavily mined and many of the country’s roads and bridges had been damaged or destroyed.

These were the conditions at the end of August 2002, when a team from the Order’s German Association arrived to assess the humanitarian situation in the very neglected province of Kuando Kubango in south-east Angola. Only 10% of the province was accessible from two main roads, both of which were in poor condition. Landmines littered the roads and surrounded the villages. Pockets of severe malnutrition were everywhere.

Our ambassador to Belize, Thomas Carney, brings donations of food and clothing to young hurricane victims

National Associations belonging to the Emergency Corps of the Order of Malta or with Observer Status

Members:
Austria, Belgium, Britain, France, Germany, Ireland, Italy, the Netherlands, Switzerland.

Observers:
Brazil, Czech Republic, Hungary, Mexico, Poland, Spain.
At that time, only three medical doctors were providing healthcare for a population of around 620,000 people with little equipment and few drugs. It was clearly a case for an immediate and effective response.

Working with three partners – Caritas Menongue, a group of four Catholic health posts and the provincial directorate of health in Kuando Kubango – the Order provided emergency rehabilitation and basic medical equipment for the remaining health facilities, and supplied essential drugs for a period of six months. In addition, supervision was provided for the rational use of drugs and improved management of conditions such as childhood malnutrition and communicable diseases in childhood (acute respiratory infections, diarrhoea and malaria).

To complement these core activities, the Order has also worked to promote better maternal care and better record-keeping and reporting procedures in the health centres.

As a result of its intervention in the Southern Africa crisis of 2002, the Emergency Corps of the Order of Malta provided direct benefits to 96,000 people in Zimbabwe and 200,000 people in Angola.

Here, ECOM again provided an immediate response to help those most affected. Volunteers established a novel ‘do-it-yourself’ store in the Melnik region, north of Prague, where construction equipment and materials were provided free of charge to enable vulnerable groups to begin the task of repairing their damaged homes.

In Romania, where flooding affected some 450,000 people – mainly in rural areas – the Romanian Relief Agency of the Order of Malta, a volunteer corps with over 1000 members, distributed food and non-food items to needy families.

ECOM has also played an active part in humanitarian relief following the war in Afghanistan. When the United Nations High Commission for Refugees (UNHCR) estimated that up to 500,000 Afghans might seek refuge in the Islamic Republic of Iran, ECOM sent exploratory teams to Iran to assess the situation.

The Corps’ teams of medical and regional experts worked with the government of Iran and with international and local organisations to prepare rapid-reaction plans for providing medical services to Afghan refugees.
Emergency relief around the world

In many instances around the world, the Order has intervened in response to disasters, among the most recent being:

RESPONSE TO FLOODING

In Albania, the Order’s National Association moved into action in the Shkoder and Lezha areas following the severe floods of October 2002. In addition to providing bedding and hot meals for the victims, the Order helped to repair their homes and sent in a medical team to assist with first aid.

When heavy snowfalls in 2002 left several mountain communities isolated in northern Albania, the Malteser Ndihmon Ne Shqiperi (MNSH) volunteers joined other emergency services in supplying food and medical aid to 100 families.

The Austrian Grand Priory of the Order of Malta responded to the devastation caused by floods which inundated many areas of the country in August 2002, working with the Red Cross and other aid organisations to distribute urgently-needed furniture, clothing and bedding to those affected. In the seven weeks immediately following the floods, voluntary members of the Order devoted a total of 20,000 hours to this emergency relief operation, and covered 15,000 kilometres transporting not only equipment but also flood victims in need of treatment.

When Hurricane Iris struck Belize on October 8, 2001, it devastated much of the country’s southern region, damaging villages and destroying hundreds of acres of lowland forest and crops. Estimates put the number of homes destroyed at 3,178 with 19,880 people affected, while damage to agriculture and fisheries was more than US$55 million.

The relief operation was a combined effort led by the Order of Malta’s Embassy to Belize, together with the Honduran and American Associations of the Order, the AmeriCares aid organisation, the governments of Honduras and Belize and the British Expeditionary Forces. AmeriCares organised an airlift from the United States to the Order’s Ambassador to Belize, consisting of 10,000 lbs of emergency relief and medical supplies including tents, tarpaulins, blankets, mattresses, bandages and lactated ringers.
An additional 7,000 lbs of medical supplies from the Order’s Honduras Association was flown by helicopter to a staging area in Punta Gorda, from where they were distributed to 11 villages which could not be reached by land. Distribution of the emergency relief, which also included rice, beans, flour and canned foods, was organised by the Order under the direction of the Belize National Emergency Management Office.

Disastrous floods also inundated parts of the Czech Republic in 2002. Volunteers and staff from the Grand Priory of Bohemia of the Order in the Czech Republic initiated a programme of aid to householders affected by the floods. This included the provision of drying equipment, construction materials, floor covering and furniture.

Through its participation with other leading humanitarian aid organisations in the country’s Flood Damage Monitoring Group, the Order was able to make a highly tangible contribution to recovery from the floods for hundreds of households in many Czech towns and cities. At the same time, volunteers and medical staff from the newly-registered Maltezska Pomoc P.C.S. provided first aid and medical care in evacuation centres and assembly points for flood victims.

Generous grants from the Order’s Associations in Germany and Switzerland made possible a project to help 370 households in the badly-affected Melnik region and in South Bohemia. Many other financial and material donations from individuals and organisations associated with the Order in many parts of the world enabled Maltezska Pomoc P.C.S. to provide further aid, including vaccination shots against hepatitis, and replacement equipment for a flooded school.

Europe’s worst flooding for more than 100 years also devastated Germany, where the economic cost was estimated at €9.2 billion. In social terms, the cost here, as in Central Europe, was inestimable. Some 330,000 people were affected, including many who were temporarily displaced from their homes. In Germany, the Order’s German Association mobilised more than 800 volunteers who worked in 89 separate teams to support evacuations and medical care in the most affected areas.

Relief work included setting up a provisional hospital in the airport buildings at Dresden, providing food both for operational staff and for those displaced by the floods, as well as help in transporting emergency supplies.

After the worst of the flooding had subsided, 42 of the volunteers provided pastoral and psychological after-care for many of the flood victims.

The Malteser Hilfsdienst, the health and first aid corps of the German Association, deployed 1000 first aid volunteers in Saxony, where they set up a field hospital in Dresden and provided food and social care for the next three months.

Fully trained disaster relief crews with expertise in critical incident distress management and post traumatic stress syndrome provided help to the shocked victims of the flood, many of whom had been left not only homeless, but without their livelihoods and all their belongings.
Elsewhere in the region, the Order focused its attention on providing a ‘full service package’ to three small towns. Bad Schandau, south of Dresden, had a flourishing tourist industry, but the entire area was covered in mud, including all the hotels. In Prettin, north of Dresden, high unemployment had resulted from the impact of the flooding on surrounding farmland, while in Großtreben-Zwethau, damage to the local infrastructure had also left a legacy of unemployment.

The Order’s relief teams worked with the mayors of all three towns to help those in greatest need, and to act as consultants for the restoration of normal services in each community.

The German Association also brought in a professional consultant to advise each of the three towns on improvements to their infrastructures that would help to attract new jobs – a process that has continued through 2003.

In Austria, the Austrian Grand Priory mustered a team of volunteers to help the tens of thousands of victims of floods moving southwards and eastwards from Salzburg (where the defences remained firm, despite fears of imminent inundation) to devastate towns and cities including Linz, Steyr, Perg and Krems in Lower Austria, where the flood waters came within five centimetres of bringing the electricity supply to a halt.

“The immediate reaction of the authorities was to commission the army to create tented villages to accommodate the many families forced from their homes by the rising waters,” explains one of many willing volunteers in the Austrian Grand Priory’s Ambulance Corps.

“As one of the relief organisations involved in responding to the floods, our initial task was to help the people who had been moved to these camps.” That word ‘temporary’ was to prove significant in the weeks and months following the initial disaster. As the immediate threat receded, so did the provision of shelter by friends and neighbours, often leaving then later returning to their flood-damaged homes without beds to sleep in, chairs to sit in and kitchens to cook in.

Over a period of seven weeks, some 150 volunteers from the Ambulance Corps acted as unpaid removal teams, using whatever transport was at their disposal to ferry furniture and kitchen equipment from central stores to the homes of those in need.

But first they had to construct a temporary extension that would more than double the size of the storage facility at Krems, in Lower Austria, which acted as a collecting point for second-hand equipment donated by citizens, and new items provided by manufacturers.

“It was hard work as none of us was used to carrying heavy furniture up and down flights of stairs, but very rewarding in that the recipients were so grateful for our help,” says the head of the Austrian Ambulance Corps.
EARTHQUAKES AND HURRICANES

The Order’s French Association sent a team of volunteers, including doctors, nurses and logisticians, to help victims of an earthquake in north east India.

Further emergency relief services provided by the German Association included the distribution of food, cooking equipment and bedding to internally displaced people in the Democratic Republic of Congo, participation in an emergency nutrition programme in Ethiopia, and the provision of accommodation, food and medicine for earthquake victims in El Salvador.

This earthquake also caused considerable damage to the Order’s clinic in Santa Tecia. In response, the Order’s Association in Germany provided 1,500 Nissen huts worth US$700,000. A small obstetric ward at a government clinic and a kindergarten for 60 children were also built with financial support from Germany and from the Humanitarian Aid Office, European Union (ECHO). Immediately after the earthquake, the German Association organised two out-patient clinics which were able to treat 20,000 patients.

For more than a year after the disastrous earthquake that killed tens of thousands of people in Gujarat, India, the German Association organised a number of relief programmes with support from local partners. One seriously affected area was the city of Ahmedabad, where relief was provided in the form of food and medical care.

In October 2002, the Italian town of San Giuliano di Puglia was struck by an earthquake which killed 26 young children and three teachers at the local primary school. The Order’s Italian Association organised a first aid station to care for 1000 evacuees. Doctors and nurses provided emergency medical services, and a paediatric surgery was also established and staffed by qualified professionals.

Meanwhile, volunteers took a number of ambulances to Casalnuovo Monterotaro, near Foggia, where the earthquake had caused serious damage to 80% of homes. They organised a first-aid post as well as a field kitchen and a transport service for disabled and elderly people.

The Order’s Association in Mexico provided humanitarian aid for victims of natural disasters, notably hurricane Isador which left a trail of destruction in its wake as it passed through the Gulf in October 2002.

Man-made disaster struck in Russia when hostages were seized by terrorists in a Moscow theatre in 2002. Ambulance men from the Order’s local relief group in the city provided on-the-spot care for relatives of the hostages, and the Malteser general store – which normally provides food for poor and needy people in the Mitrowskij district of Moscow – was converted temporarily into a shelter where waiting relatives could be provided with food.

When 83 people were killed and 116 seriously injured after an airshow disaster in Ukraine during the summer of 2002, the local Ambulance Corps was supported by members of the German Malteser Hilfdienst from the German dioceses of Muenster and Paderborn. They raised enough money to pay for antibiotics and other medicine needed urgently by the hospitals in Lwiw.

Emergency relief provided by the United Kingdom through the Order’s British Association during the period covered by this Activity Report includes the provision of low-cost heaters and cookers for families affected by the war in the Balkans, and a £60,000 programme of aid for Kosovo where the money was divided between the provision of new school equipment, the re-roofing of damaged houses and the restoration of water and electricity supplies.
REFUGEES / INTERNALLY DISPLACED PERSONS

Since March 2002, a medical team from the German Association has been providing medical care to thousands of refugees at a camp near Heart, in Afghanistan. With the help of an interpreter, midwife and local staff they are running a hospital for people displaced by war and drought from their villages in the rural provinces of Badghis and Ghor. Meanwhile, other members of the German Association’s staff evaluated the possibility of a comprehensive repatriation programme for Afghan refugees. This subsequently focused on enabling families in the Moghor district to return to their homes and included the construction of schools and health centres for those who had returned.

In Lithuania, volunteers from the Order gave support to refugees and provided assistance to the children of deportees from Siberia.

The Order’s Embassy in Macedonia supplied medicines, bandages and blankets to refugees during the Kosovo crisis. The Order’s Associations in Germany and France supplied food and equipment which were distributed in conjunction with staff from the Emergency Corps of the Order of Malta.

Since then, the German Association has launched a unique income-generation programme providing interest-free credit to allow new small businesses to be established.

SUPPORT TO UNITED NATIONS PEACEKEEPING MISSIONS

Afghanistan: rehabilitating internally displaced persons and refugees

Since August 2002, medical teams from the German Association’s Malteser Hilfsdienst, on behalf of the German Federal Foreign Office, have been responsible for the medical care of the international and local staff of the UN Assistance Mission in Afghanistan (UN), at the invitation of the UN. The team provided the Malteser ‘Medical Start-up Kit’ – an out-patient tent hospital for basic and emergency health care developed specifically for UN peacekeeping missions. Under difficult local conditions, the medical teams are also helping develop a medical service for the Afghan police in Kabul, running first aid courses and training days.

Following on from its wide experience in Bosnia, the German Malteser Hilfsdienst has been elected by the United Nations High Commission for Refugees (UNHCR) to take over the responsibility for the rehabilitation of three provinces in Afghanistan, to improve the reintegration of refugees or internal displaced persons. The project includes the rehabilitation of water supply systems, village streets, health care facilities, the organisation of income-generating projects and the creation of workshops. Among the non-governmental organisations (NGOs), Malteser Hilfsdienst has become one of the major contractors of the UNHCR.
Iraq

As the war clouds gathered over Iraq in 2002 and military forces on both sides prepared for potential conflict, another very different group of highly trained professionals laid their own careful plans.

In their Cologne headquarters, the staff of the Emergency Corps of the Order of Malta (ECOM) held meetings to decide whether, and how, to provide emergency relief to the people of Iraq and, in particular, to the 700,000 refugees whom the United Nations forecast would seek refuge in neighbouring countries.

As the emergency relief organisation of the Order, ECOM knew it had a major decision to make:

“In a sense, our scenario planning probably mirrored that of the military forces themselves, in that we needed to assess what resources we had available to us, how best they could be deployed and what were our alternatives in terms of logistics,” explains Ingo.

Health kits arrive in Iraq

From the perspective of the German members of the Emergency Corps, it was clear that the Order already had a presence in Kuwait, where the German Association had been providing medical services to the United Nations observation mission set up to monitor the demilitarised zone between Iraq and Kuwait.

“We had a logistical base in Kuwait City, as well as staff in Basra and Umm Qasr on the Iraqi side of the border, so we knew the territory and were well prepared in that area,” Ingo continues.

“We discounted entering Iraq from either Iran or Syria as we had no experience or involvement in either country. This narrowed our choices down to Turkey – which would put us close to Northern Iraq where the German Association had an existing presence supporting the Kurdish population – and Jordan.”
It was decided that the German members of the Corps would direct their humanitarian aid initiative through Turkey into Northern Iraq and that their French counterpart would enter Iraq through Jordan with the support of the Order’s Ambassador in Lebanon, and then concentrate on providing humanitarian aid to Iraqi citizens in and around Baghdad.

Thus, two separate teams of assessors from the Order entered Iraq ahead of any potential hostilities, to gain first-hand understanding of the nature of aid that would be most effective, and how best to deliver it to those in greatest need.

From Turkey, the Corps sent a team which included a doctor and a logistician with prior knowledge of Iraq. From Jordan, a team of Corps’ professionals undertook an assessment of needs in Baghdad.

The philosophy of the Emergency Corps of the Order of Malta is a simple one: once a suitable course of action has been agreed between the national branches and the Cologne headquarters, each team then becomes an autonomous unit, reporting to the Centre and Headquarters with regular contact being maintained between each party.

As the year progressed and the likelihood of conflict grew stronger, the Corps ordered water purification equipment and medical health kits from its contracted suppliers, to be delivered on a ‘just in time’ basis. These were assembled on the Turkish side of the border to be ready for immediate deployment if the threat of war became a reality.

In this way, the Order was one of the first humanitarian aid organisations to enter Iraq before the war, and its presence has been maintained in the country ever since.

Each of the two teams has been responsible for finding its own accommodation, for forging links with other humanitarian aid partners who share the same values, and for identifying and responding to the needs of Iraqi citizens.

The primary thrust of the Emergency Corps of the Order of Malta’s activities in Iraq has been towards the rehabilitation of the country’s healthcare system, with the German Association working in a number of Northern Iraqi villages and the French Association concentrating its efforts on Baghdad and the surrounding rural areas.

“Flexibility has to be our keyword throughout these activities,” says the Order’s logistician for emergency services, John Freeman. “We found the Iraqi people to be very sympathetic and helpful towards us as we carried out our geographical and demographical assessment of the needs in different areas.

“In the north, for example, we identified a lack of medical laboratory facilities beyond the most basic level which was making it
difficult for local healthcare professionals to diagnose specific illnesses.

“As well as providing these test facilities, we also arranged for local doctors to attend a laboratory testing course which raised their competence to a higher level in a way that ensures that the help we provided was not merely immediate, but also sustainable.”

The Order’s French Association has re-established contact with the Saint Raphael Hospital in Baghdad, run by Dominican Sisters. The French Association has sent a team of doctors, nurses and paramedics to Baghdad along with urgently-needed medicines, medical appliances and a generator. There are also plans to take a mobile clinic to Iraq where it will provide basic healthcare for people living in rural villages around the capital.

All of this has been carried out with the highest degree of professionalism and in line with international standards. As ECOM’s Ingo Radtke explains, the delivery of humanitarian aid now has to fulfil the requirements of the ISO 9000 standard, to be backed by proper infrastructures and procedures, and, above all, to avoid providing well-intended help that actually ends up causing harm.

“I remember standing at an airport in Macedonia in 1999 where foreign donors had sent in two aircraft loaded with rice – the one commodity that Macedonia already possessed in abundance as the largest exporter of rice in Europe,” he says.

“There is absolutely no point in relief goods being flown thousands of miles into a country where the same things could be bought just around the corner. This is why we always make sure first of all that local markets are either available, or can be restored with our help.

“It is not foreseen that we will remain in Iraq beyond 2003 as the immediate emergency phase is now over.”
The German Association in Africa

The German Association is currently working around the world in support of over 120 projects. In the field of healthcare alone, these projects include a programme of HIV/AIDS and tuberculosis diagnosis in Kenya, aid for sleeping sickness and tuberculosis in the Sudan and a number of health programmes for mothers in Mozambique.

Approximately six million people in Zimbabwe (almost half the population) face food shortages as well as insufficient income and other entitlements to be able to meet their minimum food requirements throughout the remainder of the year.

Up to the end of 2002, the German Association delivered 62.5 tons of food items to the St. Anne’s Hospital in Brunapeg, Zimbabwe. In addition, the hospital received medicine for the treatment of malaria, diarrhoea, illnesses of the respiratory tracks and HIV/AIDS-related illnesses as well as injections, cannulas and dressing material. Another eight tons of medicine were brought to five mission hospitals in Manica-land. In Zimbabwe, more than six million people – half of the population – are threatened by death due to the severe hunger crisis.

In Angola, the German Association launched a new project to distribute medicine and medical instruments to state health centres, Catholic health posts and local health agents in the province of Kuando Kubango. The Association’s staff have been overseeing the rehabilitation of health centres as well as the formation and training of local staff.

Angola has faced 27 years of civil war throughout the country. With the end of the fighting in April 2002, the extension of the humanitarian crisis became more and more visible in this country.

In Kuando Kubango in the southeast of Angola, there are just three hospitals and three doctors for the medical care of more than 620,000 people. In this region, the German Association has been active in building up basic health care structures, fighting malnutrition among children, bringing health services to the most vulnerable population, and supplying essential drugs.

Healthcare support is also being provided by the German Association in Cambodia, Vietnam, Albania and Serbia.

In Democratic Republic of Congo the Association runs 600 health posts in the east of the country.
An international perspective
The provision of expert medical help to alleviate disease and suffering has always been a fundamental role for the Order. These medical and hospitaller activities were continued and extended during 2001 and 2002.

Both years saw active and sustainable healthcare being provided by doctors, nurses and support staff employed by the Order around the world, concentrating particularly on those areas where access to modern professional healthcare is either limited, or non-existent.

The Order takes care of the national leprosy programme in Cambodia and assists in leprosy relief in other countries, especially in Argentina and Brazil. Recently, CIOMAL, an Order foundation in Geneva, extended its programmes further, to include devoting its care also to the treatment of pregnant women with HIV, in order to prevent infection between mother and child. Initial programmes have been started in Mexico and Argentina.

In various areas in Africa which have been affected by armed conflicts, such institutions have been taken over for a short time, rehabilitated or advised. In the district of the Great Lakes, as well as in Kerala, India, the Order supports the setting up of basic public health services.

An important contribution, organised and run by the French Association, is the system for the collection and sorting of medicines. This important activity is approved by the World Health Organisation.

On many occasions, the Order, through the German relief service, has taken over the medical care of UN peace missions (Central America, Kuwait, East Timor and the Balkans).
Medical activities

Caring for the sick, the needy and the poor has been central to the work of the Order of Malta for more than 900 years. The following activities typify the scope and breadth of the Order’s general medical activities around the world.

The Order’s Grand Priory in Austria sends regular shipments of food, clothing, furniture and money to help needy people in Romania.

In Albania, the Order is working with a humanitarian non-governmental organisation, Malteser Ndihmon Ne Shqiperi (MNSH), to deliver health and social services to vulnerable groups in the Shkoder and Lezher prefectures. The organisation also provides a basic medical service to a number of poverty-stricken mountain communities which previously had no doctor, no pharmacy, no ambulance service and no money to buy medicines.

As an example of sustainable aid, the Order volunteers also run regular training courses in first aid, and in association with the National Associations of the Order in Italy, Austria, Germany and Hungary, organise regular summer camps for children.

During 2002, the Order’s Association in Argentina provided support for premature babies at risk.

The Australian Association’s involvement with the Mt Sion Centre for the Blind in Goroka, Papua New Guinea, has included the donation of surgical instruments as well as professional support provided by a Sister of Our Lady of the Sacred Heart who is a qualified optometrist, and who has helped to train locally-based staff in eye care and supervised the provision of affordable spectacles for the poorer sections of the local community.

The Order’s Association in Belgium has worked in partnership with other organisations to restore the Centre Hospitalier Roi Baudouin, which is located in the most deprived area of Kinshasa. At home, volunteers help the homeless in two ‘La Fontaine’ houses, in Brussels and Liege. The ongoing projects offer facilities for basic hygiene, hairdressing and a health check. The organisation of these services is run by trained volunteers - each house has 65 - together with the house director, nurse and social worker. Between January - June 2003, 10,000 of these services were carried out.

For over 10 years, a team of young volunteers has offered a two-week camping holiday at three venues to children living in care homes in Belgium. Children suffering from neglect or who are victims of physical or psychological violence have the possibility of a holiday in the countryside, surrounded by trained young people who provide a structured, caring environment.

September 2001 saw the start of construction work on a new renal health centre in El Alto city (La Paz), Bolivia, with support from the Order, as well as from the Spanish Agency of International Co-operation, the Spanish Association and a number of Spanish aid agencies. As part of this enormous undertaking, the Bolivian Association enabled a team of doctors and nurses to attend a training course in dialysis in Paraguay.

Another major achievement by the Order in Bolivia has been the provision of sophisticated medical equipment for the Arco Iris Hospital, which cares for some of the 30,000 street children in La Paz, as the result of generous donations raised by Ambassador William Walsh and both the Western USA and Bolivian Associations of the Order. With further donations still to come, the total amount provided by the Order for this purpose will reach US$1,400,000.

Young volunteers from the Brasilia and Northern Brazil Association have been helping healthcare professionals who are carrying out tests and vaccinations within the local community. In the south of the country, the Sao Paolo and Southern Brazil
Association continues to provide medical support through the Sao Paolo Health Centre Cruz de Malta.

Through its foreign aid programme, the Canadian Association was involved in a safe motherhood project in Nigeria, and supported the foundation of a 40-bed medical facility in Bolivia.

A number of medical centres supported by the Order in Chad are providing much-needed care for local people, while in Chile, members of the Order are working with abandoned elderly people and providing care for disadvantaged children and those dependent on oxygen for life support.

The Columbian Association has been working firstly with the Spanish Association to establish a 70-bed shelter for those forced to leave their homes in rural areas of Colombia to seek specialised medical attention in the capital, and secondly with the National Ophthalmologic Foundation and San Carlos Hospital to bring the benefits of modern laser equipment to people who could otherwise not afford it.

July 2001 saw the inauguration of the Premature Infants Section of the National Children’s Hospital in Costa Rica, with support from the Order’s Association in that country.

The activities of the Order’s Cuban Association included the provision of medicines and medical equipment to the island.

The principal project undertaken by the Order’s Association in the Dominican Republic has been a much-needed mother and child clinic in the city of Santo Domingo.

The French Association assumed responsibility for the hospital of St Jean de Nyombe in Cameroon, and acquired a site in Ecuador. Other recent projects include the expansion of surgical facilities at a hospital in Togo, and the rehabilitation of the obstetrical service of a hospital in Mali.

As one of the largest Associations in the Order and a major charitable organisation in its own country, the German Association has 35,000 active volunteers, 11,000 employees and 900,000 supporters. Between them, they have continued to run a large number of hospitals and to provide first aid training and services.

In the field of healthcare alone, these projects include a programme of HIV/AIDS and tuberculosis diagnosis in Kenya, aid for sleeping sickness and tuberculosis in the Sudan and a number of health programmes for mothers in Mozambique.

Projects undertaken by the Association in Guatemala included the distribution of medicines, benefiting 1,410 institutions during 2003, as well as home visits by medical volunteers, assistance for the homeless and orthodontic services for children in regional day care centres.

A health project in Haiti, set up twenty years ago by a knight of the American Association, orthodontist Dr Jeremiah Lowney and his wife Virginia, has, among its many aspects, focused on child survival through community participation. The project, which is carried out in the area around Jeremie, has been evaluated as an international model. Started as the Haiti Health Foundation, assisting a population of 35,000 in a child survival/maternal health programme, it has now expanded to providing health care, self-help development projects, and hope to over 200,000 people in the area and its surrounding mountain villages. In 2002, the American Association provided a major grant to the Foundation.
The Order’s Association in Honduras provides logistical support for the CapeCARES medical volunteer teams providing basic medical care in rural communities.

The Order’s volunteer corps in Lithuania (Maltos Ordino Pagalbos Tarnyba), has continued to grow strongly to form a network for delivering social and humanitarian aid in which recent activities have included:
- Running three social pharmacies and supporting seven homes for old and handicapped people
- Running first-aid training courses
- Supporting and caring for handicapped children, especially those with sight and hearing problems.

The Order’s Association in Malta provides a meals-on-wheels service for the sick and elderly in Gozo, and has also inaugurated a programme of occupational model building for patients in Gozo General Hospital.

In Mexico, the National Association has a programme to ‘Save a Child from AIDS’ as one of its special activities. The Order’s Associations in Panama and in the Philippines have continued to distribute medicines to the poor, as well as food, clothing and nutritional drinks to the needy.

In Poland, the Order’s National Association provided support for a home in Krakow for children in need of special care, and for a day centre for mentally retarded people in Puszczykowski, where task therapy is provided for patients.

Meanwhile, the Maltese Centre in St. John of Jerusalem Behind the Walls, in Poznan, continued to provide facilities for the early diagnosis of breast cancer in women. During 2002, more than 4,890 patients were seen, and more than 500 biopsies were performed. In the same year, volunteers including physicians and consultants, gave their services to the centre. In addition, the Association supported the work of two centres in Katowice offering help to young people suffering from drug abuse, and to the St John Hospice Care in Olsztyn where patients receive palliative care.

The Order’s Relief Corps in Serbia has implemented a number of projects to support social and medical welfare in the former Republic of Yugoslavia.

Medical equipment and supplies were provided to the Institute of Oncology in Sremska Kamenica, the General Hospital in Surdulica and to the NGO, ‘Zivotna Pomoc’ in Vranje. Meanwhile, patients at the Neuropsychiatry Hospital in Vrsac received donations of fresh vegetables, fruit and cheese through the German Association, which also provided baby food for infants in three areas of Serbia.

In Equatorial Guinea, the Spanish Association has opened a day care centre for mental patients and has continued to finance a village in Mikomeseng which enables leper patients to live with their families while receiving day care at a nearby leper hospital.
In the **United Kingdom**, the British Association has been supporting a growing number of healthcare initiatives around the world, as well as at home. These include the refurbishment of a clinic in Romania, supporting the work of an old people’s home in the remote village of Boka, Serbia, and providing medical training in an HIV/AIDS hospice in South Africa.

As a further extension of the Federal Association’s clinics programme in the **United States of America**, a mobile medical programme known as ‘A Mission of Mercy’ has been undertaken to provide a mobile medical service to the uninsured working poor in western Maryland and southern Pennsylvania.

Meanwhile, copies of a guide prepared and donated by a member of the Order were distributed to clinics with advice on how to make best use of available funds in providing access to medication and supplies.

The Order’s Association in **Uruguay** launched ‘Plan Invierno’ in 2001 as a programme to help homeless people. The Association is also active in supporting the sick in the Hospital Saint Bois.
Distribution of medicines

The collection, sorting and redistribution of medical supplies to communities in need has always been an important aspect of the Order’s work.
The Grand Priory of Austria has continued to collect, sort and distribute medicines and medical equipment to hospitals, homes for elderly people and nurseries in Eastern Europe.

During 2001 and 2002, the Order’s Association in Belgium continued to deliver medical supplies to Belarus, Romania and the Democratic Republic of Congo, where the Association has also worked in partnership with other organisations to restore the Centre Hospitalier Roi Baudouin, which is located in the most deprived area of Kinshasa.

The Association in Colombia brought help to thousands of needy people thanks to donations of medicines and supplies from the Americares Foundation and from pharmaceutical companies including Boehringer Ingelheim and Novartis.

The Order’s National Association in France continued to supply new or unused medicines to meet the needs of deprived populations in many other countries. This activity is coordinated through the Association’s pharmaceutical centre in Versailles, near Paris, where 119 voluntary pharmacists are supported by some 2,350 other volunteers in 85 sorting centres around the country. In total, 180 tons of medicines were shipped overseas during 2001 and another 134 tons in 2002.

In Guatemala, local centres coordinate the distribution of both medicines and food to those in need.

The Order’s Association in Honduras continued to distribute medicines and food to poor and needy people in and around the country’s main centres of population. Beneficiaries include parish and community organisations, private not-for-profit foundations, primary health clinics, state hospitals, nutritional centres, hospices for AIDS patients, and centres for abused women and children, as well as public schools and homes for the elderly.

Among donor organisations are the Order’s National Association in France, the Meehan Foundation, Food for the Poor Inc and Americares. The economic impact of this project is some US$2.4 million per annum.

The Panamanian Association made donations of medical and pharmaceutical supplies to a number of hospitals, health centres, day care centres, orphanages and other institutions throughout the Republic.

The Order’s Association in the Philippines has also continued to distribute medicines to the poor, as has the National Association in Poland, where more than 10,000 prescriptions were fulfilled during 2002.

And in the United States of America, the Federal Association has continued to provide regular twice-yearly supplies of pharmaceuticals, free of charge, to 13 hospitals and clinics around the US. These have helped to alleviate much suffering from arthritis, asthma, diabetes and cardiac conditions among those who would otherwise have had very restricted access to medicines.
Leprosy

The National Associations of the Order in several countries, including Germany, France, Spain and Switzerland are engaged in providing medical and palliative care for sufferers from leprosy, either through their own endeavours or through their membership of CIOMAL, an Order foundation in Geneva.
FIGHTING LEPROSY

Hansen’s disease, or leprosy, has afflicted humanity since biblical times, and continues to blight the lives of more than one million people in South East Asia, Africa, and Latin America. Its main targets are the skin and nerves, although other organs may be involved – particularly the hands, feet, face and eyes. Because the nerves are attacked, patients may be unable to feel when they get injured or burn themselves, and the resultant wound may lead to ulcers. In addition, muscle weakness and paralysis may occur, along with deformities to – or even the loss of – fingers and toes, as well as blindness.

The Order, through CIOMAL, an Order foundation in Geneva, is playing an active part in the fight against leprosy in many countries, and through many initiatives.

The principles that guide the Order in its fight against leprosy include free access to multi-drug therapy for all sufferers, the reinforcement of early screening, the prevention of – and rehabilitation from – disabilities, and the training of medical and paramedical staff in helping the sick to care for themselves.

The national Associations of the Order in several countries, including Germany, France, Spain and Switzerland, are all engaged in providing medical and palliative care for sufferers from leprosy, either through their own endeavours or through their membership of CIOMAL.

In Phnom Penh, Cambodia, CIOMAL’s Kien Khleang Centre provides a free rehabilitation service for people suffering from leprosy, and also serves as a national training centre for patients suffering from the complications and handicaps associated with the disease.

Between January and June 2001, the Centre admitted 149 patients while a further 270 benefited from outpatient consultation. The Spanish Association finances annual international courses in leprosy at the Fontilles Leper Hospital in Alicante. In Equatorial Guinea, they finance the maintenance and improvements to the facilities of the leper village which is adjacent to the Mikomeseng leprosy hospital and where almost 100 leprosy patients live with their families, receiving day care in the hospital.

In Thailand, the Don Bosco Centre helped former sufferers to be reintegrated into society, and also enabled children of patients affected by Hansen’s disease to return to school.

The Order’s fight against leprosy also extends to Africa, Latin America and Cuba, through donations that are helping to make a real difference. In Senegal, for example, the Institute of Applied Leprology of Dakar treated 171 in-patients and 1,733 out-patients during 2001, while in the same year the Picos programme in Brazil provided advice to 2,000 people – and saw the total number of new cases fall by almost 50 per cent.
Transforming lives in Cambodia

Dr Stephen Griffiths is a Zimbabwean citizen, born of British missionary parents, who is devoting his career to the urgent and continuing fight against leprosy. Having taken part in the government’s leprosy control programme in Mozambique, and coordinated the activities of the leprosy Commission in Zimbabwe, Zambia and Mozambique, he is now working in Cambodia as Medical Coordinator for CIOMAL, an Order foundation in Geneva and Technical Adviser to the International Leprosy Control Commission.

It was on a field visit to a remote village in Cambodia that Dr Stephen Griffiths first met Mao Rithy. What puzzled him was the fact that this young and apparently healthy 19-year-old was still at home at 10 o’clock in the morning.

“To my astonishment, as soon as I asked him why this was he started to cry. Holding up a clawed hand, he told me that he wanted to be at school but the other students were afraid of him and the head teacher had asked him not to attend any longer,” Dr Griffiths recalls.

Mao was invited to attend the leprosy hospital established by CIOMAL in Phnom Penh where tendon transplant surgery gave him a more normal-looking and better functioning hand. Under CIOMAL’s socio-economic rehabilitation programme, arrangements were made for Mao to take a year’s vocational training course in electronics – where he distinguished himself as one of the top students.

Mao’s story has the happiest of all endings: he has just returned to his home village where he has become a valued member of the community running his own electrical repair shop.

His experience also exemplifies two underlying issues surrounding leprosy: that the social stigma attached to leprosy can be as debilitating as the disease itself, and that both medical and surgical intervention can transform the lives of those affected.

The current programme of diagnosis and treatment in Cambodia began in 1993 as the country returned to some semblance of stability after many years of war. Since then, the number of new cases has fallen from an annual peak of 2,300 in 1997 to its current level of around 800, of which perhaps 200 to 300 will involve leprosy-related disabilities.

In relation to the size of the country’s population, that still represents the highest incidence of new cases in the whole of South East Asia and indicates the importance of CIOMAL’s work in Cambodia.

“Our approach is to find leprosy patients as early as possible in the progression of the disease,” says Dr Griffiths.

“Through multi-drug therapy we can prevent the bacillus that causes the disease from affecting the skin and nerves. This not only minimises the incidence of permanent disablement but also prevents the transmission of the disease to other members of the community.

“Because of the war that has gripped Cambodia for so long, there remains a large backlog of patients who have not had an early diagnosis, and have been left with nerve damage and other complications. CIOMAL estimates that between 5,000 and 6,000 people have disabilities related to leprosy, and this number is being added to each year.”

It is for this reason that CIOMAL established the hospital in Phnom Penh where patients can receive tendon transplants and physiotherapy to help them lead more normal everyday lives. This surgical treatment extends to eyes, where leprosy can affect the nerves that control the closing of the eyelid and also those that supply the cornea with sensation.
"In these cases there is a very real risk of blindness, and a leprosy patient who has lost the sensation in hands, feet and eyes is a very disabled person indeed – unable to feel their way when walking, or to tell when they have food in their hand," explains Dr Griffiths.

In 2002, CIOMAL gave consultations to more than 1,000 outpatients and over 300 in-patients, and also provided surgery for 120 patients. The 38-bed hospital is staffed by three doctors as well as nurses and ancillary staff, caring for an average of between 40 and 50 patients at any one time.

One of them was a young woman called Srei Toich, who was referred to the hospital because of the foul-smelling ulcer on one of her feet that had left her shy and withdrawn to the point where she shied away from contact with other people.

It transpired that she was one of four sisters – three of whom suffered from leprosy – being looked after by their widowed mother in a small rural village. Life was not good for them. Their neighbours, caught up in the age-old fear of leprosy, not only called them names but stoned them and forced them to move to an isolated hut outside the village boundary.

CIOMAL provided surgery to straighten Srei’s foot and help her to walk more normally, but it was the caring and intelligent example set by Bou Sophal, head of the organisation’s socio-economic unit in Cambodia, that further transformed the lives of the entire family.

When Srei’s rehabilitation was complete, Bou accompanied her back to the village where – watched by a crowd of some 300 of their neighbours – Bou asked Srei’s mother to prepare food which he then ate with the family in the open air.

"By acting normally and talking to the villagers, Bou reassured them that there was nothing to fear from contact with the family," Dr Griffiths explained.

"Srei is now much more outgoing, and the family has been accepted back into the community where they are now once again treated as equals."
Handicapped people

A tradition of voluntary care for handicapped people lies at the very heart of the Order’s mission today, just as it has done since our foundation more than 900 years ago.

The International Year of Volunteers, in 2001, was embraced wholeheartedly by the Order through its Associations in many parts of the world. During that year, as every year, and subsequently, the Order’s 80,000 trained volunteers took part in a wide variety of activities including emergency relief work, ambulance and first-aid duties, and the provision of social services to the needy.

Many of the trained volunteers provided particular care for handicapped people through a programme of summer camps and pilgrimages.

The Austrian Grand Priory organised annual pilgrimages to Lourdes in both years, and in 2002 enabled a party of 30 handicapped young people to take part in a spiritual programme at the Basilica of Sonntagsberg in Lower Austria. The Grand Priory also organised a pilgrimage to Rome, the highlight of which was an audience with the Holy Father. Other special events for handicapped people included the Malteser Wildwater Camp, and a boat excursion on the River Danube. Young handicapped people took part in canoeing competitions on the river Salzach under professional instruction.

The Order’s Association in Canada enabled a number of pilgrims with special needs to take part in World Youth Day, which was held in Toronto between 22 and 28 July, 2002. It was attended by an estimated total of 850,000 young people. Volunteers from the Association organised a large tent which provided shelter and support for some 3,000 pilgrims suffering from heat exhaustion and illness during the event, which culminated in a papal visit by His Holiness John Paul II. In the Czech Republic, volunteers and members of the Order organised pilgrimages to Svata Hora (Holy Mountain) and Velehrad within the republic itself, and also to Lourdes. In France and Germany, the national Associations organised their annual pilgrimages to Lourdes, as well as to national shrines.

Programmes organised by the Order for handicapped children and adults are running in rural Guatemala.

In Holland, the Dutch Association sent a group of 12 handicapped young people and 15 helpers to the international summer camp in Hungary in 2002, and also organised its own national camps for handicapped children, and for the children and grandchildren of members of the Order.

In Honduras, the Order has continued to develop the Volunteer Corps founded in the year 2000 to provide a reserve team of young volunteers equipped with basic first aid skills to render assistance and relief support in the event of a natural emergency such as an earthquake or a hurricane.

In Italy, the Grand Priory of Lombardy and Venetia arranged a four-day training programme for volunteers on pilgrimages, while the Order’s Association in Latvia organised summer camps for handicapped and socially-deprived children.

The Order’s Association in Macedonia continued to promote an aid programme for severely handicapped children in Demir Kapia, near Skopje, by providing medicines, clothing and other goods for the patients.

A group of disabled people, accompanied by volunteers and members of the Order’s Association in Poland took part in a pilgrimage to Lourdes. The Association was also involved in the International Summer Camp for the Disabled in Hungary,
and organised a cadet camp for a group of young people from Krakow and Wieliczka.

In Spain, the Order’s National Association organised an annual summer camp in Cadiz for physically and mentally handicapped young people, while in the United States, the American Association organised its annual pilgrimage to Lourdes.

The Western Association in the USA also organised a Lourdes Day in San Francisco for people who were unable to travel to Europe. The day included a rosary procession to a Lourdes Grotto, where Mass was celebrated.

Volunteers from the Federal Association in the USA continued to devote countless hours of their own time to the service of others. Projects ranged from running soup kitchens, providing picnics for the homeless and hosting social events for the elderly to providing free medicines to low-income seniors and providing residential care for the frail and elderly.

Ten years ago there were no centres for the seriously mentally ill in America’s Mid West, until the American Association’s Dan and Rosemary Kelly founded the Rose Hill Center in Michigan. When their son was stricken with schizophrenia, the experience led them to discover what the seriously mentally ill can achieve if they are given the chance. The results obtained through a sympathetic combination of medication and therapy were very encouraging.

The Kellys recognised the need for such an establishment. They searched for initial funding from Order members, educational and health care professionals, corporations and individuals, and formed an active board of directors, Order members among them, to set the project going. Today the Rose Hill Center counts the Order of Malta as one of its largest donors. At the Centre’s tenth anniversary in September 2002, friends, families and donors had an opportunity to see at first hand all that has been accomplished.

Since its establishment, over 400 individuals have graduated from the Center, which offers a unique residential treatment and rehabilitation programme for the seriously mentally ill. The nationally acclaimed programme is based on the philosophy that people learn to live life by living it and its goal is to assist the residents to achieve their highest level of function and independence. Necessary skills for future independent living are taught from the time of admission and there is an emphasis on the development of friendships and the re-establishment of important family relations. Rose Hill has a 372-acre campus which includes greenhouses, a barn, farm buildings and an Educational and Therapy Center.

‘Rose Hill has come a long way in a short time,’ says Dan Kelly. ‘We are proud that our programme has become one of the best of its kind in the country.’

Rose Hill
A tradition of voluntary care for handicapped people lies at the very heart of the Order’s mission today, just as it has done since our foundation more than 900 years ago. The aims today are to improve the quality of life of handicapped people so that they can retain their independence, and to facilitate their integration into society. Intervention can come in a material, moral or spiritual form: it may involve treatment, participation in pilgrimages or recreational activities such as the regular programme of summer camps organised by many of the Order’s National Associations.

The work undertaken to assist the handicapped on pilgrimages, in the summer camps, and in the Order’s many hospices and care centres the world over, owes its effectiveness to the thousands of volunteers who give of their time and energy to help those not able to help themselves, or who suffer some form of affliction. Today, the Order has over 80,000 volunteers who, together with our members, make up a formidable humanitarian support force. The volunteers who work in healthcare areas are all trained in first aid or other aspects of healthcare. In their everyday lives, some are healthcare professionals, but many are not, coming from all walks of life and all areas of activity. They train in groups and work in small teams. Their spirit and commitment are remarkable. The Order salutes them.
An extraordinary experience

The year was 1979 and Peter Loyd, an Englishman who is now the Hospitaller of the Order’s British Association, felt trapped in a spiral of grief following the tragic and untimely death of his wife.

The experience that released him, just as it has done for countless millions of others, was a pilgrimage to Lourdes in the French Pyrenees.

“For the first time I stopped thinking about myself and started thinking about others who, like me, were there for a similar sort of private reason. By the time my week was over, I felt spiritually refreshed. It was quite an extraordinary experience,” says Peter.

Since then, he has returned to Lourdes 20 times and now helps to organise the two annual pilgrimages for members of the Order’s British Association and volunteers – one the first week in May, and the other for younger people later in the summer.

The main pilgrimage each May is given over to the Order’s Associations from many parts of the world, when Lourdes reverberates to the sight and sound of thousands of members and volunteers, joining together in a constantly moving pattern of prayer, of quiet contemplation and of animated chatter.

The volunteers are divided into three equal teams, each taking turns to help and support those who need it. The sight of a captain of industry gently guiding an elderly lady on her frail way to the bathroom is not uncommon. Nor is the babble of lively conversion an unusual sound – particularly during the annual Pilgrimage party where the more outgoing take turns to entertain the others.

It is, as he says, an extraordinary experience.
HIV/AIDS: helping mothers and infants

HIV/AIDS is an epidemic entirely of our times – and one that has already claimed the lives of an estimated 19 million people worldwide.

The National Associations of the Order in several countries, including Germany, France and Switzerland, are all engaged in providing medical and palliative care for sufferers from HIV, either through their own endeavours or through their membership of CIOMAL, an Order foundation in Geneva.

The primary focus on HIV is to protect against vertical infection by providing mothers with access to screening, pre-natal therapies and treatments against infections in mother and child.

In Mexico, where some 150,000 people were reported to be infected by the HIV virus in 2001, CIOMAL has been working in a programme that goes beyond the basic provision of antiretroviral medicines to prevent the virus from passing from mother to child.

Elements in the programme, which is being carried out in conjunction with the Order’s Mexican Association, the National Institute of Perinatology and the AmeriCares aid organisation, include counselling and testing services as well as the promotion of birth by caesarean section.

During 2001, the programme took a number of infected women into care – all of whom gave birth to healthy children.

The Order’s National Association in Argentina introduced programmes of care for people suffering from HIV/AIDS, while the German Association continued to operate a programme of HIV/AIDS diagnosis in Kenya.

Continuing the healthcare tradition

As the HIV/AIDS pandemic continues to ravage many of the world’s most needy communities, a group of medical staff and volunteers in the Republic of South Africa is providing an example of how the Order is responding to one of the most urgent crises of the modern age.

The Brotherhood of Blessed Gérard, named after the founder of the Order of Malta, has established a healthcare centre and hospice for AIDS patients in Mandini, where it provides beds, day care places and children’s places for mothers and children infected by the virus.

In addition, the Brotherhood runs an education programme about HIV/AIDS, and in conjunction with local social workers and doctors, provides advice on proper standards of infant care.
Paco’s story:

extraordinary compassion in Madrid

To most passers by, Paco was just another AIDS-ridden drug addict from whom they turned their faces as they walked the streets of San Blas, a poverty-stricken district of Madrid. They shied away at the sight of his ragged appearance, from the sound of his diseased lungs and the smell of his bedraggled clothes. Some even suspected Paco of being a convicted murderer. Then just one of Madrid’s citizens looked beyond Paco’s rags, filth and infirmities to see the human being within. He talked to Paco, listened to his problems, his story and his needs.

This chance encounter - the citizen was a knight of the Order - became the impetus for an initiative through which Paco and hundreds of other neglected and disturbed people are being shown care and compassion by volunteers from the Order’s National Association in Spain. They leased space in a local apartment building, and while some donated furniture and kitchen equipment, others began preparing hot meals for the many needy people in an area characterised by a high proportion of immigrants, drug addicts and lonely elderly people. This latter-day 'soup kitchen' now operates on every weekday of the year except in August, providing hot meals and welcome respite for people who would otherwise go hungry. The volunteers have added a weekly distribution of basic clothing to their services, and are considering the possibility of running language lessons for immigrants. More than that, they offer spiritual comfort and friendly human contact to those who would otherwise remain shunned by society.
Palliative care / Alzheimer’s disease

PALLIATIVE CARE

The Order provides palliative care to people suffering from life-inhibiting conditions in many parts of the world. Such care is always provided with compassion, and with respect for each person’s dignity.

The Argentinian Association runs a hospice for terminally ill patients in Buenos Aires and provides palliative care for them. In Australia, the National Association of the Order continued to provide medical services and palliative care to communities in Papua New Guinea, the Philippines and Fiji. Within Australia itself, the Association provided palliative care in Melbourne, and supported the Hospice Home care Service at Mt Olivet Hospital, Queensland.

Volunteers from the Belgian Association of the Order of Malta took special training courses in palliative care, to work alongside the medical and care teams in a new unit at the Albert 1st and Queen Elizabeth Institute (St Luc University Clinics) in Brussels. The unit has 68 beds and offers the best and most advanced techniques for patients suffering from geriatric illnesses, or in need of palliative care. The volunteers provide a daily presence of a profound Christian approach which gives comfort at a particularly difficult time of life both for the sick and for their families.

In Britain the work of the Order in this area continues to grow. The Order of St John Care Trust, established 13 years ago, provides assistance for elderly people, both at home and in the Homes run by the Trust across Britain.

The Order’s National Association in Germany also provides palliative care through hospices, with around 100 volunteer groups caring for terminally ill people at home, and in 11 care homes, while in Lithuania, the Order established five centres to co-ordinate the work of volunteers in providing palliative care in the homes.

The Association in Poland provided support for a hospice for terminally ill patients.

In partnership with Novi Sad Humanitarian Centre, Renovabis and the Order’s German Association, the Serbian Association took part in a project which provided medical and palliative care to elderly and needy people in Novi Sad and surrounding villages.

ALZHEIMER’S DISEASE

The Order continued to provide care for sufferers from Alzheimer’s disease – which remains the most common cause of dementia in the world – and to offer counselling and support to their families.

In Britain, treatment of the disease is part of the care offered in the many homes for the elderly which are run in partnership with the Order of St John.

The Canadian Association supported the development of an Alzheimer project in Ottawa through the training of volunteers, and undertook voluntary work with patients at a hospice in Montreal.

In France, the Villa Helios St Jean in Nice cares for elderly sufferers of Alzheimer’s disease and over 2001-2002, demand to take in residents increased substantially. The Villa now looks after 84 residents.
A snapshot of French activities

The Oeuvres Hospitalières Françaises de l’Ordre de Malte (OHFOM), the hospitaller works of the Order’s French Association, extend around the world and embrace activities from first-aid services and the redistribution of medicines to specialised centres for leprosy research and treatment.

The organisation has over 650 employees, more than 5,000 trained volunteers and 11,000 fund raisers and collectors of medicines for distribution to the sick and needy. The Association’s ambulance corps provides first-aid services at around 1,000 cultural, sporting and religious events in France each year, while a team of medical specialists and volunteers known as ‘Malta Hope’ works with the Order’s international aid unit to provide emergency aid for victims of humanitarian crises.

More than one quarter of all ambulance corps trainees in France attend one of four training centres run by the French Association, where they follow a programme leading to the nationally-recognised Ambulance Corps Certificate.

In addition to its first-aid activities, the Association also runs a number of hospitals, care homes, clinics and day-care centres in France, Africa and the Middle East. In Lebanon, for example, medical centres and dispensaries provide care for more than 200,000 people regardless of their cultural or religious backgrounds.

The collection and redistribution of medicines approaching their ‘best by’ date continues to be an important and ongoing aspect of the Association’s work. Each year, several hundred tons of medicines and medical supplies are collected at 70 centres throughout the country before being distributed around the world by a team of 2,000 volunteers, including 100 pharmacists.

The French Association has long been involved in the worldwide fight against leprosy, a disease which still affects some 2,000 victims each day. It founded, and still funds, the Applied Institute of Leprology in Dakar, Senegal, one of the largest international centres for research and training in Leprology.

It also runs a number of specialist leprosy clinics in Africa, Asia and South America, as well as the leprosy unit at the Saint-Louis Hospital in France.

At home, the Association is involved in 11 care centres in France, with 4 centres for the physically and multi-handicapped; one for the mentally handicapped; 2 centres for patients with autism; 2 for patients who are socially handicapped; one for elderly people with Alzheimer’s disease and one for the homeless. Outside France, the Association has established centres for children with physical disabilities in Ecuador, Syria and Bulgaria, and recently helped to set up a new centre for autistic adults in Greece.

The Association has also recently launched a programme through which 60 volunteers organise, on a weekly basis, outings for pensioners at the famous Institution Nationale Les Invalides, Paris. The initiative, which has proved to be very popular, arranges for the pensionnaires to visit sporting and cultural events and places of interest.
Since then, ambulance corps have been established by the Order in almost 40 countries, notably Austria, France, Germany and Hungary.

In Austria, for example, the Order provides an ambulance service for patients in the Vienna, Innsbruck and Graz areas, while trained volunteers from the Order regularly act as additional crew members aboard ambulances operated by other organisations, including the Red Cross and the Johanniter Ritter Orden.

The Order’s National Association in France provides accredited training courses for 500 ambulance volunteers each year through its four schools in Garches, Brest, Bordeaux and Toulon. Each full-time course lasts three months, leading to a certificate of competence.

The ambulance services provided by the Malteser Hilfsdienst (MHD), of the German Association, have been operating for many years, and in this, their 50th year of activity, the President of the Republic affirmed in Cologne that the services to the region of the Order’s German Association had provided ‘active support without which it would not be possible to ensure social structure and aid services.’
Racing to the rescue: Ireland

As spectators shout encouragement to their favourite horse at one of Ireland’s frequent race meetings, they are helping to save lives. The Ambulance Corps of the Order’s National Association in Ireland provides and charges for first-aid services at events which the public pays to attend.

It is a tradition that stretches back to the founding of the Ambulance Corps in 1938, where, in Ireland as in other countries, the Order provides its services on an entirely voluntary and self-supporting basis.

Each of the Ambulance Corps’ 80 units – which operate in over a hundred communities – is responsible for its own fund-raising, and also, within certain parameters, for the ways in which that money is used.

“It probably wouldn’t work any other way,” observes Commander Peadar Ward, Director of the Ambulance Corps in Ireland.

“While some units might receive individual grants from local health boards for specific pieces of new equipment, such as the automatic external defibrillators we are introducing, most of the funds we need are raised through the provision of commercial services such as first aid coverage at commercial events.”

The Ambulance Corps has to tender against other providers on a commercial basis providing services to equal or exceed the standards expected.

Typical sources of funds include the horse races, football matches, open air concerts and the annual ploughing matches that attract enormous crowds.

The balance between services that earn money and those provided free of charge in accordance with need is roughly equal. This enables the volunteers to gain varied experience – in many cases inspiring them to follow full-time careers in healthcare – and to provide their first-aid expertise free of charge at community events.

Most recently, at the 2003 Special Olympics, volunteers manned 20 ambulances to provide first-aid cover for athletes and spectators alike, while on the tiny western islands of Clare Island, Inishbofin and Inishmean, the Ambulance Corps is providing rapid-response medical care, otherwise not available to these isolated populations.

The Irish Association’s Ambulance Corps are present at race meetings every week.
In addition to its work in the field, the Order runs or supports – either totally or in part – a large network of hospitals, clinics, medical centres and dispensaries. Hospitals run primarily or exclusively by the Order include those in Europe – especially in Germany, France, England and Italy – and also in Asia, the Middle East, Argentina, the United States, Southern Africa and Australia.

Several of these hospitals provide palliative care for terminally ill people, a service that the Order also extends through hospices and at patients’ homes.

In Milot, Haiti, the Sacré-Coeur Hospital (part of the CRUDEM Foundation Center for Rural Development of Milot, which is actively supported by the Order’s three American Associations), has supported the local population and its neighbouring settlements, a population of 25,000, since its founding in 1986. Recent additions greatly improved facilities, thanks to funds provided by the American Association, with a separate paediatric division donated by members of the Order in St Louis, Missouri. The hospital now has 65 beds and two operating rooms. A Nutrition Centre serves two free meals daily for up to 100 malnourished preschoolers. There is an educational programme for the children between their mealtimes. Another 500 primary school students receive their education under the auspices of CRUDEM. A programme for street children is also operating under the Order of Malta flag. In 2002, over 30,000 patients were treated at the hospital; 1,000 operations were performed; more than 500 babies were delivered. The hospital now includes seven physicians and a dentist, and 98 general staff.

In addition to the medical centres and the hospitals it runs in France, the French Association also operates hospitals and dispensaries in Benin, Togo and Senegal. As a joint activity of the whole Order, a maternity hospital is run in Bethlehem, Palestine, under the operational responsibilities of the French Association. Since 1990, more than 29,000 babies have been born there. In Senegal and Cambodia the Order runs special hospitals for leprosy sufferers.

Leprosy relief has long been one of the main works of the Order in the Third World. This is undertaken by a number of national associations, including that of France through the Institut de Léprologie Appliquée, and through CIOMAL, an Order foundation based in Geneva, whose members include, among others, the national Associations of the Order in Germany, France and Switzerland.

In Italy, the Order runs specialised institutions for the care of diabetics, and there is a similar institution in Prague, in the Czech Republic, for children. Most of the Order’s outpatient clinics are in Lebanon and El Salvador. These institutions were founded during the civil wars in these countries and are now an important part of their national health systems.

There are medical centres in Poland, Hungary, the USA, the Dominican Republic, Brazil, Peru and South Africa. Furthermore, in developing countries, many hospitals, medical centres and dispensaries are supported – and at times directed – by the Order. In various areas in Africa, which have been affected by armed conflicts, such institutions have been taken over for a short time, rehabilitated or advised.

Hospitals and care centres
The Order runs 10 care centres in the Lebanon, looking after hundreds of patients every day. The centres, set up by the Order's Ambassador to the Lebanon and his collaborators and administered by the Fondation pour les 'Oeuvres Libanaises de l'Ordre de Malte', are run by religious congregations and staffed by Lebanese doctors.

The longest established care centre is the Centre de Zouk Mikael at Kesrouan, a central area of Lebanon, set up in 1957 and run by the Daughters of Charity as a first aid and emergency medical Centre. The Centre at Kobayat was established in 1987 and is now largely supported by the Order's French Association. The most recent addition to the care programme is a first-aid Mobile Unit, offered to the Order's Ambassador by the United Nations and based at Ain El Remm in the south. The Unit's running costs are now funded through the concerts given by the much-respected pianist, Miguel Angel Estrella.

The 10 centres handle 250,000 medical cases each year; each centre is equipped with its own pharmacy and medicines.
The hospital of San Giovanni Battista, la Magliana

A young patient
Rome: Specialised care at San Giovanni Battista, la Magliana

DEVELOPMENTS IN 2002
When the Order’s Association of Italian Knights opened San Giovanni Battista hospital, la Magliana, in Rome in 1972, it created the only neuro-rehabilitation facility in the city. Today, San Giovanni Battista provides 240 beds, including a 10-bed coma unit, and a broad array of specialist facilities to help rebuild the lives of those recovering from medical conditions or accidents that have left them physically or mentally incapacitated.

It is also a hospital in transition, following the signing of an agreement between the Order’s Italian Association and the Italian National Health System under which San Giovanni Battista retains its status as a religious hospital but also one which now provides a public service to the population of Rome and its surrounding area.

A new scanner of the latest generation has recently been installed, as have new ecography machines which use sonar technology – similar to that developed for submarines – to explore the hidden depths of the human body.

New hydrotherapy pools are planned, as are further improvements designed to retain its status as a specialist rehabilitation centre.

All of this is enabling the hospital to provide rehabilitation services for patients recovering from a wider variety of conditions. In addition to its traditional work in neurological areas, San Giovanni Battista is now receiving patients recovering from accidental injuries and consideration is being given to caring for those recovering from chronic heart and lung conditions and from cancer.

San Giovanni Battista’s specialised facilities, such as the scanner and ecography machines, are also made available to patients at the 12 diabetic centres run by the Italian Association in Rome and other parts of Italy. These care for some 45,000 diabetic patients each year and form the largest combined facility of their type in the country.

In response to Italy’s national shortage of trained nurses, San Giovanni Battista has recently re-opened its Nursing School after a period of some years. The school provides training for the European programme, which includes three years at university as well as practical experience on the wards at la Magliana.

The families of patients undergoing rehabilitation can also take part in an educational programme designed to help them provide appropriate care for their loved ones when they return home.

The hospital has a staff of some 350 doctors, nurses and ancillaries, including 70 skilled rehabilitation technicians. Between them, they provided specialised care for a total of 66,083 patient bed days during 2001, and a further 66,524 patient bed days in 2002.

Among those many patients, one particular story calls for special mention. In early 2002, a young pregnant woman was admitted to the coma unit where she remained for seven months, giving birth to a baby daughter without regaining consciousness. Yet her first words on emerging from her coma were “How is my little girl?”

“Both mother and daughter are continuing to do well, and it is moments like these that make all our work seem worthwhile,” said a spokesman for the hospital.
The Holy Family Hospital in Bethlehem, Palestine, is a joint project of the whole Order of Malta under the operational responsibilities of the Oeuvres Hospitalières Françaises de l’Ordre de Malte (OHFOM). Since 1990, more than 29,000 babies have been born there. The hospital provides indispensable service in the area, and offers pregnant women of the region the only possibility to give birth to their babies under good medical conditions. The first goal of the hospital has been, is, and will always be to provide high quality maternity care for all who come, regardless of race, religion, culture or social condition. American and European specialists have confirmed that the hospital has an excellent western European standard. Due to the continuing unstable political situation and the very tight economic situation, the need for the hospital’s services has increased. Palestine has no national medical service, and thus hospital management costs are entirely paid by the Order. The patients are asked to pay what they can afford. For those unable to pay anything, charges are reduced or waived.

The heavy burden is borne by the French Association, assisted by the National Associations in Germany, USA, Ireland and Switzerland and by the European Union. More recently the Holy Family Hospital Foundation, an organisation created by members of the Order in the United States, has been collecting funds for the hospital, which, in recent years, has generously contributed to guarantee the hospital’s functionality.

**A brief history**

In 1882 the Daughters of Charity bought a large plot of land in Bethlehem for an 80-bed hospital. By an 1892 Firman, the Turkish Sultan gave them a licence to build and maintain it.

Later, the Turkish Authorities gave the hospital tax exemption within the Mytilene and Constantinople Agreements signed with the French Government. The Holy Family Hospital opened in 1895, and grew into a busy general hospital, providing medical, surgical and maternity facilities for the population for almost 100 years. In 1985 the hospital was forced to close due to political and social factors associated with the Arab/Israeli conflict. The same year, answering the crisis, the Order reopened one wing as a 28-bed maternity unit, with help from the European Union for renovation and equipment.

On 26th February 1990, the first baby was born there. In 1997 an extension was added: two extra delivery rooms, a second operating room, nine extra beds and a neonatal unit. Again, the European Union generously helped in funding the equipment.

During 2001, 277 babies were taken care of in the neonatal unit, and 1839 were delivered.

In April 2001, the hospital received an equipped mobile clinic, generously donated by the O’Neil Foundation, United States of America. It allowed the team to bring medical and social care to the doorsteps of the patients subsisting in poverty in remote hillside communities lacking basic services. Unfortunately, the hospital has recently been unable to operate this mobile clinic because of the current situation.

A bigger and much needed outpatient facility was opened in July 2001. Even with the dramatic conditions prevailing in Bethlehem now, the maternity unit still operates on a basis of five deliveries per day.
Caring under fire

New lives are beginning each day in Bethlehem, the city that was the birthplace of Christianity itself. But these are troubled times in the Middle East, and since November 2002 the Hospital of the Holy Family, directed by the Order’s Association in France and the Congregation of the Daughters of Charity, has been providing maternity services for the mothers of Bethlehem under a military curfew. Sister Sophie Boueri describes the anguish – and the hope – shared by her colleagues and the new mothers for whom they are caring.

“We have been under curfew since November 22, 2002. Military patrols scour the city day and night, battering down the doors of homes as they search for young resisters.

“This tragic, traumatic situation generates a very strong psychological pressure that is felt by all of us, and we ask: why so much suffering in Bethlehem, the city of peace?

“Our mothers are in anguish for their husbands and children. While they are here, anything could be happening to their families or to their homes.

“Those of us running the hospital have had to find ways of continuing our work in caring for the mothers and their babies despite all these difficulties. Every member of our staff has fulfilled their responsibilities with courage and devotion, in the interests of the hospital and of our patients.

“Bringing the staff to work depends on transport provided by one of our sisters and two of our technicians. More than once, one of our young drivers has been arrested by soldiers brandishing their machine guns, and it is difficult to remain silent in the face of such courage.

“Our general services have never stopped. In the laundry, staff work selflessly to provide us with clean linen, while our kitchen staff have been living in the hospital permanently throughout this traumatic period to make sure we always have food to eat.

“When bread cannot be brought in, one of the Sisters kneads the dough for our own loaves, while fresh vegetables, fruit and other food are smuggled into the hospital by our Sisters of Karem Ain, who do our shopping for us.

“With all the innumerable obstacles in our way, it is little wonder that the number of births has gone into freefall. In 2000, there were 3,200 babies born in the hospital, but by 2002 this figure had fallen to only 1,617. “We all have confidence in Providence that the little flower of hope will bloom and that Bethlehem will be once more the city of peace.”

For more information:
www.holyfamilyhospital-bethlehem.org

The Holy Family Hospital is run by a highly qualified team of 90:

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29,000 deliveries with no maternal mortality, since February 1990

The only Neonatal Intensive Care Unit (ICU) in Bethlehem

Highly qualified staff

The only hospital in Palestine recognised by the RCOG in London for training doctors

1,617 deliveries during the year 2002

More than 15,000 outpatient consultations per year

Total budget of the hospital for the year 2002 US $ 1,817,000

Contribution given by the Order Malta US $ 1,208,000
A consistent aim of the Order is to ensure that the humanitarian aid it provides is delivered in a sustainable manner, so that those in immediate need are better able to maintain their recovery from a particular circumstance and that the benefits of our intervention can continue to be felt over the long term.

This is the philosophy that underpins our programmes of training and education, which are designed to ensure that not only are our own staff and volunteers properly equipped to help people in need, but that the skills and experience within the Order are transferred to others in a way that will diminish the causes of need.
The Order operates to accepted national and international standards for the provision of first aid, emergency relief and humanitarian aid. In this way, we gain the assurance that whatever we do will be done effectively and to the greatest benefit of the people we help.

As one of the world’s oldest charitable institutions – founded 950 years ago in Jerusalem – we are committed to remaining ‘modern by tradition’ by seeking to align our services to the needs of the time, and to deliver them with the most appropriate means of the time.

Here again, training and education play essential roles in updating the skills of existing volunteers, as well as establishing or enhancing those of newcomers to the Order.

The provision of first aid – whether in response to an emergency situation or at public events – has long been an important element of the Order’s work. Here, every volunteer must undergo a continuing programme of training to achieve certificates representing various levels of competency.
Training and education around the world

Among examples of the wide-ranging training and education activities undertaken by the Order during 2001 and 2002 are:

Boys and girls in the Solomon Islands learn English and basic mathematics, as well as practical skills, through the Marist Mission in Wainoni Bay, organised by the Australian Association. Boys are taught basic carpentry, plumbing and motor maintenance, while core subjects for girls include sewing, weaving and cooking.

The Order’s National Association in France provides three nationally accredited training programmes for ambulance drivers, preparing them for the certificate of competency awarded by the country’s health ministry.

In 2002, the Italian Grand Priory of Lombardy and Venetia, organised a four-day training programme for volunteers providing first aid and other support to pilgrims.

Another unusual provision of training was undertaken by the Order’s volunteer corps in Lithuania, which gave lessons and organised competitions for wheelchair dancers.

In Poland, a total of more than 3,500 volunteers have now been trained in first aid over the past ten years, including many at a number of permanent training centres established by the Order’s Polish Association.

Medical training for an HIV/AIDS hospice in South Africa was provided by members of the British Association during 2002. Two trained members spent time at the St Gerards Care Centre training local staff in first aid and neonatal ambulance services for a population of which 88% is HIV positive.

Over the past two years, the Western Association in the USA has created an inspirational programme of early religious education for disadvantaged children attending Catholic Elementary Schools in northern California. This ‘Growing the Faith’ project covers three schools in San Francisco, Martinez and Gilroy, and has met with great success.

On a wider front, the Order’s emergency relief organisation, the Emergency Corps of the Order of Malta (ECOM), organised a successful operational training workshop in Lucerne, Switzerland, for humanitarian aid workers.

The Order’s German Association has developed a project, largely funded by Renovabis, through which volunteers are being trained in providing home care for needy elderly people in Serbia.

And in Thailand, co-operation between the German National Association and an HIV/AIDS self-help group in Mae Sariang district is providing a combination of health education and direct support for HIV/AIDS orphans by paying their school fees and providing school uniforms, books and lunch for one year.
Improving the standard: training in Germany and Ireland

Without its army of 80,000 permanent volunteers, the Order would be wholly unable to deliver its programme of medical, humanitarian and emergency relief works. Yet each of those volunteers needs to be able to respond to the various situations they might face with the appropriate knowledge and skills, and to do so with a high standard of professionalism.

While many of the Order’s volunteers gain their competence and experience through their professional careers in medicine, nursing and paramedical services, others require training through programmes delivered by the Order through its Grand Priories, Sub Priories and National Associations.

Together with the Austrian Grand Priory, the German and Irish Associations have a special experience.

In Germany

Within the Malteser Hilfsdienst (Relief Corps) of the German Association, some 250,000 receive training in basic first aid every year. Because this training is a prerequisite for obtaining a driving licence in Germany, the participants pay 20€ for this two-day course, which is delivered by the Association’s own team of trainers.

Stefan Markus, who runs the first aid training programmes in Germany, organises the team of 3,500 trainers who, as volunteers, work long hours to deliver the courses wherever in the country they are required.

“Courses cover a number of levels, from basic first aid through advanced first aid to a specific two-year programme for paramedics,” he explains.

“We also run a number of training schools offering one year of full-time instruction, in which the second consists of gaining practical experience. We also offer refresher courses, which are compulsory every two years for company first-aiders.

“Ours are the only courses in Germany to include training in how to deal with violence, by providing some practical guidance on how best to calm and resolve the situation."

The courses in Germany are run to standards set by the International Guidelines for Reanimation (set by the European Resuscitation Council), while those in other countries will be to the particular national standard, such as those published by the American Heart Association.

The German Association also provides training for first aid instructors in Russia and Poland, and supplies training material to several other countries including Romania.

Training also has to be tailored to a particular need – in Kosovo, for example, the lack of basic medical care facilities dictates an emphasis on providing the services of a small surgery, rather than on resuscitation – and to particular age groups.

For first-aiders working with kindergarten-age children, Stefan worked with the Order’s Youth Department to develop a guide called ‘Adventure: Help’ which included 1,000 pages of information covering all aspects of first aid.
In Ireland

In Ireland, while the Order’s Ambulance Corps is entirely self-funding and run exclusively by volunteers, the level and standard of training echoes that within state-run organisations.

Its management staff includes a chief medical officer, chief nursing officer and chief ambulance officer who once a year attend a weekend residential course where they consider and plan the future strategy for the Corps.

First aid training is delivered by the Corps’ own trainers, and while the programmes they use are developed in-house they are often adopted as the national standard.

First aid training is delivered by the Corps’ own trainers, and while the programmes they use are developed in-house they are often adopted as the national standard.

This was the case with the course for first aid training in the workplace, which is now recognised as the official standard in Ireland, and seems likely to be repeated with another course developed by the Ambulance Corps to train and accredit ‘first responders’ in advanced first aid.

“We regard it as better to be at the forefront of standards-setting, rather than to be led by others,” says Commander Peadar Ward, Director of the Order’s Ambulance Corps in Ireland.

“The whole area of training is very central to what we do, particularly in terms of ongoing management and leadership training for our own people.”

During 2002, the Corps’ fleet of ambulances travelled over 300,000 miles in the course of their voluntary work. Volunteer members undertook over 4,000 first aid duties and 3,000 community care duties. A highlight among 2003 activities has been their assistance at the Special Olympic World Games, held in June, where Corps volunteers and members put in over 10,000 hours providing first aid and ambulance services.
Humanitarian diplomacy

Suffering has many faces, and takes many forms. Its causes are also manifold: poverty, ignorance, war, famine, flood, disease, terrorism, oppression as well as natural and man-made disasters, all create the conditions for human misery that the Order strives to relieve.

Wherever it is needed, and for whatever the reason, our work in providing humanitarian aid is facilitated through the diplomatic relations that exist between the Order and 93 national states, and through official relations with six European governments. We also work through our permanent observer missions to the United Nations, at permanent representative level with the European Commission, and with other intergovernmental and international organisations.
The Order’s Diplomatic Corps is appointed by the Grand Master and the Sovereign Council. The Ambassadors take up their responsibilities as soon as their credentials have been presented. Ambassadors’ missions are strictly humanitarian, totally voluntary and always impartial. They exist to smooth the way for the Order’s 11,500 members, 80,000 permanent volunteers and 11,000 doctors, nurses and other healthcare professionals, to deliver humanitarian aid in accordance with the need. Using their skills in diplomacy and negotiation, they help to ensure that aid can be delivered promptly and effectively, working with the National Associations of the Order where they exist in a particular country, or taking responsibility for co-ordinating aid activities where they do not. The Order has a policy of active relations with the major international organisations involved in humanitarian work, seeking to operate in partnership with key international players and both government and non-governmental organisations. In this context, the Order is playing an increasingly active part in the consultation and planning processes, to which it can contribute its extensive experience, its familiarity with the situation in the field, and its own particular form of expertise. During 2001 and 2002, the Order has concluded new Co-operative Agreements with Bolivia, Costa Rica, Ecuador, Italy, Romania and Spain. These agreements will facilitate the provision of humanitarian aid as and when it may be needed in these countries.

The Order’s Ambassador to the Philippines has played a significant role in forging strong relationships between the Order and the International Committee of the Red Cross (ICRC), as well as the United Nations High Commission for Refugees (UNHCR) and the United Nations Children’s Fund (UNICEF). This is in addition to the work of the Ambassador and his colleagues in distributing medicines regularly to needy organisations in the Philippines. A Health Agreement between the Order and the Republic of Costa Rica was signed in July 2001 by the Order’s Ambassador and the Costa Rican Minister for Foreign Affairs. In Russia, a new social centre was opened in Moscow in 2002 in the presence of the Order’s Ambassador and the German Association President.
Although the Order of Malta is a religious lay Order, it is a subject of international public law. It maintains diplomatic relations with 93 countries, with permanent missions to the United Nations in New York, Geneva, Paris, Rome and Vienna as well as to the European Commission and other international organisations.

In humanitarian activity, the Sovereign Order has the advantage of its own diplomatic corps. The role of the Order’s ambassadors is a combination of traditional diplomacy, negotiation skills and the ability to develop humanitarian activities.

Ambassadors for the Order are frequently recruited from the ranks of professional diplomats leaving active service. They assume their responsibilities as soon as their credentials are presented.

Ambassadors’ missions are strictly humanitarian. In countries without a National Association, the ambassador is also responsible for coordinating hospitaller activities with other National Associations active in the country of the diplomatic mission.

The development of the Order’s relations with international organisations, an acknowledgement of its position and role in the world, enables it to strengthen its special contribution to action in the humanitarian arena.

In Geneva, Ambassador Pierre-Yves Simonin (former Swiss Ambassador to Israel, Belgium and NATO) works in an environment which includes the main United Nations agencies concerned with human rights and international humanitarian law, in particular the International Committee of the Red Cross and the United National High Commission for Refugees.

In Vienna, Ambassador Helmut Liedermann (former Austrian Ambassador to Belgrade and Moscow) actively participated in the campaign for prohibition of the use of antipersonnel mines.

In Brussels, Ambassador Philippe de Schoutheete (former Belgian Ambassador to Madrid and former Belgian Permanent Representative to the European Union) is accredited to the European Commission, which is the world’s principal humanitarian aid donor. He monitors the programmes and services offered by EuropeAid and the European Community Humanitarian Office (ECHO). ECHO has maintained particularly active partnership relations with the Order, most notably during the Balkan crisis.

In Rome, Ambassador Giuseppe Bonanno di Linguaglossa is the Order’s Permanent Observer to the Food and Agriculture Organization (FAO) and to the World Food Programme (WFP) of the United Nations.

The Order’s diplomats, when asked to intervene or participate in efforts to prevent conflicts, carry out a delicate and important task. In the case of hostage-taking, or in other serious crises such as the events in Cambodia and the Lebanon, the Order’s representatives could act successfully. The Order has also acted to protect humanitarian relief workers in areas of conflict and natural disasters, and for those working in leprosy programmes.

The Order is politically neutral and completely independent, which qualifies it to conduct peace-making, mediation and cooperative activities, in cooperation with the United Nations.
A total of 14 statements were made during 2001 and 2002 by the Order’s Permanent Observer Mission to the United Nations in New York: at meetings of the UN General Assembly, the Economic and Social Council, the High Commissioner for Refugees, the Special Committee and Working Group on Peacekeeping Operations, the Commission on the Status of Women, the Human Rights Committee and Special Sessions on Children, Racism, HIV/AIDS and Terrorism.

The Mission also attended panels, lectures and other special activities of the United Nations, and coordinated the attendance to the Monterrey Summit and the United Nations Madrid Conference on Aging Persons.

Twenty-six Information Notes were sent to all the Permanent Representatives and Permanent Observer Missions to the United Nations, with 148 reports addressed to the Grand Magistry. The Grand Chancellor of the Order, Jacques de Liedekerke, visited the Mission in April 2002.

Forty-six legal studies on the Order, including general information about its activities, have also been produced, as well as a bilateral agreement with the Republic of Ecuador and a General Agreement of Cooperation between the Order and the United Nations.

The Permanent Observer, sometimes accompanied by members of the Mission, attended 102 events during 2001 and 2002. Receptions have also been organised at the Mission for Ambassadors and diplomatic personnel, representatives of the International Committee of the Red Cross and the Federation of Red Cross and Red Crescent Societies, the European Union and officials of the United Nations.

The Mission has contributed to fighting the activities of unrecognised associations in the United States and, when requested, in Latin America.

To coordinate matters of mutual interest, the Mission has also initiated, established and maintained official and personal contacts with Permanent Representatives and Permanent Observers to the United Nations.

Priorities include the fostering of preventive diplomacy and the development of the Order’s humanitarian aid in various countries.
Diplomacy in the Order: an Ambassador’s view

Pierre Yves Simonin, the Order’s Ambassador to the United Nations in Geneva, describes the diplomatic activities of the Order and its status as an independent sovereign entity subject to international public law, with the right to make its own laws.

The sovereignty of the Order was recognised by the Papal Bull of Pascal II in 1113 and despite the loss of its territory and subjects in Malta during the French Revolution, its sovereignty and independence has been maintained. It is now recognised by 93 states. Thus, the Order sends and receives diplomatic relations, and exchanges ambassadors with other sovereign states.

This diplomatic activity is carried out on two levels – bilaterally and multilaterally. The bilateral relationships are conducted through direct links between the Order and each of the 93 states with which it has diplomatic relations. Often, the Order’s Ambassador is resident in the country to which he or she is accredited. But the Ambassador may live elsewhere, making numerous visits each year to the country of accreditation.

The Order also has links with other governments through delegates or representatives: Germany, France, Belgium and Switzerland all fall within this category.

Multilateral relationships are maintained with inter-government organisations such as the United Nations, the World Health Organisation, the United Nations High Commission for Refugees and the United Nations High Commission for the Rights of Man.

The Order was granted the status of Permanent Observer by the United Nations in a resolution on 24 August 1994. It is represented in New York, Geneva and Vienna, and by Permanent Delegates to the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Paris, and the UN Food and Agriculture Organization (FAO) and the UN World Food Programme (WFP) in Rome. It also has an Ambassador and Permanent Representative to the European Commission in Brussels.

Through its observer status with the United Nations in Geneva, the Order works closely with the Commission for Human Rights, the World Food Programme, the Red Cross, the International Organization for Migrations and many non-governmental organisations involved in humanitarian work.

Both bilateral and multilateral diplomatic activities create a considerable advantage in carrying out the Order’s charitable mission around the world. They are the framework that enables the Order to organise its global humanitarian works, to co-ordinate emergency relief and to implement long-term projects.

In countries where the Order does not have a National Association, the presence of an Ambassador with an intimate knowledge of the country’s needs means any hospitalier or relief work can be carried out effectively.

The Order’s diplomatic corps must also assess international humanitarian problems and keep informed the Grand Master and government of the Order.

In all these ways, the Order’s diplomatic activity is contributing to the common good of all humankind.
The Order concentrates its interests in development aid and humanitarian aid, for both of which the European Union is a major world player.

Development aid is managed by a branch of the Commission, EuropeAid, which co-finances programmes in all parts of the developing world. In the past both the German and French Associations have participated in such co-financing activities through their foreign aid departments.

Due to stringent administrative conditions imposed by the Commission and the great increase in the number of co-financing requests, co-financing has become more difficult. Nevertheless, the Order’s Representative follows the Commission’s policy closely in this respect.

In the humanitarian field, the Commission operates through the European Community Humanitarian Office (ECHO), which is the world’s single most important donor of humanitarian aid. The Order’s Representative takes part in the annual ECHO-partners conference, where the problems of implementing ECHO’s humanitarian mission through its 400 Non-Governmental Organisation (NGO) partners are reviewed. The Order’s Associations are ECHO partners, and the Representative oversees the projects they submit.

The Representative takes part in working groups and conferences organised by the very large Brussels-based non-governmental organisation (NGO) platform, the Voluntary Organisations in Cooperation in Emergency (VOICE).

This platform for lobbying and reflection is currently working on challenges facing NGOs working in humanitarian aid, including:

- Responding to disasters created by terrorists.
- The risk of politicisation within the fields of development aid and humanitarian aid.
- The relationship of both of these aids with the emerging EU Common Foreign and Security Policy.
- The need to introduce a democracy-building component not only in development, but also in humanitarian actions.
- The need to help promote the enforcement of Humanitarian International Law in cooperation with the European governments, the United Nations and the International Committee of the Red Cross.

The Order’s Representative closely follows developments in the European Convention dealing with institutional reform. Some aspects are particularly relevant for the Order, such as the debate on the proposal to introduce in the European Constitution a reference to religious values and the Christian heritage of Europe.

The Representative also attends meetings called by the Group of Policy Advisors of the European Commission in which representatives of churches and religious bodies are briefed on current developments and invited to comment on them.
Government
Government of the Order
composition and operation

In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is “the promotion of... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age.
The Order fulfils its institutional tasks especially by carrying out hospitalier works, including health and social assistance, as well as aiding victims of exceptional disasters and war...”
(Extracts from Article 2 of the Constitutional Charter)

Governance of the Sovereign Order of Malta is similar to the structures for state governments. However, it also includes specific features associated with its nature as both a lay and religious order, as well as particular terminology evolved from nine centuries of history.
The Order’s system of governance is divided into three powers: legislative power, which resides with the Chapter General, the representative body for the knights, and the Grand Master with the Sovereign Council; executive power, which also resides with the Sovereign Council; and judicial power, which is in the hands of the Courts of the Order. The Grand Master is the Order’s Supreme Leader, elected for life by the full Council of State. Members of the Chapter General and the full Council of State are drawn from representatives of the Grand Priories, the Sub-Priories, the National Associations and the Order’s organisations established around the world.
The Grand Master governs the Order, assisted by the Sovereign Council, which he chairs. It is made up of the four Senior Offices of: Grand Commander, the religious superior of the Order’s religious members, who stands in for the Grand Master in his absence; Grand Chancellor (Minister for Foreign Affairs and Minister of the Interior); Grand Hospitaller (Minister for Health and Social Affairs, Humanitarian Action and International Co-operation); Receiver of the Common Treasure (Minister for Finance and Budget), together with six other members, all elected by the Chapter General from among the Professed Knights or Knights in Obedience. The Sovereign Council is elected for a term of five years. The Constitutional Charter and Code governs the life and activities of the Order.
The Chapter General of 1999 instituted an Advisory Board to the Order’s government – the Government Council. The Board of Auditors is responsible for economic and financial control. Every five years, the members of these two bodies are elected by the Chapter General.
The Order’s Courts are Courts of First Instance and of Appeal, with the President, Judges, Judicial Auditors and Auxiliaries appointed by the Grand Master, with voting rights for the Chapter General. Legal questions of extraordinary importance are submitted for advice to a technical body, the Juridical Advisory Council.
# Government of the Sovereign Military Hospitaller Order of Saint John of Jerusalem, of Rhodes and of Malta

## June 1999 – June 2004

### Sovereign Council - Government

#### Senior Offices

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Grand Commander</td>
<td>Fra’ Ludwig Hoffman von Rumerstein</td>
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<tr>
<td>Grand Chancellor</td>
<td>Jacques de Liedekerke</td>
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<tr>
<td>Receiver of the Common Treasure</td>
<td>Gian Luca Chiavari</td>
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#### Members

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<tr>
<td>Fra’ Carl E. Paar</td>
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<tr>
<td>Fra’ Jose Antonio Linati-Bosch</td>
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<td>Don Prospero Colonna, Prince de Avella</td>
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### Board of Auditors

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<tr>
<td>President: Francesco Lechi</td>
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<td>Councillors: Franc Harnoncourt-Unverzagt</td>
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<td>Thierry de Beaumont-Beynac</td>
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<td>Ernst von Freyberg-Eisenberg</td>
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<tr>
<td>Charles J. Wolf, Jr.</td>
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<tr>
<td>Alternate Councillor: Carlo Eyrl di Waldgries e Liebenaich</td>
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## June 2004 – June 2009

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<td>Bruno de Pazzis</td>
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<tr>
<td>Alternate Councillors: Carlo d’Ippolito</td>
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<tr>
<td>Joseph Murray Cianciolo</td>
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Official visits of the Grand Master
2001

22.06 The Grand Master and members of the Sovereign Council are received in audience by His Holiness, Pope John Paul II.

04.11 The Grand Master receives the President of the Slovakian Republic, H.E. Rudolf Schuster, in Rome.

NB: all official visits arranged for the weeks immediately after 11 September cancelled.

2002

22.03 The Grand Master makes an official visit to Romania, meeting with HE the President Ion Iliescu.

06.04 The Grand Master receives the President of the Czech Republic, H.E. Vaclav Havel, in Rome.

16.04 The Grand Master receives in Rome the President of the Republic of Nicaragua, H.E. Enrique Bonanos Geyer.

03.06 In Rome, the Grand Master receives the President of the Republic of Bolivia, H.E. Jorge Quiroga.

12.06 The Grand Master receives in Rome the Vice President of the Republic of Guatemala, H.E. Juan Francisco Reyes Lopez.

13.06 The Grand Master receives the King of Swaziland, Mswati III, at the Magistral Palace in Rome.

19.06 The Grand Master receives in Rome the President of the Republic of Hungary, H.E. Ferenc Madl.

21.06 The Grand Master and members of the Sovereign Council are received in audience by His Holiness, Pope John Paul II.

28.10 A private meeting takes place in Rome between the Grand Master and the President of the Republic of Slovakia, H.E. Rudolf Schuster.

08.11 On a State Visit to Bolivia, the Grand Master meets with the President of the Republic, H.E. Gonzalo Sánchez de Lozada.

26.11 In Rome, the Grand Master receives the President of the Republic of Guatemala, H.E. Alfonso Portillo Cabrera.

11.12 Official Visit of the Grand Master to the Quirinale Palace to meet with the President of the Republic of Italy, H.E. Carlo Azeglio Ciampi.

2003

07.04 Official Visit by the Grand Master to the Kingdom of Morocco.

27.05 In Rome, the Grand Master receives the President of the Republic of Argentina, H.E. Eduardo Duhalde.

28.06 The Grand Master and members of the Sovereign Council are received in audience by His Holiness Pope John Paul II.
Official cooperation agreements

<table>
<thead>
<tr>
<th>Date</th>
<th>Country</th>
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<tr>
<td>23.11.2000</td>
<td>Spain</td>
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<tr>
<td>23.11.2001</td>
<td>Italy (2003: Ratified)</td>
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<tr>
<td>15.09.2001</td>
<td>Ecuador</td>
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<tr>
<td>04.03.2002</td>
<td>Costa Rica</td>
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<tr>
<td>11.03.2002</td>
<td>Romania</td>
</tr>
<tr>
<td>08.11.2002</td>
<td>Bolivia (2003: Ratified)</td>
</tr>
</tbody>
</table>

The Order signed six Cooperation Agreements in 2001 and 2002 to offer humanitarian assistance and cooperation to countries requesting various kinds of support, ranging from humanitarian aid programmes in the form of first aid, social services, or care for the elderly and disabled, to advice and support for State health and hospitaller structures.
The Order's diplomatic relations worldwide

THE ORDER OF MALTA HAS DIPLOMATIC RELATIONS WITH 93 COUNTRIES:

EUROPE
Albania, Austria, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Holy See, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Macedonia, Malta, Moldova, Poland, Portugal, Romania, Russian Federation*, San Marino, Slovakia, Slovenia, Spain, Serbia and Montenegro.

THE AMERICAS
Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Uruguay, Venezuela.

ASIA
Afghanistan, Armenia, Cambodia, Georgia, Jordan, Kazakhstan, Lebanon, Philippines, Tajikistan, Thailand

AFRICA

OCEANIA
Micronesia, Marshall Islands, Kiribati

* Relations with the Russian Federation are maintained through a diplomatic special mission.

THE ORDER OF MALTA HAS PERMANENT MISSIONS TO THE UNITED NATIONS AND ITS SPECIALISED AGENCIES:

United Nations - New York
United Nations - Geneva
United Nations - Vienna
Food and Agricultural Organization of the United Nations - FAO - Rome

World Food Programme of the United Nations - WFP - Rome
World Health Organisation - WHO - Geneva
United Nations High Commissioner for Refugees - UNHCR - Geneva
United Nations High Commissioner for Human Rights - OHCHR - Geneva

THE ORDER OF MALTA HAS OFFICIAL RELATIONS WITH:

Belgium
France
Germany
Luxembourg
Principality of Monaco
Switzerland

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International Institute for the Unification of Private Law - UNIDROIT - Rome
International Committee of Military Medicine - ICMM - Brussels

International Committee of the Red Cross - ICRC - Geneva
International Federation of Red Cross and Red Crescent Societies - Geneva
International Institute of Humanitarian Law - Sanremo, Geneva

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**Janvier - juin 2004**

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Selected books and articles
about the Order published in 2001 and 2002


Dauber, Robert L. Ordenspfarre und kommende des Johanniter Malteser Ordens in Ebenfurth: 1268-1748. [S. l.]: [s. n.], [s. d].


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ALBANIA
MALTESER-NĐHMION NE SHQIPERI (MNSH)
Fondation de bienfaisance de l'Ordre en Albanie.
Président Dr. Michael Faber
Lagja Tom Kola, Rruga Gjon Buzuku nr. 53
T/F +355 224 2729
mshn@adanet.com.al

BOSNIA-HERZEGOVINA
COORDINATION PERMANENTE DES ACTIVITÉS DU MALTESER-HILFSDIENST
Coordinateur : M. Thomas Reuter
"Gorenje" Bldg., Jablanska bb - 77999 Bihac
T +387 (77) 332194
F +387 (77) 332194
basis@malteser-bih.org

LATVIA
Maltas Ordina Paidzibas Dienests (MOPD)
Corps de volontaires en Lettonie.
Président Mgr Gatis Bezdeliga
11. novembra kraštmaša, 29 - Riga
LV-1050 (Latvia)
T +371 (7) 22 27 53 et +371 9227 306
F +371 (7) 82 10 70
maltalat@parks.lv

LITHUANIA
Maltos Ordina Paidzibas Dienests (MOPD)
Corps de volontaires en Lituanie.
Président Mgr Gatis Bezdeligis
11. novembra kraštmaša, 29 - Riga
LV-1050 (Latvia)
T +371 (7) 22 27 53 et +371 9227 306
F +371 (7) 82 10 70
maltalat@parks.lv

MALTESKIJ MONASTER ORIZONCJY JUGOSLAVII (MDOJ)
Organisme de secours fondé en collaboration
avec le UMCD en Allemagne et le MMSZ
Hongrois.
Directeur : M. Szollosy Gyorgy
Caradusana, 38A
23001 Zrenjanin /Serbie-Monténégro
T +381 23 65539

SLOVAKIA
MALTEZSKA POMOC
Service Hospitalier de l’Ordre de Malte.
Président MUDr. Zoltán Sebök de Veresmarth
Biela 2 SK - 811 01 Bratislava /Slovaquie
T +421 (7) 5403995-9
F +421 (7) 54039990
maltez@net.sk

SOUTH AFRICA (REPUBLIC OF)
BROTHERHOOD OF BLESSED GÉRARD
Organisme de secours de l’Ordre
Président Rev. P. Gérard Tonque Lagleder
Anderson Road - P.O. Box 440, 61 4490
Mandini / République d’Afrique du Sud
T +27 (32) 4562743
F +27 (32) 4567962
bbg@smom-za.org

UKRAINE
MALTIJSKA SLUSHBA DOPOMOHY (MSD)
Organisme de secours fondé en collaboration
avec le MHD Allemand.
Directeur : M. Pavlo Titko
Wul. Acad. Bogomolza 8/2
UA-79005 Lviv /Ukraine
T +380 (322) 751200 et +380 (322) 978860
F +380 (322) 978860
malteser@lviv.gu.net

VENEZUELA
ASSOCIATION VENEZUELIENNE
Président M. Rafael Gallegos Santaella
Avenida Rio Manapire, Oficina Sótano 3 de las Residencias Palma, Terrazas del Club Hipico - 1080A Caracas / Venezuela
T +58 (212) 9793646 et 9793575
F +58 (212) 9793575
ormalven@cantv.net
AFGHANISTAN
S. Exc. M. Peter Canisius von Canisius
Ambassadeur Extraordinaire et Plénipotentiaire
Ul. Vavilova 85/69-70, 117335 Moscow / Russie
Adresse postale : B.P. 340, A-1015 Vienne - Autriche
T +7 (095) 134 84 49
F +7 (096) 938 20 12
canisius@co.ru

ALBANIA
S. Exc. M. Günther A. Granser
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Rogner Europapark, App. No. 420, Boulevard Deshmoret e Kombit - Tirana
/Ambassadeur Extraordinaire et Plénipotentiaire

ARGENTINA
S. Exc. M. Antonio Manuel Caselli
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Av. da Alicia Moreau de Justo 1930, P 1º
1107 AFN Buenos Aires/Argentina
T +54 11 4516 0034/5
F +54 11 4516 0037
embajada@embamalta.org.ar

ARMENIA
S. Exc. M. André Gutzwiller
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Hôtel Armena 1 Erivan /Arménie
T +374 56 99000
F +374 56 99256
maltamba@datacomm.ch

BOLIVIA
S. Exc. M. William D. Walsh
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Calle Reyes Ortiz, ’73-Ed. Torres Gundlach, piso 15 c
La Paz - B.P 5725
T +56 1230022
F +56 11812383
maltaba@ceibo.entelnet.bo

BOSNIA-HERZEGOVINA
S. Exc. M. Lorenzo Tacchella
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Mula Mustafe-Basjeske Street, 12
Sarajevo/Bosnie Erzegovine
T / F +387 66 688632
smomsarajevo@libero.it

BRAZIL
S. Exc. Dr. Wolfang Franz Josef Sauer
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Avenida W-3 Norte-Quadra 507-Bloco
C-70740-535 Brasilia DF/Brésil
T +55 61 6217 02 02
F +55 61 47 49 40
wssauer@wsconsult.com.br

BULGARIA
S. Exc. M. Rodolfo Rinaldi
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : ’7, Petar Parchevich Str., fl 7, app. 6 - BG 1000 Sofia
T +359 69746766
Email: ormalta@abv.bg

BURKINA FASO
S. Exc. le Comte Alain de Parcevaux
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : 36 rue Schneiter
F - 75016 Paris/France
T +331 47 55 93 86
F +331 47 55 94 86

CAMBODIA
S. Exc. M. Michael Mann
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : ’N° 10, Street 370, Sangkat Boung Kang Kang I, Khan Chamcar Mon - Phnom Penh / Cambodia
T / F +855 23 368184
ciomall@forum.org.kh

CAMEROON
S. Exc. M. Jean-Christophe Heidsieck
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Villa de la Grotte - Mont-Febe
59, rue d’Auteuil
T +331 45 25 37 29
F +331 45 20 00 13

COSTA RICA
S. Exc. le Comtees Giuliana Fanelli
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : De la Rotonda de las Garantias Sociales de Zapote
150 mts. Norte - Mano izquierda - San José /Costa Rica
T +506 225 26 77
F +506 234 71 64

CROATIA
S. Exc. le Baron Nikolaj Adamovich de Csepin
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : A.V. Humboldta 4b HR 10000 Zagreb
T +385 1 631 2883
F +385 1 615 4419
hms-croatia@net.hr

CUBA
S. Exc. M. Enrico Tuccillo
Ambassadeur Extraordinaire et Plénipotentiaire
Via S. Lucia, 29 - I 80132 Napoli / Italie
T +39 081 7649405
F +39 081 7648352
enricotuccillo@tin.it

CHAD
S. Exc. M. Alain Cadix
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Rue du Havre B.P. 1208
N’Djamena
T +235 512 603
F +235 512 604
acadix@ccip.fr

CHILE
S. Exc. M. Mariano Vidal Torres
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Catedral 1009, Piso 18
1801-1803
Santiago de Chile/Chili
T +56 227 28 86
F +562 6992524

CONGO (REPUBLIC OF)
S. Exc. M. Francesco del Sordo
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Mission Catholique, B.P 46 - Moroni
La Paz - B.P 5725

COMOROS
S. Exc. le Comte Hervé Court de Fontmichel
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Avenue Bandundu, 20
B.P. 1800 - Kinshasa 1
T: +243.813330128 et +243.81.8800970
F: +322.7065580
aosmrdc@ic.cd

CONGO (REPUBLIC OF)
S. Exc. M. Jean-Pierre Pasquier
Ambassadeur Extraordinaire et Plénipotentiaire
59, rue d’Auteuil
T +331 45 25 37 29
F +331 45 20 00 13

COSTA RICA
SAO TOME AND PRINCIPE
S. Exc. M. Pedro Rego Costa De Oliveira Cymbron
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Quinta de Santo Antonio - Travessa da Imprensa
C.P. 438 - São Tomé et Principe
T +239 12 24566
F +239 12 22565
pedro.cymbron@cec.eu.int

SENEGAL
S. Exc. M. Alan Furness
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : COTOA, Km 2,5 Bld du Centenaire de la Commune de Dakar
B.P. 2020 – Dakar / Sénégal
T +221.8324040
F +221.8324030 (Attn. M. M. Theron)
Email: cotoamt@telecomplus.sn

SERBIA AND MONTENEGRO
S. Exc. M. Stefan Falez
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : c/o I.C.M.C. Boulevard Mira, 6
YU 11000 Belgrade
T / F +381 306 58 59
a.falez@flashnet.it

SEYCHELLES
S. Exc. M. Antonio Benedetto Spada
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Clarence House - Vista Bay
Estait - Glacis
P.O. Box : 642 - Victoria - Mahé Island / Seychelles
T / F +248 261137
azais@seychelles.net

SLOVAKIA
S.A.S. le Prince Mariano Ugo Windisch-Graetz
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Na Vrsku 8
SK 81 101 Bratislava /Slovaquie
T +421 2 59305125
F +421 2 59305146
Slovakembassy@orderofmalta.org

SLOVENIA
S. Exc. M. Carmine Marzoli
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Glavarijeva, 112
Komenda (Ljubljana)/Slovenie
T +389 348 302 6107

SOMALIA
S. Exc. M. …
Ambassadeur Extraordinaire et Plénipotentiaire

SPAIN
S. Exc. M. Jean-Marie Misy
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Calle del Prado, 26 - 28014
Madrid
T +34 91 420 18 57
F +34 91 420 19 42
embordonmalta@terra.es

SUDAN
S. Exc. M. …
Ambassadeur Extraordinaire et Plénipotentiaire

SURINAME
S. Exc. M. Gustavo Adolfo De Hostos Moreau
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : 12747 Kerksplein 1
Paramaribo, Suriname
T +1 809 5438008
g.dehostos@codetel.net.do

TAJIKISTAN
S. Exc. M. …
Ambassadeur Extraordinaire et Plénipotentiaire

THAILAND
S. Exc. M.…. Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : 9th Floor, Dr. Gerhard Link
Building 33 Soi Lertnava, Krunthepkreetha Road - Hua Mark, Bangkok
Bangkok 10240 / Thailande
T +662 3794298
F +662 3794224
assuntalink@bgrimmgroup.com

TOGO
S. Exc. le Comte Charles Louis de Rochechouart de Mortemart
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : B.P. 10 054 Lomé
T +228 216 411 et 212 517
F +228 212 206

URUGUAY
S. Exc. M. Pierre Den Baas
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Calle Sarandi 123
11000 Montevideo/Uruguay
T +598 2 9162629 et 598 2 9162630
F +598 2 9162264
sulivi@cinesunidos.com

VENEZUELA
S. Exc. M. Silvio A. Ulivi
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Urbanizacion Valle-Arriba - Calle Jaguar - Qta Escampero Caracas/Venezuela
T +58 212 782 3631
F +58 212 782 5087
sulivi@cinesunidos.com

SPECIAL MISSIONS

RUSSIAN FEDERATION
S. Exc. M. André Gutzwiller
Ambassadeur Extraordinaire et Plénipotentiaire
Chancellerie : Ulitsa Vavilova, 85/68
RU-117335 Moscou
T +7 095 134 25 11
F +7 095 9382012
smom@co.ru

THE ORDER OF MALTA ALSO HAS OFFICIAL RELATIONS WITH:

BELGIUM
M. Jacques G. Jonet
Représentant
Domaine du Fuji, 21
B 1970 Wzezembeek - Oppem
T+322 731 30 60
F+322 782 16 00
jacques.jonet@skynet.be

FRANCE
M. John Bellingham,
des Baronets de Castle Bellingham
Représentant Officiel
19 Avenue Rapp - F 75008 Paris
T+33(0)1 47 05 54 43
fondohfom@wanadoo.fr

GERMANY
Le Baron Augustin d’Aboville
Délégué Officiel
Chancellerie : Lüdtgeweg 1 - D 10587 Berlin / Allemagne
T +49 30 343 59 721 - F +49 30 343 59 727
augustindaboville@free.fr

LUXEMBOURG
M. Jonkheer Thomas C. van Rijckevorsel
Représentant
16, Rue de Uebersyren
6930 Mensdorf/Luxembourg
T / F+352 770436

PRINCIPALITY OF MONACO
M. Ercole Canali
Délégué
Chancellerie : 22, Bd. Princesse Charlotte - Monte-Carlo - B.P. 174
MC 98003 Monaco Cedex
T +377 93 506 341 et +377 93 505 952
F +377 93 500 959

SWITZERLAND
M. Pierre Blanchard
Représentant
Via di Porta Cavalleggeri, 107
I-00165 Roma
T +39 06 39378327
F +39 06 689 23 32
THE ORDER OF MALTA HAS PERMANENT MISSIONS TO THE UNITED NATIONS AND ITS SPECIALISED AGENCIES:

ORGANISATION OF THE UNITED NATIONS - NEW YORK
S. Exc. l’Ambassadeur Robert LeRoy Shafer (June 2004 - )
Observateur Permanent
Chancellerie:
216 East 47th Street - 8 R - 10017 New York, N.Y.
T+1 212 355 62 13
F+1 212 355 40 14
un.mission.ny@orderofmalta.org

OFFICE OF THE UNITED NATIONS AND INTERNATIONAL ORGANIZATIONS - GENEVA
S. Exc. l’Ambassadeur Pierre-Yves Simonin
Observateur Permanent
Chancellerie: 3, Place Claparède - CH 1205 Genève
T +41 22 346 86 87
F +41 22 347 08 61
mission.order-malta@ties.itu.int

OFFICE OF THE UNITED NATIONS AND INTERNATIONAL ORGANIZATIONS - VIENNA
S. Exc. l’Ambassadeur Helmut Liedermann
Observateur Permanent
Chancellerie: 2, Fasangasse 36/4 - A 1030 Wien/Autriche
T / F +43 1 798 95 16

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS - FAO - AND WORLD FOOD PROGRAMME - WFP - ROME
S. Exc. l’Ambassadeur Giuseppe Bonanno, Prince de Linguaglossa
Observateur Permanent
Chancellerie: Via Ludovico di Savoia, 10/C I-00185 Roma
T / F +39 06 70 45 46 12
dilinguaglossa@tin.it

UNESCO - UNITED NATIONS EDUCATION, SCIENCE AND CULTURE ORGANISATION - PARIS
S. Exc. le Comte de Waresquiel
Observateur Permanent
Chancellerie: 33, rue de Naples - F 75008 Paris
T +331 63 04 30 63
F +331 45 22 04 27

THE ORDER OF MALTA HAS DELEGATIONS OR REPRESENTATIONS TO INTERNATIONAL ORGANISATIONS:

EUROPEAN COMMISSION - BRUSSELS
S. Exc. l’Ambassadeur Baron Philippe de Schoutheete de Tervarent
Représentant Officiel
Chancellerie: Schaarbeeklei 201
B 1800 Vilvoorde/Belgique
T +322 253 58 05
F +322 252 59 30
maltarep.eu@skynet.be

COUNCIL OF EUROPE - STRASBOURG
S. Exc. l’Ambassadeur Baron Bernard Guerrier de Dumast
Représentant
Chancellerie: c/o Mme Danielle Chatel - 12, Terrasses De Montaigu
F 64140 Jarville/France
F +33 383 57 98 77

INTERNATIONAL INSTITUTE OF HUMANITARIAN LAW - SANREMO
Duc Guido Orazio Borea d’Olmo
Représentant
Palazzo Borea - 18038 San Remo - (Prof.) 143,
Via G. Matteotti 18038 San Remo/Italie
T +39 0184 530 342
F +39 0184 531 933

INTERNATIONAL INSTITUTE FOR THE UNIFICATION OF PRIVATE LAW - UNIDROIT - ROME
S. Exc. l’Ambassadeur Marquis Aldo Pezzana
Capranica del Grillo
Observateur
Via Monti Parioli, 39 - I 00197 Roma et (Prof.)
Largo Teatro Valle, 6
00186 Roma/Italie
T +39 06 687 17 48
F +39 06 68 13 41 76
apezzana@yahoo.it

COMITÉ INTERNATIONAL DE MÉDECINE MILITAIRE (CIMM) - BRUXELLES
M. …
Délégué
The Order of Malta

The origins of the Sovereign, Military and Hospitaller Order of St John of Jerusalem, of Rhodes and of Malta—better known as the Order of Malta—go back to the eleventh century. When the crusaders arrived in Jerusalem in AD 1099, the Hospitallers were administering the Hospital of St John the Baptist, which had been established around 1048 to care for pilgrims coming to the Holy Land and for the indigenous Christian, Jewish and Muslim population. Made a religious Order by a bull issued by Pope Pascal II in 1118, the Order had to defend the sick and Christian territory. Today, its mission is an exclusively humanitarian one, as its military role ended with the loss of its territory in 1798.

In accordance with the Constitutional Charter, the purpose of the Sovereign Order of Malta is ‘the promotion of… the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfills its institutional tasks especially by carrying out hospitalier works, including health and social assistance, as well as aiding victims of exceptional disasters and wars…’

- The Order has a permanent presence in most countries in the world, both developed and developing. This presence has been built up over nine centuries of colourful history, in which it took part in the great exchanges between Europe and the Mediterranean basin and the rest of the world, gradually extending its scope to cover most of the geographical areas in which its charitable missions could usefully be conducted.

Because of its centuries-old experience and its members’ active involvement in the major trends in society, the Order has been able to adapt its resources and methods rapidly, keeping constantly up to date, to be in a position to tackle the new and ever-growing needs for medical aid, emergency relief and humanitarian mission.

Today the Order is a major global, professional organisation in terms of the humanitarian aid, medical care and emergency medicine it provides, in its management of hospitals, specialised homes for dependent elderly people, socio-medical care centres, the collection and transporting of medicines and the training of workers and ambulance staff.

History: key dates

1048: Jerusalem
The foundation of the Hospitalers of St John of Jerusalem as a monastic community by the Blessed Gerard.

1113: Jerusalem
The Order takes possession of Jerusalem and the Hospitaller Order of St John of Jerusalem is established around 1048 to care for pilgrims, the sick and the needy, as they have done ever since. By virtue of the Papal Bull of 1113 issued by Pope Pascal II, the hospital of St John is placed under the aegis of the Church, and granted exemptions.

1310: Rhodes
In 1291, with the fall of St. John of Acre, the last bastion of Christendom in the Holy Land, the Order is forced to leave the island and settle in Cyprus. It acquires territorial sovereignty on taking possession of the island of Rhodes in 1310. To defend the Christian world, the Order assembles a powerful military fleet, patrolling the eastern seas and engaging in several celebrated battles.

1530: Malta
In 1530, the Order takes possession of Malta with the approval of Pope Clement VII. During the Great Siege between May and September 1565, the knights rout the Ottomans under the leadership of Grand Master Fra de la Valette (who gave his name to the capital of Malta). The fleet of the Order of St John (or of Malta, as they are now known) is one of the mightiest in the Mediterranean and plays its part in the final destruction of the Ottomans at the battle of Lepanto in 1571.

1568: Exile
In 1568, Napoleon Bonaparte occupies Malta en route to his campaign in Egypt. He meets with no resistance from the knights, as their regulations forbid them to fight other Christians, and thus the Order is forced to leave the island.

1634: Rome
Having resided temporarily in Messina, Capriana and then Farmara, the Order settles in Rome in 1634, in properties with extraterritorial status the Grand Magistracy in via Condotti and the Villa Malta on the Aventine Hill. From this time, the Order’s original mission of service to the poor and the sick again becomes its main activity. The Order carries out hospitalier and charitable activities during both World Wars, and these activities are developed and intensiﬁed under the stewardship of Grand Master Fra’ Angelo de Magistris (1892-1948) and continue today under his successor, the 79th Grand Master, Fra’ Andrew Bertie.

21st Century
Spawning a history of almost nine centuries, the Sovereign Order of Malta can proudly claim to be the sole successor to the Hospitaller Order of St John of Jerusalem, recognised by the Catholic Church in 1113. The Order has the unique characteristic of being both a religious and a chivalric Order of the Catholic Church. It is the sole organisation which, in an uninterrupted sovereignty, has had the privilege of having professed knights, the direct successors of its founders.