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And the Samaritans Purse International staff found a “low mileage” Drager anesthesia machine that they said we could have for free if we could get it going. We knew it was necessary and that it would be expensive. Unexpectedly, we received a notice from MAF International saying that they had several donated refrigerated centrifuges and if we wanted them if we took two. Our OR lights, anesthesia machines, centrifuges...it all sounds technical and grand, but equipment like this is what allows us to keep providing a high level of medical care to the Tarahumara patients of the hospital.

On a more practical note, the Bayer Pharmaceutical care to the Tarahumara Indians of the Sierra Madre. This December we look forward to the arrival of Tom Dickson who will be getting to know the Tarahumara first-hand as a Canadian Medical Mission Volunteer. He brings his considerable management experience and opportunities.

The most important goal of this program is to arrive at "Fourth World" , but there is another term: "Fourth World" which describes the most underdeveloped, poverty-ridden, marginalized regions of the world. The Sierra Tarahumara might be "Fourth World", but I believe it is different than that other similarly afflicted regions of the world. Elsewhere, and workers might throw up their hands in despair and say, "There's no hope for this place. It's too broken." I recall one medical missionary who returned home completely burned out after working two years at a mission hospital elsewhere in the world. She had simply lost hope, and would never return.

Why do I believe that the Tarahumara people hold great promise? Certainly, there are "structural" reasons why their situation is better. Despite all the difficulties that the government has controlling the drug cartels, Mexico is not a "failed state". This body that we call the Tarahumara, despite the political difficulties and the cartels, are firmly established in their own territory. They are not like refugees fleeing a civil war, or a society doomed to eternally hunger because their farmland has been permanently damaged or destroyed.

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So, since then, we have called these “Biblical” cataracts and are so thankful for the work of ophthalmologists who volunteer their time to come to our remote hospital to treat these patients. Fortunately, we have first rate eye surgery equipment with which to tackle these difficult cataracts.

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There are many downtrodden people groups in the world, but I believe that the Tarahumara are par- ticularly endowed with a quality that allows them to respond to a message of Hope from a God who loves them. For our Tarahumara heart. Hope can break the bondage of despair and give them the strength to go on. “Hope does not disappoint….” wrote St. Paul. And so our mission always is to speak Hope into the lives of these people.

Despite their poverty, they are a proud people and display a dignity unique to Native Americans. The US might call them poor and marginalized, but they seem oblivious to these labels. “Grit” means that there is a seed of Hope within one’s being. Why else would someone endure terrible hardship? “Grit” means that there must be a redeemable reason to endure suffering.

“Hope does not disappoint…” wrote St. Paul. And the Gospel is Hope, the greatest Hope in the world. So our mission always is to speak Hope into the Tarahumara heart. Hope can break the bondage of anemia and fatalism. Hope can open the hard and suspicious Tarahumara heart to the promises of a God that loves them.

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Dr. Jesse’s Child Malnutrition Project

In 2015, our Board of Directors embarked on a program to enhance the facility, equipment and personnel of Mexico Medical Missions. We call this program “Vision 2025” and it articulates what we believe our mission needs to be for the coming long decade. So much progress in the last few months! We’ve received a generous check from one of the Mexican grocery stores, which was used to match a donation from an American donor and buy new surgical lamps for our operating room. The present OR lights were twenty years old when we installed them twenty years ago, and were starting to fail. Now we have brand new LED operating room lights – cooler, brighter and more reliable.

And the Samaritan’s Purse biomedical guys found a refrigerated centrifuge for us and set us up to collect blood. We now have enough blood for our patients and family members to enjoy being outdoors. 

This is Argelia, a 2-year-old Tarahumara girl who was admitted to our hospital with severe malnutrition, weighing just 10 pounds. Out in the canyon, all she had to eat was water-diluted cornmeal. Recent nutritional studies have shown that on average, Tarahumara children only consume 500 calories per day. Like any baby girl, Argelia started walking around age one but had stopped walking as she no longer had the energy. Though she was treated for her undernutrition, she remained so small and underdeveloped. Her parents walked directly from their unspeakably harsh home environment in the canyon, with no water or electricity, food scarcity, and freezing temperatures in the winter.

After much planning and prayer, Doctors Jesse and Willy have developed a pediatric malnutrition program to help meet the physical and spiritual needs of families like Argelia’s. Part of the treatment involves providing medical care in their home where they receive food and medicines to reverse the dangerous effects of chronic malnutrition. All hospitalized children also receive a special backcall known as the “Kit.”

With the help of a generous check from one of the Mexican grocery stores, we were able to purchase a refrigerated centrifuge for our laboratory and treat Argelia. She is now improving with treatment.

It’s official – our part of Mexico is as poor as Mali and other sub-Saharan African nations. The United Nations publications data on poverty around the world and the Sierra Tarahumara is among the poorest of any nation. That doesn’t mean that all of Mexico is poor; there are areas of Mexico that the UN says are comparable to Switzerland. But Mexico has huge disparities of wealth and opportunity. For example, a person could leave from the Mercedes dealership in Chihuahua City and, after a five hour drive, find themselves among some of the poorest of the Sierra Tarahumara. We are acquainted to this social reality “Third World” or “Fourth World” of our patients.

For I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and a future. —Jeremiah 29:11

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As we look forward to the arrival of Tom and Michele Ebben, a nurse who brings her considerable experience to the caring service of Hospital Mission Tarahumara particularly in the area of education. We have a growing nursing service, but many of our young nurses need additional training which Michele can certainly help provide. Tom has retired as a global engineering manager at General Electric where he oversees a large department of 300 employees involved in his X-Ray design. He brings his considerable management experience to MSME, as well as having a desire to evangelize Tarahumara communities.

And we have more people arriving next year! But this means that we have a great need for a construction team to help us build additions to exist-
Dr. Jesse Bustinza is a pediatrician who joined us last year along with his general surgeon husband Dr. Willy Bustinza. Working providing medical care, they have a heart for evangelization of the 100,000 Tarahumara who live in our Copper Canyon, most of whom have never heard of a greater God that loved them enough to send His Son Jesus to die for them.

The Tarahumara people are renowned for their long-distance running abilities, kicking wooden balls for up to 100 miles through the rugged terrain of the Copper Canyon. They are immensely physically strong among these people, with up to 95% of children dying before 5 years of age due to malnutrition and other preventable diseases.

This is Angela, a 2-year-old Tarahumara girl who was admitted to our hospital with severe malnutrition, weighing just 13 pounds. Out in the canyon, all she had to eat was watered-down cornmeal. Recent nutritional studies have shown that on average, Tarahumara children only consume 500 calories per day. Like any baby girl, Angela started walking around age one but had stopped walking as she no longer had the energy. Though she had a healthy weight during treatment, the reality is that all children are unskilled harsh home environment in the canyon, with no water or sanitation, food scarcity and freezing temperatures.

After much planning and prayer, Doctors Jesse and Willy have developed a pediatric malnutrition program to help meet the physical and spiritual needs of families like Angela’s. Part of the treatment involves in their hospital care where they receive food and medications to reverse the dangerous effects of malnutrition.

The most important goal of this program is to arrive at a “world” that is footed firmly on a God who says, “I am the Resurrection and the Life.” We work with the Tarahumara, we love them and tell them about a God who says, “For I know the plans I have for you, plans for good and not for harm, to give you a future and a hope.”

In 2015, our Board of Directors embarked on a program to enhance the facilities, equipment and personnel of Mexico Mission Medical. This new program is called “Vision 2025” and it articulates what we believe our mission needs to become in the upcoming decade.

Vision 2025 is really about people, and having the equipment, supplies, facilities and trained personnel to safely and effectively provide care to the Tarahumara Indians of the Sierra Madre.

Sonic Malnutrition Project

If you would like to help Drs. Jesse and Willy with their mission to build additions to exist -