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# With an Adventurous Spirit

An article published in  
“Nuestro Tiempo” for the  
twenty-fifth anniversary of  
Monkole Hospital in the  
Democratic Republic of Congo.

02/23/2018

(Adapted from an article published  
in *Nuestro Tiempo*, July-September  
2016)

We are taking a fictional airplane  
bound for the largest country in  
Africa: the Democratic Republic of  
Congo. Specifically, we are heading to

Kinshasa. After a brief stop in Adis Ababa, capital of Ethiopia, we finally arrive. A blast of humid, suffocating heat greets us and will be our constant companion throughout our visit.

For some, this trip has been the first step in making the Congo a new home for their life and professional work, as in the case of the traumatologist Juan José Echarri, or Jean Joseph as he now signs his emails. He arrived in Kinshasa at the age of 28 to help begin the apostolic work of Opus Dei there, and he soon became involved in another project he had no inkling of on arriving: Monkole Hospital.

Kinshasa, besides being the capital, is largest city in the country. Known until 1966 as Leopoldville, it was the private property of King Leopold II of Belgium for twenty-three years, and is now the administrative, economic,

and cultural center of the nation. It is situated on the south shore of the serpentine Congo River, just before it tumbles over the Livingstone Falls. On the north shore lies Brazzaville, the other national capital. The entire metropolitan area covers over thirty kilometers from east to west and fifteen from north to south. A good part of the land here is still rural, with a leafy savannah that tints everything green.

But despite the rural setting, life here is far from pleasant. Although exact figures are hard to come by, the population of Kinshasa now probably exceeds 10 million, which would place it among the thirty largest cities in the world. The World Bank estimates that 95 percent of the people working there are illegal, a figure unmatched in the rest of the urban areas of Africa. And a 2015 French study found that twenty thousand children are now living

and working on the street. Of these, 44 per cent are girls, at risk of falling into an even worse life.

Kinshasa was the place where the first HIV infection was detected, in 1920, in the blood of a local resident. Today this reaches the frightening figure of twenty-four thousand people infected throughout the country. It was also the scene of frequent pillaging between 1991 and 1993. "It was a difficult time. And despite the scarcity of food, there was no hatred. The soldiers and the poor did what they could to survive. But life went on as normal," recalls Dr. Echarri.

The pillaging was followed by an economic crisis caused by an ineffective and corrupt political and economic system in the entire country. The country also suffered due to the corruption and nepotism of the government of Marshal

Mobutu, as well as the chaos of the First Congo War, which led to Mobutu's downfall. He was succeeded by Laurent Desiré Kabila, who was later assassinated. The current president, Joseph Kabila, has been in office since 2001. His efforts to end the civil war and expel the foreign troops have met with some success. But the conflict between government forces and militia groups is an ongoing problem and violence continues to flare up regularly.

Living conditions are very hard in Kinshasa. Many people lack access to drinkable water in their home, the transportation system is precarious at best, and a system for garbage collection is non-existent. Life expectancy in the country is 56 years. But despite everything, "the Congolese people are very cheerful and lively, and like to joke, laugh, and

enjoy life. They are easy to deal with and very open,” says Echarri.

## **First steps**

In 1989, Bishop Alvaro del Portillo, then the Prelate of Opus Dei, made a trip to the Congo to see the people of Opus Dei there and their friends. He spoke with Juan José Echarri, who recalls: “Don Alvaro suggested to us that it would be good to do something for the people as regards health care. It was obvious that medicine was in a truly poor state. When visiting the bishops of the Episcopal Conference, Don Alvaro had been asked by Cardinal Laurent Mosengwo if the Work could help establish a hospital in Kinshasa. For one thing, priests and missionaries who fell ill had to be sent to foreign countries for treatment, which increased the cost. Luckily, plans for a medical center were already underway, and a grant from the

European Union enabled us to make more ambitious plans.”

Over the years the Monkole project has gradually taken shape, including the setting up of three ambulatory clinics to provide health care to people living in outlying rural areas. The current hospital building dates from two years ago: 110 beds for clinical services including internal medicine, pediatrics, surgery, obstetrics and gynecology, and emergencies, and an ambulatory zone with pharmacy, laboratory and radiology services. The hospital also includes laundry and kitchen services, something peculiar to Monkole as compared to other health-care centers where the families are asked to provide these services.

Thus little by little, between tropical rains and winds, the great tree that is today Monkole took shape (the

Hospital takes its name from an evergreen tree from the Congolese forest known for creating a lot of shade). In 2014 the center had already received more than 83,000 patients, with professional health care provided at a cost the local people can afford.

Public expenditure on health care in the Democratic Republic of Congo is ranked 135<sup>th</sup> out of 192 countries in the world. But not only is the investment in health care insufficient here. The medical practices “of doubtful reputation” and the presence of shamans and wizards make the work of the professionals even more difficult. “When patients come, you are not the first person they have gone to. They have previously seen practitioners of the traditional medicine, but since they are still in pain, they come to you,” Echarri says.

## **Together in the adventure**

Alvaro Perlado and his wife Mayte Odrovas are both pharmacists, and both have an adventurous spirit. “We saw the opportunity to learn new things and to mature humanly.” So they decided to set out two years ago on this new adventure. “When you get here, it is difficult to adapt to many things, like the culture, the city, or the lack of material means, both at home and in your work.” Their first child, Alvaro, went with them, and they have just become the parents of Borja. “Alvaro has adapted well here. It has been more complicated for the little one. The tropical heat is hard for a newborn baby.” “We work from Monday to Saturday from 8:00 in the morning to 5:00 in the afternoon. When we get home we start family life.” The family lives in housing provided by Monkole. “The place is very clean, with drinkable water,

and when there is no light we use the generator from the Hospital.”

Their reception in their new home left a rather bad taste in their mouths. “Within a week of the arrival of Mayte with Alvaro (Borja had not yet been born), there were a number of demonstrations against the government in which forty people died. We could here gunshots from here in our home. They were days of uncertainty in our family because we didn’t know if we were going to have to return to Spain for security reasons. Fortunately, our colleagues at Monkole were intent on watching over us and we felt very well taken care of, and after three weeks the situation calmed down.”

Mayte gave birth in Spain, where “you can find diapers at any time in supermarkets and pharmacies; for preparing a baby bottle you always have drinkable water at hand and

electricity to sterilize and heat it; you have private doctors who even visit you at home, or you can always go to a public hospital,” Ordovas says. African mothers are strong and, unfortunately, accustomed to confront many difficulties in giving birth.

In 2015 in the Congo, there were almost 35 births for every 1,000 inhabitants. “Many women give birth in very precarious health conditions where the minimum requisites of hygiene are not observed and where the professional experience of the assisting personnel is greatly lacking. Beside this, during pregnancy there is usually no type of observation, and the mother receives her first medical attention at the time of birth,” Ordova continues. This results in maternal and child mortality that is substantially higher than in European countries. For every 100,000 births, there are 693 mothers

and 7,100 babies who die in childbirth or within a short time. In Spain these figures are 5 and 300 respectively.

At Monkole, priority is given to caring for mothers and babies. María Dolores Mazuecos, a doctor and member of the directive committee, recalls the case of a woman who was called Alice: “She felt ill and went to Monkole when we were only a small dispensary. She was a widow and had to work in the market to help her family along. She was suffering from a serious undiagnosed illness, so her loved ones decided to come to us because they saw no alternative in traditional medicine or in other centers in the area. In the end, she got well.” In the case of Beatrice, “who had complications during pregnancy, she had convulsions and was losing consciousness with some frequency. They quickly brought her to the emergency room in Monkole,

where she was operated on. On awakening, she said ‘What happened?’ and we gave her the news that she had become a mother. She was so moved that to this day she declares that if she had gone to another hospital she would certainly have died.”

## **Training and maternity**

The training of the professionals “to foresee and prevent complications, at times fatal ones, is essential here. Many small children under five years old reach us in extreme conditions because of not having received the proper remedy in time,” Mazuecos says. “Other mothers go to other centers, and even to quacks, and when we take them in it is already too late.” Monkole organizes programs for health training and awareness, and to help reinforce the capacities of health care centers in the region. No matter how far away

they are. “How many times Doctor Tendobi (a gynecologist) has had to cross a bridge made of vines with her ecograph equipment in her arms, in order to do prenatal consultations in those centers and to train personnel!”

About the middle of last year a social program was initiated named *Forfai Mamá*. “By means of this program, the most needy mothers who come to the Hospital can receive medical assistance during pregnancy, childbirth, and the days following for a fixed price of 50 euros,” Perlado tells us. But the Hospital has to absorb an average cost of 400 euros for the service provided. The shortfall is covered by a fund-raising program in a number of European countries

Currently care is being provided for 500 mothers per year, which requires an investment of 175,000

euros annually: “The women who come to the program feel grateful, even though at times it is difficult for us to convince them to come because, being a big hospital, new and clean, they think it’s only for rich people”.

## **Looking to the future**

In reply to the question “Have you ever thought of returning to Spain?”, Juan José, Álvaro and Mayte say no. “Living here teaches you to love the people. It is easier to learn this here because the humanity of the person is more palpable,” Perlado assures me. As Antoine de Saint-Exupéry said in *The Little Prince*: “What is essential is not visible to the eyes.” The lack of material and technical resources helps to center one’s attention on what is truly important.

On this 25th anniversary, Mazuecos sums up everything done up to now: “We have reached this point thanks to the hard work and generosity of so

many people. Monkole is not here only to cure sick people, but also to educate and alleviate the needs of the inhabitants of the area. We have covered a lot of ground, but there is still a long way to go.”

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