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DISPATCHES FROM THE MISSION FIELD
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The Best is Yet to Be!

Fifteen years! It has been fifteen years since we opened the doors of Hospital Misión Tarahumara. Now, over 100,000 patient visits later, after thousands of surgeries and births, and years of “blood, sweat and tears” I can truly say that God has done something remarkable in the Sierra Madre of Mexico. It’s not just a beautiful building with great equipment which enables miracles to be performed on the ill and injured. It is also a team of people who love their Savior and work together to advance His Kingdom among the mountains and canyons of this rugged region. This disciplined group knows that the Sierra Madre will not be won for Christ without consistent hard work, and also that their efforts will bear fruit only by the grace of God.

I thank God that He has assembled this remarkable team to be the “hands and feet” of Jesus among the Tarahumara people. But that same God has made it clear that we are not to rest on our laurels. We remember the words of St. Paul:

“But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus.”

We desire to “press on”, and we have a goal for the future of this work that we want to share with all the people that have supported us, loved us and prayed for us over the years.

We call this goal “Vision 2025” and it can best be described as what we want our mission to look like in 10 years – both the facilities and the team. We are fortunate to have a wonderful hospital building that was built to US standards by an incredible group of Mennonite builders who arrived over 16 years ago and invested 6 months of their lives to give us the premier medical facility in this part of Mexico.

The hospital is a treasure, but after 15 years of hard use it needs an upgrade. The laboratory equipment need replacing and the X-ray suite requires an overhaul. Surgery needs new anesthesia machines and air conditioning. The wood fired boiler that has reliably heated the building for 15 years is on its last legs.

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upgrade; but the cost to build a comparable facility in the U.S. would have been ten times that.

And just as important as the hospital building are the skilled people that work in it. Nurses and doctors from all over Mexico and the U.S. work tirelessly to show the love of Jesus Christ to the ill and injured of this remote region. But Dr. Chuck, Dr. Pedro and I are well into our 60’s. None of us will live forever and we see the need to start looking for “new blood”. We have no plans to retire, and we pray that the Lord continues to provide us with the good health and energy that we need to carry on. My father is an 87 year old physician and he still goes to work. I plan to follow his example when I am old, but I would be a fool not to be looking for younger doctors to work alongside me.

Therefore we must soon begin looking for the right doctors, both in Mexico and the United States. In order to lead the hospital, I had to go through a difficult ten year process to acquire Mexican citizenship, medical licensure and board certification. In the present political climate, this process could probably not be repeated by an American citizen. That means that any future director will probably need to be a Mexican surgeon, but finding a qualified physician will not be easy. He will need to have a combination of excellent surgical skills, a godly character and a missionary vision to see the Tarahumara people reached for Christ. I have known many Mexican physicians with some of these qualities, but none with all of them. But Mexico is a large country with 100 million people. I am confident that somewhere there is a doctor that God is preparing for this job.

All our American personnel - doctors, midwives, pilots and community health workers— raise their own support. Dr. Chuck and myself are fortunate to have saved enough during our previous careers to not require support, and we both literally “operate for food.” But Mexican missionaries find it virtually impossible to raise even half their support from within Mexico. Therefore Mexico Medical Missions must seek funding for these essential Mexican partners.

The good news is that they work for a fraction of their American counterparts. A Mexican family practitioner earns $20,000 a year whereas the salary package of a US family doctor is ten times that. The entire employment package of a Mexican surgeon who some day might lead this ministry will be $50,000 a year while that of a US surgeon would be ten times that. Therefore we get excellent value for the money we spend on our doctors and nurses.

Just as important for the health of our mission are the Community Health Evangelism workers. They work tirelessly in the remote communities of the Sierra Madre bringing health and hope to a hurting people. They present the Gospel while teaching better health practices and improved agriculture techniques. Led by Pastor Jacob Sotelo and his wife Raquel, these workers are young and energetic. They all have a heart for service and their salaries are ridiculously low, but in order to accomplish their work they need medical supplies and four wheel drive vehicles (and the fuel to run them). Our Jeeps and trucks take a terrible pounding on horrible roads and, if we are to keep these essential vehicles running, we need to construct a modern shop for the mechanic that has recently joined us.

Malnutrition is a constant affliction of the Tarahumara; but rather than hand out food our agricultural missionary Andrew Bornman teaches them how to increase their crop yields. Andrew needs funds to subsidize the cost of fertilizer and soil testing. Each dollar of fertilizer or soil amendment will produce ten dollars of increased crop yield.

It is interesting how the 10:1 ratio keeps popping up. Whether it’s doctors, medicines, fertilizer or hospital construction costs – we seem to be able to transform one dollar of input into ten dollars of output.

We want to be excellent stewards of the funds that God has entrusted us with; and we want you, our supporters, to know that we use your donations wisely and effectively.

Excellence in a hospital building and its equipment, and the people that work both inside it as well as outside in remote areas: that is “Vision 2025”. I am asking you to become a part of this. God bless you for all that you have done for us in the past; but the best is yet to be.
Last week I held something precious in my hands. No, it wasn’t a baby; it was a Tarahumara Bible. This wasn’t a linguistically perfect translation like the one being prepared by the Wycliff Bible translators. It was more like what we would call an illustrated children’s Bible in the US. It was translated by Andy and Debbie Kramer for the semi-literate Tarahumara Indian population.

Andy and Deb are linguists with Mexico Medical Missions and they have a heart to teach literacy to the Tarahumaras in the hope that they will read a simplified, illustrated version of God’s Word (Ra’íchala On’tarúami in Tarahumara). The full color illustrations are simple but beautiful, as are the words of the book. The first copies are actually being printed here in Samachique at the Literacy Center where twenty of us attend Tarahumara class. We are all so proud of the work being done by Andy and Deb.

In July the eye doctors once again returned to Samachique. Doctors Dave and Teena Doka traveled down from El Paso to spend a week operating on cataracts. Dr. Ralph Berkeley and his young partner Dr. Elvia Canseco also came from Houston. Together they did a total of 32 eye surgeries restoring sight to people blind from cataracts.

Every eye outreach seems to have a patient that is especially memorable. This time that patient was Jesus Martinez. This 75 year old man had extremely deformed legs from a crippling childhood disease and was also completely blind from cataracts. He required an assistant and two canes to walk anywhere. Can you imagine the difficulty he had with even the simplest activities of daily living?

Dr. Dave did his surgery and the following morning Dr. Elvia removed the patch. His first words as he stared at Dr. Elvia were “Que guapal!” (“What a cute lady”). I suppose that he hadn’t seen a young lady in many years.

We are so thankful for the dedicated service that the Dokas and all the many other visiting doctors have provided since the hospital opened fifteen years ago.

Franco is 30 year old Tarahumara man who had been stabbed in the belly 2 months before arriving at our hospital. He had first been sent to a government hospital where surgeons performed a colostomy after finding that the knife had passed though part of his small bowel. Unfortunately, since it was his small bowel that was stabbed, he had only a few feet of intestine to absorb nutrients, which meant that he started to slowly die of malnutrition.

The treatment for this requires that the surgeons repair the colostomy, but the government hospital didn’t want to provide any further care and sent him home to die.

By the time we got him, he looked like a concentration camp survivor. Dr. Chuck did the surgery to repair his intestines and we then began the process of feeding him. Gradually Franco got better and began gaining weight. After a month he was able to return home.

Throughout his entire hospital stay, his wife and daughter camped out on the floor by his bed and witnessed the prayerful and loving care provided by the hospital staff.

By the Grace of God Franco’s life was saved. We pray that his soul, as well as those of his family, were saved as well.

Dr. Chuck won’t brag on himself, but we will always brag on him!
Hospital Misión Tarahumara once had an active plastic surgery program. Plastic surgeons from Chihuahua would regularly journey to Samachique to perform surgery on cleft lips and other birth deformities. With the onset of the drug war in 2007, these surgery outreaches ended since the surgical teams were afraid to travel to our area of the Sierra Madre. 2015 has so far been a quiet year as regards cartel violence, and the plastic surgery team resumed regular trips to Hospital Misión Tarahumara. Cleft lips, birth deformities, and burns are now treated by Dr. Raúl Fabela, an experienced plastic surgeon who also directs the plastic surgery department at the Chihuahua medical school. We are fortunate to have a surgeon of his skill working alongside us.

We hope and pray that “the Sierra” will remain quiet and safe so that specialists like Dr. Favela can continue to travel to Hospital Misión Tarahumara to perform these life changing surgeries.

With the renewed plastic surgery program, one of Dr. Favela’s first patients was a two month old boy named Adrian who first came to us in the spring having been born with a cleft lip and palate. Unable to breast feed due to his deformity, and the mother too poor to buy formula, he was dying of malnutrition. We put him in the hospital for two months and began feeding him with baby formula. At the age of four months he was healthy enough to undergo surgery for his cleft lip. He is now awaiting surgery for his cleft palate when he reaches eight months of age. We don’t usually purchase much baby formula since we encourage mothers to breast feed their babies. But in Adrian’s case, he needed formula and will continue to need it until one year of age.

The cost of formula is high in Mexico and we wonder how third world mothers manage to buy it. It is a curious thing, but many poor third world mothers, having seen middle and upper class mothers use formula, somehow think that it must be better for their babies than breast feeding. When the hospital first opened, even some of our nurses thought that baby formula was better. That view was quickly squashed by Maci who regularly patrolled the hospital looking for baby bottles. Woe be to any nurse found handing a baby bottle to a mother without a very good reason.

Adrian’s formula for the year will cost around $1,000. We did put the need out on our Facebook page and several persons generously agreed to help pay for the formula. Another person, when learning of the need for cleft lip surgery, has agreed to pay the $500 cost of operating on these patients. We simply couldn’t survive without the generous hearts of our supporters.
Fifteen years ago we didn’t set out to be a burn center. But severe burns are a common problem with the Tarahumara, especially among the children. Unfortunately children are often left alone at home while parents attend “tesquinadas” (beer parties) which can last for days. Since cooking and heating are done with makeshift wood stoves or open fires, unattended children are especially at risk for burns.

The founding of Hospital Misión Tarahumara was actually dependent on a child’s burn. In 1997, when I worked in Chihuahua City, a severely burned six year old Tarahumara child arrived who had lost all the skin on his right leg below the knee. He has been burned 2 weeks before and was dangerously ill from infection. I had never cared for a burn this large in a patient so sick. The child belonged in a specialized burn center, but that wasn’t an option. After three surgeries the child’s leg received a huge skin graft and I prayed the graft would “take”. It was the largest skin graft that I had ever done. The child then disappeared with his parents into “the Sierra” and I never found out if the skin graft healed or not.

What I didn’t know was that this child was from Samachique and that the parents had been afraid to take him to the government hospital for fear that his leg would be amputated (which was not an unreasonable fear as I have since learned). As the infection worsened, they finally did take the child to someone they trusted who was Dr. Steve Seegers who lived 50 miles away. Dr. Steve immediately sent the child to me in Chihuahua City.

Unbeknown to me, the leg did heal and the child’s recovery created a “buzz” of gossip in Samachique. The Tarahumara were not accustomed to high quality, compassionate treatment at the government hospitals, and when the news arrived a year later that our team was looking for a site in the Sierra on which to build a hospital, the community immediately invited us to come to Samachique and offered us a beautiful piece of land.

We had been looking and praying for a piece of land for months, but the politics of the Sierra made buying land difficult. But Samachique offered to give us 5 acres of flat land in a beautiful little valley outside of town. The land was right in the middle of the Tarahumara region, and located on a major crossroads; it was everything we had been praying for, and we couldn’t believe that it had just fallen into our laps.

When our meeting with the community leaders was concluded, they asked if I would like to see my patient. Puzzled I asked, “What patient is that?” And in walked the kid with a completely healed leg. As I looked at that leg I was amazed at how well it had healed. Any US burn center would have been ecstatic to have had a result this good—but I could only thank God for His gracious healing.

And that’s how we ended up in the best possible location for ministering to the Tarahumara people—all because of a child’s burned leg.
Many of the patients that came for the latest eye surgery outreach were Tepejuan Indians from Baborigame, located on the other side of the Sinforosa canyon which is deeper than the Grand Canyon. The Sinforosa canyon effectively isolates the Tepejuan in their own corner of Mexico and air travel is the only practical way to get to them. There are 20,000 Tepejuans who live in an area even more remote than the Tarahumara. We can now make the trip thanks to UIM Aviation pilot Brent Dodd and our new CarbonCub aircraft. During the eye surgery outreach Brent made 37 trips across the Sinforosa shuttling eye patients two at a time, and even carried Dr. Mike across several times to do the pre and post-operative checks.

Before the outreach we expressed our concerns to Brent that ten hours a day of shuttling patients in a small plane would exhaust him. But Brent shrugged his shoulders and explained that during his years as a mission pilot in Papua New Guinea he would often help the tribal people in the inaccessible mountainous highland region transport their coffee harvest to market in the lowlands. This involved multiple shuttles and many hours a day of flying in order to haul tons of coffee, which was necessary for the economic well-being of the tribe.

This time Brent wasn’t hauling coffee – just blind Tepejuan Indians (which we feel are an even more precious cargo). Many thanks to Brent for his selfless service—and also to mechanic David Hardin who keeps the plane flying safely!

And extra thanks to our generous donors who made the purchase of this amazing aircraft possible!

OK – We admit it. Maci and I are proud of the crew that God has assembled here in Samachique. It would be hard to find a better general surgeon than Dr. Chuck who works tirelessly providing care to desperately sick Tarahumaras who have no other options. Saving lives is just part of his daily routine. And then there is our Head Nurse Debbie who left a well paid, prestigious job in Mexico City to come to Hospital Misión Tarahumara and take the job of leading the nursing team. Andy and Deb Kramer are linguists who lived in a remote Tarahumara village for four years in order to learn the language, and then joined us so that they could teach that language to other missionaries, not to mention turning Samachique into a publishing center for illustrated Tarahumara Bible stories. The Kramers’ son Eric is an anesthetist who I believe provides the best anesthesia services in Mexico. Jacob and Raquel Sotelo are seminary graduates who previously led the Community Health Evangelism training program for all of Mexico and arrived here five years ago to establish our own CHE program. Dr. Pedro and Dr. Rosie have spent the last twenty years working tirelessly among the Tarahumara when they could have had comfortable medical practices elsewhere. I could go on and on talking about Dave Hardin, our aircraft mechanic, Jose Martin, our indispensable handyman, agricultural missionaries Andrew and Iris Bornman, pastor/fundraiser Bob and Pam Hudson, village missionaries Tom and Cathy Shank, family physician Dr. Paco, Mexican administrator Claudia Cervantes, and US administrator Edwin Rivera. There’s even our 4’10” receptionist Diana with her photographic memory that never forgets a patient’s face, name or village. I wish I could describe every one of our incredible staff to you but there isn’t room.

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