



# MISSIONARIES IN ACTION

## DOMINICAN MISSION FOUNDATION

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### **HSC:** **An Expression of God's Tenderness**



***“Love makes it impossible to distinguish between giving and receiving.”***

Dear Mission Friends:

In researching Hospital San Carlos for this newsletter, I was reminded of a favorite old quote from philosopher/writer Fr. Gerald Vann, O.P., a Dominican priest from the mid-1900s. The humble sisters who run the hospital today somehow make time to thank everyone else for what they themselves have made happen with the holiest of love.

We receive general but personal expressions of thanks from the good sisters on a regular basis, such as the following most recent one: Sr. Maria del Rosario Macias, D.C. (*above, left*), a manager of the hospital, wrote to our director, Fr. Martin de Porres Walsh, O.P. (*above*), “*Padre Martin y todos los miembros de Dominican Mission Foundation, agradecemos de corazón su apoyo, que nos ayuda a dar un mejor servicio a nuestros hermanos...que llegan de lejos con...situaciones críticas.*”



*Valoramos muchísimo su aporte.”* (“Fr. Martin and all members of the Dominican Mission Foundation, we are grateful from the heart for your assistance, which helps us to give better service to our brothers and sisters who arrive from afar with ... critical conditions. We value your contributions greatly.”)

Hospital San Carlos, a rural mission hospital in Altamirano in the southernmost Mexican state of Chiapas, has always been committed to serving the area’s indigenous population which, according to national reports, has the least access to health services in all of Mexico. The hospital was founded by Dominican sisters who arrived in Chiapas in 1969 and, working throughout the jungle area, soon realized that poor

health and diseases were widespread. The sisters built a small clinic close to the entrance of the Lacandon jungle but, overwhelmed by the demand for services, they handed over the project to Bishop Samuel Ruiz, then head of the local diocese of *San Cristóbal de las Casas*. In 1976 Bishop Samuel enlisted the Daughters of Charity of San Vicente de Paul to take charge of the hospital, starting with a doctor, two nurses and a social worker, all of whom shared a deeply religious and loving dedication to the poor and marginalized.

In a ‘thank you talk’ at a recent hospital staff get-together, Sr. Adela Orea, D.C., the long-time, tireless director, told of the great feats in the beginning, “when Altamirano was just emerging and getting water was a major



accomplishment that required much time and effort to haul...when rivers and gaps were crossed to get supplies on a 20-hour-a-day trip to the capital... when jungle patients could only access the hospital by plane... when they only had the bare minimum of health care workers who, without a doubt, were and are the great pillars that built and have sustained Hospital San Carlos... Their daily contribution throughout this wonderful history continues to build it, making it an institution that provides trust and hope in the hearts of those who visit it and come for good health. Thanks to each and every one: those who started the journey and those who continue to make it possible today.”

The hospital is now available 24 hours a day and caters to anyone who requires it. In 2019, the hospital saw more than 20,000 patients. Currently it has 70 beds and sees 100 patients daily. Emergencies are always attended to. The professional staff continues to grow and the infrastructure is continuously being improved. There are spaces where families can eat and wait for their loved ones receiving out-patient care, and

because the vast majority come from very remote regions—some must travel more than 12 hours—there is also a room for family members, often with children or elderly, to wait during surgery and sleep during recovery, which can take days.

Among the major barriers that have been conquered over the years is that of language—the indigenous speak Tzeltal, Tojolabal, Chol or Tsolsil and the doctors speak mostly Spanish, while some who are doing their residencies there speak Italian or English. However, the doctors found a way to communicate with their patients: they hire girls from the villages, many of whom are refugees from places overrun by violence or starvation, and train them as nurses’ assistants. They live in separate quarters on the hospital property, they can come and go as they please, and secure work after their training. They have become a great bridge between the patient and the doctors. The patient enters, the assistant collects the data, performs a basic examination and provides a verbal translation in Spanish of the probable diagnosis.

All of the assistants receive their training in Spanish, and, being originally from the region, speak at least one of the native languages. In addition, a new requirement is for all other staff members to take Tzeltal classes once a week.



*Top left, view from the rooftop of hospital and rugged mountains which house the scattered villages; top right, a typical daily crowd waiting to be seen; above, top, nursing assistant trainees; above, beds, etc. get repaired, not replaced, by volunteers.*



It's important to the doctors and staff that the patients feel at home, so in addition to approaching them through their own language, they also endeavor to make the facilities welcoming. Because the villages are all rich with thick, tall greenery, the latest architects saw to it that every office, patient and waiting rooms have a window with a view to lush green areas.

Though much has changed in the last 52 years, there is also much that has stayed the same. The patients have never needed official documents to seek treatment—with just a name, age, and name of the region where they live, they can see a doctor. [The fees that patients are charged for services are kept very low and may be paid over time.](#) As Sr. Adela recounted, “We recently had a case of a man who had received medical care 17 years ago arriving with an old yellowed paper to pay off his debt. These are people of their word and if they promise you that they will return to pay you, do not doubt that they will.” Or, as in the old tradition of bartering, they can also pay in kind, with whatever crop they have harvested, such as oranges, corn, or coffee, or a freshly-killed chicken (*above*).



However, because [the hospital has always been operated solely on its own resources and donations, without any subsidy from either the state or municipal governments,](#) Sr. Adela recognizes that this goodwill isn't enough to run the institution. “We can't make medicine with oranges here.” Indeed, any resources they build up are quickly depleted due to the increasing demand for services, and there are always sought-after improvements that have to be kept on the back-burner. The sisters are happy, however, when patients leave with a grateful heart, “remembering throughout their lives that here in Hospital San Carlos they found hope and healing for the disease that affected them, or if that is not possible, they were at least bolstered by the comfort that our dignified welcome gave them.”

Due to a lack of surgeons and particularly those in specialty care, operations are only carried out three days a week. A sign of the lack of specialist doctors is commonly seen in the area of pediatrics, and so in 2019 the hospital began a fundraising project called “*Huellitas de Luz* (Little Fingerprints of Light):

Subsidies for Low-income Hospitalized Children in the Area,” meant to support extremely impoverished village families through the total or partial subsidy of services for their children in Pediatrics.

Due to you, our donors, the Mission Office was able to channel much of our fundraising to support project *Huellitas de Luz*. And of course Sr. Maria del Rosario took the time to express her genuine and detailed thanks:

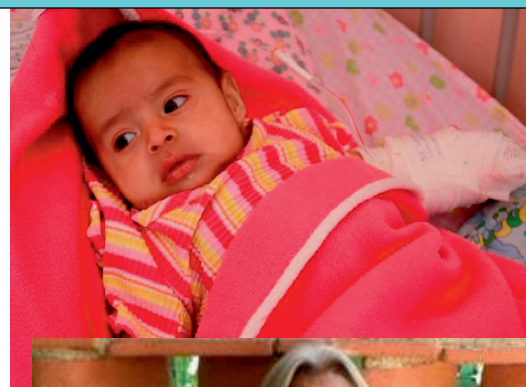
“We are grateful to God for providing us with the necessities for carrying out this project in the area of Pediatrics: for the children's mindful and caring parents; for the professional efforts of the medical and nursing staff in putting the children's good health first; and for putting people of good heart and economic resources in a position to be acquainted with the Dominican Mission Foundation and thereby help the needy and poor children in our region. All of these must be present and work together to minimize the ravages of diseases such as acute respiratory tract infection, acute diarrheal illness, malnutrition, dysentery, and parasitosis that affect vulnerable children *and* to return the priceless smiles back to their faces. Our patients are very grateful for your support, effort, love and prayers and that is why in their names we want to thank each one of you. [The services that we offer are possible because of those who work here but also because of those who drive, sustain and maintain it. We must continue working together.](#)”

Again from Sr. Adela to her staff, here's yet another unique expression of thanks: *"What we tried was to unite heaven to earth a little: heaven because we know that our Father ...is there... We leave heaven to God—He knows how He is going to reward. On one occasion a sick man to whom we gave comfort but who knew he was going to die said, 'When I arrive with God, I will tell Him about you.' Now I think that all the sick who have received health or comfort here will be in charge of telling God about each one of you. That is why we leave heaven to God. Here on earth we are also blessed. .. All of you nurses and assistants who work here in this hospital are our translators, our link of closeness to the sick. To each of you, we say, "thank you". .. To the Sisters, what are we going to say ... if it weren't for you, for our volunteer doctors, and for all those who collaborate with them, this hospital would not walk. You are ... an expression of God's tenderness. Working close to the poor,... they discover through you the words of the Gospel. Over the years that I have lived among the poor, serving the sick and working with good people like you, witnessing your work, your knowledge, your generosity, your professionalism, I have discovered the great love of God for men, and I have discovered that the miracles that He did on earth, He continues to do in this hospital... You have allowed God through you to provide healing. He needs you just where you are."*

All the giving and receiving among the sisters, their staff, the patients, you, our mission friends, and us—it gets kind of muddled, which is how it should be. That is love in its purest form.

With our sincere gratitude too,  
Lesley Warnshuis

If we accept the challenge of being a missionary Church, a Church which constantly goes forth to the world and, especially, to the peripheries of contemporary society, we will need to foster that 'spiritual taste' which enables us to embrace and identify with each member of Christ's body. Here particular care and concern needs to be shown for the children and the elderly in our communities. How can we be guardians of hope if we neglect the memory, the wisdom, and the experience of the elderly, and the aspirations of the young?  
~Pope Francis



**Mission Appeal**  
**Sept. 18-19:**  
**St. Theodore, Gonzales, CA;**  
**Fr. Dominic DeMaio, OP**