

A scenic photograph of a sunset over the ocean. The sun is low on the horizon, casting a golden glow across the sky and reflecting on the water. The sky is filled with soft, colorful clouds in shades of orange, yellow, and blue. In the foreground, a sandy beach curves along the water's edge. The overall mood is peaceful and serene.

# Roca Blanca Mission Base

Oaxaca State, Mexico

Drs. David and Mary Kay Ness

# A personal note to begin

- **We first went to Roca Blanca in 2002** in response to a call in our church to go on a short term mission trip. David Nelson, from Lima, NY where he taught Spanish at the Lima Christian School, asked us to go with him on a medical mission trip to Roca Blanca Mission Base in Oaxaca. We went for 2 weeks, and by the time we left, we knew we had to go back. And so we did for the next 5-6 years for 2 weeks, and then in 2007 we decided to drive down in our truck and to stay for 3 months and we have been doing that ever since.
- **It is clear that we had an “addiction”.** After our first trip, we began to reprioritize our time, energy, and resources. We received encouragement and various donations of items and medicines and equipment to bring down. Perhaps many of you already share a similar addiction, and I can only say that it is not curable, though its form may change. The rewards have been many, and we invite you to join us or some other ministry to “acquire” this addiction.

# Map of Mexico with Oaxaca State enlarged, Roca Blanca on Pacific shore in Red



**Roca Blanca**, looking out toward the offshore  
“White Rock” for which it is named.



# Roca Blanca Mission Base

- Was established in 1990 to plant churches in Oaxaca State, located on the Pacific Ocean above Puerto Escondido, and home to over 16 large indigenous groups and 150 dialects.
- Began as two buildings and now consists of a Bible School, a Worship School, Corban Clinic, Spanish Academy to teach the language to those called to minister to Spanish speaking people, an orphanage, a school for children from kindergarten through high school where they are teaching English, and a venue for mass conferences for evangelism and edification.
- It has planted over 55 churches and is the covering entity for those churches. The pastors attend conferences at the base every 2 months.

# Corban Clinic

- The Corban Clinic was established in 1991 by Laura Pratt Nelson to provide care to the surrounding villages and to make medical outreaches to many villages in the mountains.
- The teams are invited by the pastors in those villages and **provide medical care, medication, dental care, and spiritual care**. It is truly the “Point of the Spear” in showing the love in Christ Jesus. These outreaches are a large part of the ministry here, and in truth, it is our favorite part of our time here.

# New Corban clinic which was 5 years in the making.



The clinic houses a reception area, a pharmacy, 3 consulting and treatment rooms, a classroom that also is used by meetings and by the ophthalmologist who visits monthly, and a storage area for outreaches. On the second floor there are up to 8 rooms to house teams, a large kitchen, and an apt. for the Mexican doctor and his family.

# Orphanage

Currently has 8 children, and at least 4 are siblings. They attend school on the base and get medical care at the base. On the right is Robin from Elim, helping children with English.





**Worship building on the left is for vocal and instrumental classes and worship. The administrative building is the old Corban clinic.**



# Spanish Academy



Classes are held in 2 buildings. Dave Nelson, its founder, was a missionary in Spain for 13 years and then taught in the US for several more years.

There are 4 levels, each 7 weeks long. We did that over 3-4 years and are passably fluent now. He is a dynamic teacher, and the students are all ages and from many different places and with many different experiences.

A typical Spanish Academy Class with all 4 levels. The guitar is used during the daily devotional time.



# Clinical activities

- **Acute problems** such as trauma, respiratory illnesses including asthma, GI illness and dehydration, allergic reactions, acute emotional or mental problems are common. Sometimes we need to refer people, even transport people to the local public hospital.
- **Chronic problems** such as diabetes and hypertension with their morbidities are exceedingly common in this population. Resources for treatment are limited.

# Dental care in clinic and outreaches



**Dental care** is highly coveted here in the clinic and even more in the mountains.

**Good teeth equates with longer life.**

Adriana is highly skilled, compassionate, and works hard. Above, an outreach, and beside, a well-equipped dental clinic.



# Other clinic services

- **Prenatal care:** no planned deliveries.
- **Women's health care:** including now the ability to put in implants.
- **Emergency care:** At times we need to provide IV hydration and medication, and then observe for a few hours, or provide for transfer to hospital.
- **Social services:** Helping people navigate the system for problems like developmental delay, addiction, depression etc is a challenge because of the lack of individual and system resources.

**Special Campaigns** will be organized when resources of personnel and funds are available,

- **Eye campaign:** Ophthalmologist and optometrist visit q 2 months. Cataract surgery is arranged.
- **Surgical campaign**
- **Nutritional experts** for consults on outreaches and at clinic, especially for diabetes
- Periodic **physical therapist** visits
- **Chiropractic care**
- **Food campaigns**

**Eye campaigns** that can screen hundreds of people for vision, glaucoma, cataracts, retinal disease, and provide glasses.



She may look grim, but she burst in while I was helping another patient, to show me how rapidly she could walk with her new glasses!

Such delight was the common reaction to “new sight”.



# Food campaign - Yucuya'a

Yucuya'a is a very remote village, literally at the end of the road in the mountains. It suffers from frequent draughts, poor soil, and severe malnourishment.

At times, we receive donations for a "food brigade" and can transport staples like rice, beans, oil, potatoes and distribute them in this village.



**Home visits** are always interesting and can be very challenging. It is a privilege to be invited into a home. Usually the person is very sick, often terminal, and a visit with exam and prayer can be encouraging.



Brigido, 57 years old, had a stroke several months ago and was taken to the hospital for a few days to care for wounds from his fall. He was discharged with no follow up care.

When we began to visit him, he was thin, had extensive ulcers on sacrum and left elbow, was lying in filthy bed. It took over an hour for 4 of us to clean him and his bed. He also accepted prayer.

# Brigido and family, continued

- Brigido's wife was frail and not clear how to care for him. There were 9 others, a couple and 9 children, living in the compound of 2 very small shacks. Food was scarce, the well water was filthy and putrid.
- We visited weekly, bringing donations of protein drinks for him and food for the family. We brought a water purification system, some solar lamps, and as you can see in the photo, a new waterproof mattress and blanket. He began to gain weight, the ulcers healed in, we tried to teach them exercises, and he was encouraged. This is more than we usually do, but there was a **benefactor** who funded all this. We wish there were more community resources available. Unfortunately, he died several months later. Follow up is sporadic.

**Medical outreaches** (the point of the spear), are made possible by teams that bring personnel and funds for medicine and travel expenses. Pictured are a team gathering for prayer and a team from Elim Gospel Church.



# First, we need to get there – not a given.



We always travel in a convoy, for safety reasons, and to carry people (15-25), supplies of medicine, food for the team, garafons (large containers) of water, equipment like tables, and sheets for setting up consulting rooms.

**Important to stay alert!**



**In remote villages**, patients often present with advanced conditions.

**This little boy had severe congenital heart disease. Because of fear, they delayed seeing specialist; died age 8.**



**She was born with a TE fistula. Not certain when, if, or how she will get definitive surgery.**



**Rosalind** was seen at a remote village at age 2. Her diagnosis of encephalocele confirmed via internet consultation with a plastic surgery friend in USA. We have helped her get 4 surgeries.

Rosalind had never been out of the house before this. She is now in school and can play with friends.





## Consultation rooms are created with sheets.

Besides the patient there is the doctor, a translator from English to Spanish, and/or one from Spanish to Mixteco.

**Mixteco men in traditional dress waiting to be seen.**



**Mixteco woman waiting for her consult, also in traditional dress**



**Most of the outreach visits** are for medical and pediatric visits for acute infections, chronic dehydration, depression, malnutrition, gastritis, menstrual disorders. We also can do minor surgery and, at times, dental care.



**Aside from teams from churches** and the clinic, we often have groups of students from nursing or medical schools. Invariably, these outreaches are the most interesting and transforming experiences.

A medical student helping to repair a laceration in a remote village.

Home visits in the villages are common, and often the illnesses are severe. This man has diabetes with foot ulcers.



## Sensory loss as we age can be very isolating.

Things like glasses can help and, for this woman, my stethoscope.

Just before this photo, she was sitting, with a vacant look.

Her smile came when she heard her son's voice for the first time for many months with this stethoscope. It is now hers.



## Dave at medical outreach in a village in the mountains.

The homes are sod, small, with dirt floors. Sheets are used to construct consultation room. Note here how tall Dave is compared with the adults to whom he is speaking. He needs to watch his head on the roof!



**Children's ministry** is a huge part of outreaches. Children are our future and they teach their parents. Over the years, we have seen improvement in their behavior – more respect for us and others and less violence.



Robin is doing face and hand painting which the children love. It is an opportunity for physical touching and emotional connection which many of these children lack.

# More Children's ministry

Singing songs in El Mosco in the mountains.



Yucuya'a – Sean on the roof making balloon animals.



**Spiritual care** is an essential part of outreaches. Everyone is offered the gospel and prayer. We have seen deaf people begin to hear, lame people walk, and curses broken. Team members may participate and invariably find the experience invaluable.

**Pastor Jesus with 2 girls pleased with their new glasses**



**Lay members of the team ministering in the village.**





# Educational activities

The clinic has also offered a year-long program to teach a few from the villages who want to become a kind of “health care teacher” back in their villages.

They learn to do first aid, take blood pressures, do glucose testing, and provide education around subjects like hygiene, the importance of clean water, diet, safety in the home, advice to pregnant women and to new mothers.

**We are involved in precepting these students** in history and physical exam and treatment options, whether in the clinic or on the outreaches, given the available resources.

**Community health students teaching on an outreach.**



**Senior nursing students from ORU doing acute wound care.**



**Every year** there are nursing students, medical students and residents who come for 2 weeks to a year. We precept them in all the various settings.

**Working with medical student to repair laceration in village.**



**Medical student here for a year. Now a family doctor in MD.**



**Cross cultural experiences** are expected and educational and give insight into the conditions we see medically and psychosocially.

**Back pain, anyone?**



**Indoor fires, no ventilation leads to poor air quality.**



# BONUS!

**Beast Of Burden**



**Just Plain Adorable**



# If you are interested in more information, below are listed several resources:

- Dave Ness – [daness77@aol.com](mailto:daness77@aol.com) - (585) 797-4381
- Mary Kay Ness – [65mtn@gmail.com](mailto:65mtn@gmail.com) – (585) 404-1565
- [www.rocablanca.org](http://www.rocablanca.org) – for information about the Base and the other activities there.
- [www.corbanclinic.org](http://www.corbanclinic.org) – for information about the Corban Clinic
- [www.facebook.com/rocablancadrsness](https://www.facebook.com/rocablancadrsness) – Facebook: Roca Blanca Medical Mission, Drs. Dave and Mary Kay Ness. We post reports on our activities while we are here January through March. You can see past reports as well.