# TARAHUMARA CHILDREN'S HOSPITAL ENDOWMENT FUND (TCHEF)

**CAMPAIGN FOR SUSTAINABILITY** 

### PRESENTED BY

THE TARAHUMARA CHILDREN'S HOSPITAL FUND
(TCHF) OF OREGON



A TARAHUMARA INDIAN MISSION
IN THE COPPER CANYON OF CHIHUAHUA, MEXICO

Updated February 2018 by TCHF of Oregon

## TARAHUMARA CHILDREN'S HOSPITAL ENDOWMENT FUND (TCHEF)

The Tarahumara Mission in the Copper Canyon of Mexico continues the healing ministry of Jesus that Fr. Verplancken started in 1960. Fifty-seven years later, a history of building the trust of Copper Canyon residents through the delivery of basic services necessary for health, education and shelter continues.

The TCHEF was established in 2013 by the TCHF of Oregon Board of Directors with the encouragement and support of Fr. Quintanilla, S.J. in Creel, Fr. Ungerleider, S.J. in Tijuana and the Jesuit Province of Mexico. We would also like to acknowledge Fr. Pedro de Velasco, S.J. for the "Tarahumara Wellness Story" and his many years of service to the Mission.

The "Campaign for Sustainability" focuses on building this fund for the ongoing administration of the Mission projects in the Copper Canyon. Generous supporters like you have nurtured the fund from a seed of just \$95 in 2013 to over \$481,000 by January of 2018. The growth of this fund will provide a level of stability for the Mission Director and his staff to continue to provide the compassionate care that is so heavily depended on by those in need in Creel and beyond in the Copper Canyon.

May God bless you and this work and may God make it last.

Sincerely,

John Brockamp

President, TCHF of Oregon



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## HISTORY OF THE RARAMURI

#### FR. LUIS G. VERPLANCKEN, S.J.

The Tarahumara, or Rarámuri as they call themselves, are the original indigenous people of the fertile lands in the state of Chihuahua in Mexico. They have remained, even to this day, among the most compact and unmixed of any of the Indian tribes of Mexico.

In the late 1700's explorers seeking gold and silver took the Rarámuri's lands. Many fled into the Copper Canyon where the land is harsh, food scarce and due to the intense erosion the water has also become scarce and polluted.

Respect and concern for another and for the community are of primordial importance in the Rarámuri philosophy; so, even in their poverty, they know how to share. They give greater value to persons than to objects, to the extent that even business matters are secondary in importance.

The first missionaries found that the Indians already lived a life consistent with Christian belief; so their impact on the religious life of the Rarámuri was great.

When the Jesuits were expelled from the area by King Charles III of Spain in 1767 the Rarámuri, abandoned by the clergy, were left alone for almost a century and a half. They reinterpreted what they had learned from the missionaries and cast Christianity in their own symbolic and ritualistic molds. They have a religiosity very much their own, not caught up in dogma or abstract concepts. It is quite rich, and surprisingly orthodox in all the basics; and they learn it from life itself, from their relationships with the community and in their ongoing relationship with God.

Their truth as children of God lies in their manner of living. Their actions are their truth, a truth that necessarily evolves and fits into their daily lives which also change. They always live in harmony with their traditions. Their religion is practiced in day to day living.

## HISTORY OF THE MISSION

The *Complejo Asistencial Clínica Santa Teresita A.C. (CACSTAC)* and its different programs are the fruit of Fr. Luis Verplancken's initiative: a Jesuit missionary who worked in Tarahumara from 1960 and was in charge of the Parish in Creel starting in 1964. In 1992 the Santa Teresita Hospital was legally registered with Fr. Verplancken as its director. Following his death in 2004, the Society of Jesus continues to be in charge of the management and direction of the Complejo Asistencial and its different programs.

When Fr. Verplancken arrived in Creel in 1964, the Tarahumara mortality rate among children under five years of age was 75% (three out of every four children would die in their early infancy). The main causes were undernourishment, infections (otherwise easy to cure) and the lack of the most basic medical services in the whole area. A group of volunteer women in Creel, through Fr. Luis' invitation, took care of some of those children in a little borrowed house near the church. Over the next 45 years, with the collaboration and enthusiasm of a group of donors, volunteers, nurses, doctors and other workers, that little house grew into a real hospital – inaugurated on July 31, 1979. Five other projects became part of that initiative.

Beginning in 1962, when Fr. Verplancken was posted to another mission (Sisoguichi) he began to get food donations to palliate hunger due to poor crops affected by frost or drought. He exchanged baskets of basic food supplies for communitarian work on old churches, dirt roads, cemeteries, etc. This project grew and became more institutionalized over the years.

At that time, the most serious health problems stemmed from the lack of clean water or the lack of water at all. Not just for very tiny communities but even for bigger towns like Creel. So, in 1970-1971 he promoted and supported – with the *Food for Work* system – a major project to bring water to Creel from the Bocoyna River across the hills as well as the construction of the Arareko "lake" dam.

In 1992, the Santa Teresita Hospital team began to drill wells and supply the community with hand pumps and then the water project went into full swing in the year 2000.

Forty years ago, Raramuri children living in small communities had no chance at all of getting a formal education. Schools were a dream for 90% of them. So in 1968, Fr. Verplancken built the Gonogochi boarding school for more than 100 children. This was followed in 1973 by the one in Rejogochi.

#### **CACSTAC MISSION**

The Santa Teresita Complex's mission is to care for and promote the integral well-being of the Tarahumara people, focusing on the most needy, vulnerable or dispossessed, and especially the children. We are committed to care for and promote their dignity, freedom, environment, culture, health and lives, without any discrimination due to race, religion or economic status and at the same time always respecting their culture, traditions and ways of life. Our main areas of interest and work are healthcare, education, protection and rational utilization of their environment and the diffusion of their cultural and artistic expressions.

#### Name and Location of our Main Projects

- Santa Teresita Hospital: Creel, Chihuahua.
- Rejogochi Primary School: Rejogochi, Chihuahua.
- Clean Water Project (offices and warehouse): Creel, Chihuahua.
- Food for Work Program (offices and warehouse): Creel, Chihuahua.
- Artesanías Mision Handicraft Shop: Creel, Chihuahua.
- Loyola Museum: Cusárare, Chihuahua (closed)

#### ACCOMPLISHMENTS OF THE ST. TERESITA HOSPITAL

Without a doubt, our most important accomplishment is the more than 15,000 children and adult lives that we have saved from certain death (4,000 of them in the last 10 years). This means that we have saved at least one life every day during the past 45 years, and most of them have been children under 5 years of age. Even if it is not the only factor, the hospital has been *very* significant in the huge drop in infant mortality (from 75 % in 1964 to around 20% today).

The main health problems and illnesses were as follows: undernourishment, tuberculosis, lung and other respiratory system problems, gastrointestinal infections or parasites, skin infections and burns from open fires.

Another important accomplishment is the progressive formation of an engaged and skilled staff that understands, respects and assumes the Raramuri culture and habits, and then adapts their medical knowledge and practices to their lifestyle. We now have 75 people working directly at the hospital comprised of the following staff:

- 3 General Physicians
- 1 Resident Doctor from the National Institute of de Pediatrics (who is transferred every 4 months).
- 2 Medical Students doing community service
- 1 Chemist in charge of the laboratory
- 1 X-Ray Technician
- 8 Registered Nurses / 8 Student Nurses / 13 Nurse Auxiliaries
- Interpreters / Translators.
- 24 people in the other areas of service
- 1 Hospital Director

Today, the hospital has 77 beds, 30 for pediatric hospitalization, 20 for adults, 3 for gynecology and obstetrics, 18 for children with malnutrition and 6 for TB patients. We also have a laboratory for clinical analysis, an X-Ray room, an emergency room, a pharmacy and three offices for consultation. Plus, we have everything needed for the hospital to function: a sterilization room, a kitchen to prepare the baby's food and milk and keep it refrigerated, a general kitchen and dining room for the hospital staff (we serve about 400 meals a day), and a laundry room. We also have an oxygen machine, incubators, an ambulance and other vehicles.

The hospital has been administered during the past 40 years by the Saint Vicente de Paul Daughters of Charity.

#### **Other Positive Effects of our Accomplishments**

After all these years of work, the Raramuri have had unbounded trust and confidence in the hospital and, little by little, they have asked for more treatment and medicine. They used to be very reluctant to go to hospitals and subject themselves to western medicine. However, since the Hospital adapted to their culture, they now come to us more and more for care, support and hospitalization for themselves or their children, leaving them with us at the hospital sometimes for weeks if they have to return to their communities to take care of their families or crops. They also understand now that they must follow up with their treatments, even if they believe that they are fully recovered. Thanks to the hospital, and to the Raramuri nurses that go to their communities, they have learned to detect symptoms early in in order to gauge the severity of an illness. Through all of these activities and more, the hospital has definitely had an important impact on the overall health education of the communities.

## NEW DIRECTOR FR. MIGUEL QUINTANILLA, S.J.



Dear Friends and Supporters,

I recently arrived in Creel on March 28, 2015. Since then, Fr. Guillermo Estrada, S.J. took charge of going over all of the details I needed to be aware of so that I could assume my new mission in service of the Rarámuri Indians in the Sierra Tarahumara. I am becoming more and more familiar with the Santa Teresita Clinic and our school "Benesika Angupi" (learning one of each other), and I've had the opportunity to visit several communities where we have distributed corn, as well as visit our Museum in Cusárare and our Mission Store. I have encountered some very impressive people who know and love their work. They are the ones who will teach me about the mission I have received.

I arrived here knowing full well that I have been sent to do the work of Someone, with a capital letter, who is greater than I. And, I realize that "our cause is in the hands of the Lord". My work will be a grain of sand, a service in collaboration with a great team of people, of which all of you are a part since the time when the memorable Fr. Luis Verplancken, S.J. was alive. I feel proud to be able to serve this mission that has progressed, thanks first of all to God, since it's his work, as well as to the many people who have sincerely collaborated in solidarity with our most needed indigenous brothers and sisters.

Fr. David has spoken to me about you, your human qualities and organized work to benefit this apostolate that belongs to us all. I begin my job as Director with a lot of enthusiasm and hope because I am joining an effort of many people. For me, this is a light in the midst of so much egoism and voracity that we witness in our daily lives. Thanks to your support and prayers, we Jesuits have been able to continue work with our sight focused on those who have less.

May God continue to cure human lives through people like you and help you maintain a deep joy in your hearts knowing that you are collaborating with His work.

#### RECENT ACCOMPLISHMENTS

Since 1999, the TCHF of Oregon has raised over \$1,800,000\* to support the various projects identified by the Mission Director in Creel, Mexico. Very few if any of the patients at the hospital as well as the recipients of food, water and educational programs have the ability to pay. The Mission is totally dependant on the support of the TCHF in Oregon as well as our sister chapters in Detroit and New Orleans and other patrons from around the world. (\* see page 10).

Each year a major "Fund-An-Item" project is nominated. What follows is a list of some of the featured Fund-An-Item projects over the past decade:

- 2007 Well Drilling and Water Retention Projects (\$44,725)
- 2008 Oxygen Generation and Delivery Equipment (\$45,275)
- 2010 Ambulances (\$55,650)
- 2011 Emergency Food Distribution (\$83,730)
- 2012 X-Ray Equipment (\$53,145)
- 2013 Playground Equipment (\$43,086)
- 2014 Facilities, Health and Safety Upgrades (\$47,000)
- 2015 Water For Life (\$40,000)
- 2016 Hospital Accreditation (\$41,510)
- 2017 Emergency Food Distribution (\$44,260)







#### DEVELOPMENT OF THE ENDOWMENT FUND

The TCHF of Oregon has raised \$2,213,516.30 since 1999. After operating expenses, these funds are transferred to the Mission Director in Creel, Mexico to use for ongoing operational and capital expenses. As shown on the previous page, each year a major project is designated by the Director as the most important need that year. Here is a brief snapshot of the period 1999 - 2016:

#### **TCHF of Oregon**

**Gross Fundraising History** 

1999 - 2016

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Does not include donations to the Endowment Fund

(see next page)

| Year  | Amount             |
|-------|--------------------|
| 1999  | \$<br>75,359.63    |
| 2000  | \$<br>90,609.67    |
| 2001  | \$<br>67,100.00    |
| 2002  | \$<br>110,341.00   |
| 2003  | \$<br>121,761.00   |
| 2004  | \$<br>112,439.00   |
| 2005  | \$<br>98,052.00    |
| 2006  | \$<br>129,981.00   |
| 2007  | \$<br>180,675.00   |
| 2008  | \$<br>144,984.00   |
| 2009  | \$<br>146,914.00   |
| 2010  | \$<br>154,149.00   |
| 2011  | \$<br>202,152.00   |
| 2012  | \$<br>158,899.00   |
| 2013  | \$<br>129,172.00   |
| 2014  | \$<br>103,406.00   |
| 2015  | \$<br>96,985.00    |
| 2016  | \$<br>90,537.00    |
| Total | \$<br>2,213,516.30 |

In 2013, the Board of Directors of the TCHF of Oregon decided to establish a separate endowment fund for the future sustainability of the Mission activities. This account is part of the TCHF of Oregon and is managed by MKG Financial Group in Portland, OR.

With an initial deposit of just \$95 this account has now grown to over \$481,000 (Jan. 2018) with an additional \$1,000,000 in planned gift intentions. At this point, the fund is being handled as a growth asset with no disbursements being made. The Board of Directors works closely with MKG to monitor the account.

<sup>\*</sup> Donors are able to designate whether they want their donation to be applied to the general operating fund or the endowment fund.

## LONG-TERM PLANNING

The near-term goal of the Endowment Fund is to grow to \$1,000,000 by the year 2020. With the support of our many patrons in Oregon and around the world we are confident that we can reach that goal through daily contributions and major gifting. The long-term goal of the Endowment Fund is a target of \$5,000,000 by the year 2025.

#### **Endowment Fund**

Long-Term Planning Scenario

<u> 2013 - 2017</u>

**Actual Figures** 

<u> 2019 - 2025</u>

**Budgeted Figures** 

Figures

| Year  | Budget             | Actual           |
|-------|--------------------|------------------|
| 2013  |                    | \$<br>95.00      |
| 2014  |                    | \$<br>10,000.00  |
| 2015  |                    | \$<br>140,000.00 |
| 2016  | \$<br>200,000.00   | \$<br>223,000.00 |
| 2017  | \$<br>350,000.00   | \$<br>433,000.00 |
| *2018 | \$<br>500,000.00   | \$<br>481,000.00 |
| 2019  | \$<br>750,000.00   | TBD              |
| 2020  | \$<br>1,000,000.00 | TBD              |
| 2021  | \$<br>1,750,000.00 | TBD              |
| 2022  | \$<br>2,500,000.00 | TBD              |
| 2023  | \$<br>3,250,000.00 | TBD              |
| 2024  | \$<br>4,000,000.00 | TBD              |
| 2025  | \$<br>5,000,000.00 | TBD              |

\* as of January, 2018

#### PLANNED & ONE-TIME GIVING

Planned giving may be defined "as a method of supporting non-profits and charities that enables philanthropic individuals or donors to make larger gifts than they could make from their income. While some planned gifts provide a life -long income to the donor, others use estate and tax planning techniques to provide for charity and other heirs in ways that maximize the gift and/or minimize its impact on the donor's estate. Thus, by definition, a planned gift is any major gift, made in lifetime or at death as part of a donor's overall financial and/or estate planning". (courtesy of plannedgiving.com)

Although there are many methods for making either a one time or planned gift, some of the more common ways are as follows:

- · Stocks and Securities
- Cash
- Check
- Credit Card
- IRA Charitable Rollover
- Bequest through one's will or living trust
- Beneficiary designation on retirement plans and/or life insurance policies

For more information on how you can support the TCHEF please contact John Brockamp at the following:

<u>Telephone</u>: 503-659-4342 <u>Email</u>: pyjb@comcast.net

The TCHF of Oregon is a 501 c (3) tax-exempt nonprofit organization in the United States. The federal tax ID # is: 26-1641869.

<sup>\*</sup>All donations should be made in conjunction with one's personal financial and estate planning goals.

#### "LEADERSHIP GIVING"

Your partnership with the TCHEF to support the activities of the Mission in perpetuity is deeply appreciated. Current Mission Director Fr. Miguel and his staff are working tirelessly to carry on with the many programs put in place by Mission founder Fr. Verplancken. The Mission is totally dependant on the support of the TCHF chapters in the USA and donors from around the world to deliver the basic needs of the indigenous Tarahumara natives.

As the old saying goes, "A penny saved, is a penny earned." From the modest donation of \$40 raised by a group of jr. high school students to major gifts made in honor of a loved one, every penny adds up. We rely on the many small donations made throughout the year to fund the Mission activities.

Donors interested in making a more substantial contribution to the Endowment Fund may also be entitled to tax benefits. Please consult with your own accountant and/or investment manager to determine how your personal asset portfolio may benefit from charitable giving.

Your dedication to this cause is honored through the establishment of the following "Leadership Giving" levels:

- Platinum Level \$100,000 +
- Gold Level \$50,000 \$99,999
- Silver Level \$10,000 \$49,999
- Bronze Level \$1,000 \$9,999

Donors supporting the TCHEF at any of the levels above are entitled to the following benefits:

- "Meet-and-Greet" with our current Mission Director and Liaison,
- Mention in "Hall of Donors" on our website.

## CREEL, CHIHUAHUA, MEXICO

## Regional Community Profile

Creel is a town in the Sierra Tarahumara (part of the Sierra Madre Occidental) of the Mexican state of Chihuahua. It is the second-largest town (after San Juanito) in the municipality of Bocoyna. It is located some 175 kilometres (109 mi) to the southwest of the state capital, Chihuahua. At the census of 2005 it had a population of 5,338 inhabitants.

Near Creel is Divisadero, perhaps the best-known overlook of the "Three Canyons" area of the Copper Canyon, as well as Basaseachic Falls, one of the highest waterfalls in Mexico. Creel was historically a logging town, although tourism has become the primary job source over the last 25 years. There are many hotels, restaurants and a number of tours down into the canyons and throughout the surrounding area.

Creel was founded with the name 'Estación Creel' on May 26, 1907, as a railroad depot on the Chihuahua - Pacific line. It was named after Enrique Creel and Astolfo Nicolas Mendoza, governor of the state of Chihuahua at the time. He was the son of Reuben W. Creel, an American diplomat in Chihuahua. For many years before its completion the line ended at Creel.



National Provincial View Chihuahua



Regional City View Creel, Chihuahua

## LIFE IN AND AROUND CREEL









## TARAHUMARA CHILDREN'S HOSPITAL FUND

For website information or general inquiries, contact the TCHF of Oregon. For information regarding your regional TCHF, see below:

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