Tarahumaras perceive the world as being controlled by capricious spirits, and the concept of a real, personal relationship with a loving God is a foreign idea. For this reason Mexico Medical Missions established Hospital Misión Tarahumara with the sole purpose of glorifying Jesus Christ through acts of mercy, service, and the proclamation of the Gospel. Jose is a 33 year old Tarahumara young man who was raised by his Christian uncle in a remote village and apparently accepted Christ many years ago. He subsequently married Martina, a Tarahumara girl with a strong faith in Christ. However, recently she was saddened that Jose had strayed in his Christian walk, returning to the ways of his unbelieving friends and taking little interest in her Christian faith. Then, just after New Year’s Day, Jose was involved in a serious automobile accident. He arrived at Hospital Misión Tarahumara where he was diagnosed with massive internal injuries. Surgery revealed a transected pancreas and peritonitis. Over the next month, he underwent a total of seven surgeries in an effort to eradicate his severe infection and remove part of his damaged pancreas. Even with the care that our ICU could provide, this injury is usually lethal. Through the fog of pain medications and repetitive general anesthetics Jose heard the daily prayers offered up for him by the hospital staff, and felt the loving care provided around the clock. Each day his broken body gradually healed, and the realization of his need for a deep, thankful, committed relationship with Jesus grew. In our daily prayer rounds, Jose led the prayers for his own healing. It became obvious to us that this young man didn’t just want to survive his injury, but also to live passionately for Jesus. God’s physical healing of Jose has been miraculous, but even more amazing has been the opportunity to witness the power of the Holy Spirit in reviving the faith of a “prodigal” Tarahumara young man.

When the going gets tough, the tough return to their original calling,” said the speaker at a medical missions conference that Mike and I were at in November. The going had certainly been getting tough over the previous week, with deadly skirmishes between the drug cartels close to the hospital where we live and work.

Recently I was struck by something that Debbie Kramer said. When she talks to Tarahumara women in their own language they sometimes respond, “Are you Tarahumara?” In other words, it seems that to the Tarahumara mind, if someone speaks Tarahumara, then they must be Tarahumara. The language defines the difference between “WE” and “THEM”.

Therefore, we study the language with the goal of becoming “WE” to the Tarahumara. It’s going to be a long road, but I believe the journey will be worth it. The Tarahumara have used their language to build a seemingly impenetrable wall around themselves. But the Tarahumara have used their language to build a seemingly impenetrable wall around themselves. But after years of work, we are definitely seeing cracks in that wall. We pray that learning their language and showing works of mercy and love will be the means by which that wall is brought down, and that we shall see an miraculous opening of their hearts to the Gospel of Jesus Christ.

When the going gets tough, the tough return to their original calling,” said the speaker at a medical missions conference that Mike and I were at in November. The going had certainly been getting tough over the previous week, with deadly skirmishes between the drug cartels close to the hospital where we live and work.

On November 1st one of the cartels demanded that we send ambulances into the center of a battle to retrieve their wounded. Mike refused to do so, and saying no to such people is never safe. Two hours later their own vehicles pulled into the emergency room receiving dock with five seriously wounded cartel “soldiers”, two of which were at the point of death. Mike came over to our house a few hundred feet from the hospital and told me it was a war zone in the emergency room and that he was locking me in and cautioned me to stay away from windows in case the other side arrived to “finish the job”. Mike and Chuck, an American missionary general surgeon, operated all night on the two worst cases, both of whom had been shot in the face with AK-47 automatic rifles which did terrible damage and caused massive blood loss. Locking us in the house, trying to stay away from windows with no idea whether Mike and the hospital staff were still alive, obviously made for a restless night of prayer and catnaps. Mike checked in a couple of times to relieve my concern and went back to work after a quick drink and snack. The leaders of the cartel arrived the following morning and were able to take three of the men, leaving the two most critically ill in the new Intensive Care Unit.

After an all-night ordeal helping in surgery, our twenty-three year old American midwife Lizzie attended a young Tarahumara woman who needed an emergency cesarean section. Since the evening’s battle had blocked the road out towards the south to the referral hospital, the decision was made to medevac the patient by air over the top of the fighting.

Lizzie and the young woman were driven four miles north to the hanger and airstrip, but as they rounded the final curve they drove directly into a combat zone. Four trucks were still burning in the road and they swerved to avoid the bodies of four men lying on the tarmac.

“Go back!” screamed Lizzie. “I can’t!” the ambulance driver responded in panic, flooring it through the chaos.

Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie had to quickly brush the tears from her face and concentrate on the emergency at hand: the mother and baby who would both die if they did not get immediate help. Over the scene of burning vehicles they flew to safety and to the larger hospital of obstetrical surgery. After dropping off their patient, the plane returned with Lizzie looking down to

**MEXICO MEDICAL MISSIONS**

1302 Waugh Dr. #685, Houston, TX 77019

www.mexicomedical.org  info@mexicomedical.org

**DISPATCHES FROM THE MISSION FIELD**

**MICHAEL BERKELEY, M.D.**

2014 was an amazing year for Mexico Medical Missions. So many wonderful and encouraging things happened and we certainly experienced many blessings from God. Our supporters (that’s you) were remarkably generous, and we received several awards recognizing our work among the Tarahumara Indians. New missionaries arrived to expand the work and all seemed well until October when we found ourselves in the middle of a brutal war fought between two drug cartels. Due to the violence, the hospital was closed for several weeks in December – the first such closure in our 15 year history.

We reopened in January and fortunately all has been calm. We continue to pray for peace in the Sierra Madre so that we can continue our work of sharing the Gospel of Jesus Christ among the Tarahumara Indians.

The events of recent months have caused much soul searching among all the team members of MMM. I would like to share with you the thoughts of my dear wife Maci who shares the burden of leading this ministry.

When the going gets tough, the tough return to their original calling,” said the speaker at a medical missions conference that Mike and I were at in November. The going had certainly been getting tough over the previous week, with deadly skirmishes between the drug cartels close to the hospital where we live and work.

On November 1st one of the cartels demanded that we send ambulances into the center of a battle to retrieve their wounded. Mike refused to do so, and saying no to such people is never safe. Two hours later their own vehicles pulled into the emergency room receiving dock with five seriously wounded cartel “soldiers”, two of which were at the point of death. Mike came over to our house a few hundred feet from the hospital and told me it was a war zone in the emergency room and that he was locking me in and cautioned me to stay away from windows in case the other side arrived to “finish the job”. Mike and Chuck, an American missionary general surgeon, operated all night on the two worst cases, both of whom had been shot in the face with AK-47 automatic rifles which did terrible damage and caused massive blood loss.

Locked in the house, trying to stay away from windows with no idea whether Mike and the hospital staff were still alive, obviously made for a restless night of prayer and catnaps. Mike checked in a couple of times to relieve my concern and went back to work after a quick drink and snack. The leaders of the cartel arrived the following morning and were able to take three of the men, leaving the two most critically ill in the new Intensive Care Unit.

After an all-night ordeal helping in surgery, our twenty-three year old American midwife Lizzie attended a young Tarahumara woman who needed an emergency cesarean section. Since the evening’s battle had blocked the road out towards the south to the referral hospital, the decision was made to medevac the patient by air over the top of the fighting.

Lizzie and the young woman were driven four miles north to the hanger and airstrip, but as they rounded the final curve they drove directly into a combat zone. Four trucks were still burning in the road and they swerved to avoid the bodies of four men lying on the tarmac.

“Go back!” screamed Lizzie. “I can’t!” the ambulance driver responded in panic, flooring it through the chaos.

Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie had to quickly brush the tears from her face and concentrate on the emergency at hand: the mother and baby who would both die if they did not get immediate help. Over the scene of burning vehicles they flew to safety and to the larger hospital of obstetrical surgery. After dropping off their patient, the plane returned with Lizzie looking down to

**PASTOR JACOB PRAYS WITH JOSE**

**DR. MIKE REFLECTS ON STUDYING TARAHUMARA**

**OH, THIS LANGUAGE LEARNING IS PAINFUL!** My desk is piled high with Tarahumara vocabulary cards. As we drive, Maci and I recite Tarahumara words to each other. We are well into the second semester of Tarahumara classes given by linguists Andy and Debbie Kramer but our old brains just don’t absorb a new language like they used to. Fortunately, the younger students are already chattering away with the Tarahumara patients and staff.

The Tarahumara seem to appreciate the effort we are making, but they wonder why we are bothering to learn their difficult language. After all, don’t most of the Tarahumara speak Spanish? Isn’t that enough?

Most Tarahumara speak some Spanish but it serves as a “Trade” language, not as a language for expressing their deeper thoughts and feelings. The Gospel is always better presented in a people’s “Heart” language. Our goal is to be able to share our lives, our feelings and our faith with these precious people in their own language.

Recently I was struck by something that Debbie Kramer said. When she talks to Tarahumara women in their own language they sometimes respond, “Are you Tarahumara?” In other words, it seems that to the Tarahumara mind, if someone speaks Tarahumara, then they must be Tarahumara. The language defines the difference between “WE” and “THEM”.

Therefore, we study the language with the goal of becoming “WE” to the Tarahumara. It’s going to be a long road, but I believe the journey will be worth it. The Tarahumara have used their language to build a seemingly impenetrable wall around themselves. But after years of work, we are definitely seeing cracks in that wall. We pray that learning their language and showing works of mercy and love will be the means by which that wall is brought down, and that we shall see an miraculous opening of their hearts to the Gospel of Jesus Christ.

When the going gets tough, the tough return to their original calling,” said the speaker at a medical missions conference that Mike and I were at in November. The going had certainly been getting tough over the previous week, with deadly skirmishes between the drug cartels close to the hospital where we live and work.

On November 1st one of the cartels demanded that we send ambulances into the center of a battle to retrieve their wounded. Mike refused to do so, and saying no to such people is never safe. Two hours later their own vehicles pulled into the emergency room receiving dock with five seriously wounded cartel “soldiers”, two of which were at the point of death. Mike came over to our house a few hundred feet from

**MEXICO MEDICAL MISSIONS 1302 Waugh Dr. #685, Houston, TX 77019**

www.mexicomedical.org info@mexicomedical.org

**FOOD DISTRIBUTION IN SAMACHIQUE, MEXICO 2015**
see the bodies unmoved from the middle of the road.

We decided to keep Lizzie in the relative safety of the hanger while we prayerfully waited for calm. The state police arrived hours later to secure the scene and we were able to return Lizzie to the hospital compound. Lizzie, Mike and I were due to leave the following afternoon to catch a flight out of Chihuahua City to attend a medi-cinal missions conference in Kentucky. This all seemed so un-real: could all this really be happening so close to our home? We recently relocated our missionaries leaving by the end of August at “northern” route being stopped and robbed of their truck and possessions. So, we headed out the opposite direction in a hospital ambulance, all lights flashing, with both Lizzie and I in Mennonite garb. There are large German speaking Mennonite settlements in Northern Mexico and the cartels tend not to bother them. Lizzie played the part of my very pregnant daughter who was in labor and I practiced using bad Spanish with a thick German accent: “Mein gott, do now schnell, vamos rapido, baby!” The pictures paint a funny story but the reality behind the cute disguises was not amusing. We were trying to maximize our odds of safely getting past armed mercenaries with a beautiful young blond under our care.

The purpose of the trip to the Louis-ville medical missions conference was to present the hospital work to prospective missionaries, but how could we look for more workers when we were concerned for the safety of the ones we already had? So, we were honest with everyone about the security issues – not a wonderful recruiting platform! Mike and I were stressed out and confused about the future of the mission. And then we heard the speaker’s words, “When the going gets tough, the tough return to their original calling.” But what was that “original calling”?

A seventy-four year old long-term medical missionary to Africa began his talk with a slide of the lyrics to a song, which was also the title of his talk: “Make Me a Servant.” Original calling indeed! For Mike it was from an extremely obscure Christian children’s song from Psalty the Singing Songbook #4 from the 1980’s. And those simple words brought back an intense memory from the distant past.

Twenty eight years ago, our family embarked on its first mission trip with the hospital ship “Anastasis”, docked in Lazaro Cardenas, Mexico. We flew into Ixtapa and headed north on a very traditional bus, chickens clucking wildly from the overhead racks and mariachi music blaring from the radio speakers.

An hour into the trip, the radio hissed static for a second before the song changed unmistakably to a simple instrumen-

tal rendition of “Make Me a Servant”. What?

“Mike, Mike – listen!” I tried to get him to under-stand from where he sat, several seats forward of where I was with both boys, aged 2 and 3. “Boys, that is Psalty!” I exclaimed. It came out of our car radio at home, and it also comes out of the bus radio – this did not seem to the boys to be any-thing very exciting and Mike was happily lost in a book. “I must be more tired than I have ever been in my life if I am now hearing things!” I thought to myself as static marked the change back to the blaring Mexican tune.

Twenty minute later the hiss of static alerted me again. “Mike, Mike” I practically screamed at him pulling on my ear and pointing to the overhead speaker. He smiled and returned to his book. This time it was from an equal-ly obscure Psalty tape #5.

“All through the day, all through the night, dwell in His promises, walk in His light…all through the day and night we’re in His hands.”

Then the mari-achi music returned. I thought we had entered “The Twilight Zone.”

It was going to be a wild trip on the Anastasis where Mike managed the crippled children’s program, the Tarahumara Indians. And twenty eight years later, a clear call to return to their original calling, with a God I can trust to be in sovereign control.

A much younger Dr. Mike, Maci and the boys on-board the hospital ship Anastasis in 1987.

“Make me a servant, humble and meek. Lord, let me lift up those who are weak. Lord let the prayer of my heart always be…. Make me a servant, make me a servant, make me a servant today.”

Mexico Medical Missions is a non-profit organi-zation whose purpose is to proclaim the trans-forming love of Jesus Christ through the provision of compassionate, integrated healthcare to the inde-pendent people of the Sierras Madre Moun-tains of Northern Mexico.

We asked you for a SuperCub and you responded with amazing generosity!

Last fall we let our supporters know about the need for a Piper SuperCub to serve the most rugged landing strips of the Sierra Madre and you gave over $100,000. Combined with the $100,000 that we received from the sale of the Cessna 185, we are now able to buy a NEW “Carbon Cub” which is the latest model of the venera-ble, tried and true SuperCub. UIM Aviation pilot Brent Dodd and mechanic Dave Hardin are eagerly awaiting this new addition to the Mexico Medical Missions aviation program. The plane will first go to UIM Aviation headquarters in Tucson for final outfitting and will then fly to its new home in the hangar at the Napuchis landing strip near the hospi-tal in Samachique. This plane will allow us to serve an even greater area of the Sierra Madre mountains.

“Rejoice in the Lord always; again I will say, rejoice.” Philippians 4:1

You can’t grow corn in that field,” said the Tarahuma-ra men to Andrew Bornman last year as they looked at a barren piece of land. Andrew is a missionary working with the Community Health Evangelism team of Mexico Medical Missions. In a few months later, the same Tarahumara men chatted excitedly among them-selves as they admired a stand of corn growing in the same “barren” field.

Andrew had taken soil samples and determined that the soil was far too acid to be productive. He applied a few tons of lime to the soil and then planted the field with corn. And to the amazement of everyone in the small Tarahumara community, the land produced a crop. The Tarahumara are subsistence farmers who must grow corn and beans in order to survive. The soils of the Sierra Madre Mountains are rocky and lacking in miner-als and nutrients necessary to produce healthy crops. Drought and famine have become all too frequent, espe-cially as the population has grown and each acre must now support more people.

Andrew has studied Tarahumara agricultural practices for many years and believes that the arable land of the Sierra Madre is capable of feeding the Tarahumara popu-lation, and can even produce a surplus. But this will only happen if the indigenous farmers adopt better farming tech-niques. Andrew has established a demonstration farm where these improved practices can be demonstrat-ed to the Tarahumara population.

Too often, government programs meant to help the Tarahumara have done more harm than good. They have promoted slothfulness rather than self-reliance and productivity. Mexico Medical Missions works in Tarahu-mara communities via its Community Health Evange-lism program (CHE). CHE is a comprehensive approach to community development in which better health prac-tices, improved agricultural techniques and programs such as literacy are presented alongside the Gospel of Jesus Christ. It is our firm belief that the Tarahumara will be unable to improve their lot without a spiritual transformation. The Tarahumara believe that the spirits inhabiting their world are capricious, and do not reward hard work and creativity. The Bible teaches that men are to be good stewards of the earth and are called to care responsibly for it rather than try to appease ungodly spirits.

We want to see the Tarahumara become joyful wor-shippers of Jesus, resulting in changes to every aspect of their lives. We want their babies to stop dying from mal-nutrition; we want their young women to stop dying in childbirth; we want their men to have productive farms be able to care for their families without resort-ing to growing drugs; and we want to see an end to tu-berculosis and other devastating diseases that ravage this tribe. We call this wholistic missions – the transfor-mation of all aspects of a person’s life based on a lov-ing knowledge of Jesus Christ as the Savior of the world.

Part of Andrew’s vision is to establish a soil testing program available to all the small family farms of the region. An individual farmer could be educated as to the needs of his particular soil, and the appropriate amendments made available to him at a fair price. Tarahumara farmers receive grants from the Mexican government to buy fertilizers every spring but they tend to buy fertilizer inappropriate to their needs and usually apply the fertilizer incorrectly. Last year MMM began a pilot program subsidizing the price of better ferti-lizer so that farmers could experience increased har-vests.

Do you want to help the CHE team bring better agri-cultural and health practices to the Tarahumara while proclaiming the Gospel? Just designate your gift to “CHE”.

PART 2: THE TARTARUMARA

Mexico Medical Missions

Pilot Brent Dodd with N100XW.

ACCREDITED CHARITY

We have our new SuperCub!
We decided to keep Lizzie in the relative safety of the hanger while we prayerfully waited for calm. The state police arrived hours later to secure the scene and we were able to return Lizzie to the hospital compound.

“We can’t grow corn in that field,” said the Tarahumara men to Andrew Bornman last year as they looked at a barren piece of land. Andrew is a missionary farmer working with the Community Health Evangelism team of Mexico Medical Missions. A few months later, the same Tarahumara men chatted excitedly among themselves as they admired a stand of corn growing in the same “barren” field. Andrew had taken soil samples and determined that the soil was far too acid to be productive. He applied a few tons of lime to the soil and then planted the field with corn. And to the amazement of everyone in the small Tarahumara community, the land produced a crop.

The Tarahumara are subsistence farmers who must grow corn and beans in order to survive. The soils of the Sierra Madre Mountains are rocky and lacking in minerals and nutrients necessary to produce healthy crops. Drought and famine have become all too frequent, especially as the population has grown and each acre must yield more.”

Twelve years ago, our family embarked on its first mission trip with the hospital ship “Anastasis,” docked in Lazaro Cardenas, Mexico. We flew into Ixtapa and headed north on a very traditional bus, chickens clucking wildly from the overhead racks and mariachi music blaring from the radio speakers.

Several hours later, the radio hissed static for a second and we were transplanted into an entirely different world. A seventy-four year old long-term medical missionary to Africa began his talk with a slide of the lyrics to a song, which was also the title of his talk: “Make Me a Servant.”

“Make me a servant, humble and meek. Lord, let me lift up those who are weak. Lord let the prayer of my heart always be…” Make me a servant, make me a servant today.”

Andrew had established a demonstration farm where these improved practices can be demonstrated to the Tarahumara population. Too often, government programs meant to help the Tarahumara have done more harm than good. They have inhibited the Tarahumara from farming in a way that is sustainable and productive.

The purpose of the trip to the Louisville medical missions conference was to present the hospital work to prospective missionaries, but how could we look for more workers when we were concerned for the safety of the ones we already had? So, we had something to talk with everyone about the security issues – not a wonderful recruiting platform! Mike and I were stressed out and confused about the future of the mission. And then we heard the speaker’s words, “When the going gets tough, the tough return to their original calling.” But what was that “original calling?”

“Mike, Mike – listen!” I tried to get him to understand from where he sat, several seats forward of where I was with both boys, aged 2 and 3. “Boys, that is Psalty!” I exclaimed. Well, it comes out of our car radio at home, and it also comes out of the bus radio – this did not seem to the boys to be anything very...have ever been in my life if I am now hearing things!” I thought to myself as static marked the change back to the blaring Mexican tune.

Mike had grown up in Mexico and remembers all aspects of a person’s life based on a love of God. He could speak at length about the Tarahumara’s cultural and health practices to the Tarahumara while proclaiming the Gospel? Just designate your gift to “CHE”.
Tarahumaras perceive the world as being controlled by capricious spirits, and the concept of a real, personal relationship with a loving God is a foreign idea. For this reason Mexico Medical Missions established Hospital Misión Tarahumara with the sole purpose of glorifying Jesus Christ through acts of mercy, service, and the proclamation of the Gospel.

Jose is a 33 year old Tarahumara young man who was raised by his Christian uncle in a remote village and apparently accepted Christ many years ago. He subsequently married Martina, a Tarahumara girl with a strong faith in Christ. However, recently she was saddened that Jose had strayed in his Christian walk, returning to the ways of his unbelieving friends and taking little interest in her Christian faith. Then, just after New Year’s Day, Jose was involved in a serious automobile accident. He arrived at Hospital Misión Tarahumara where he was diagnosed with massive internal injuries. Surgery revealed a transected pancreas and peritonitis.

Over the next month, he underwent a total of seven surgeries in an effort to eradicate his severe infection and remove part of his damaged pancreas. Even with the care that our ICU could provide, this injury is usually lethal. Through the use of medications and repetitive general anesthetics Jose heard the daily prayers offered for him by the hospital staff, and felt the loving care provided around the clock. Each day his broken body gradually healed, and the realization of his need for a deep, thankful, committed relationship with Jesus grew. In our daily prayer rounds, Jose led the prayers for his own healing. It became obvious to us that this young man didn’t just want to survive his injury, but also to live passionately for Jesus. God’s physical healing of Jose has been miraculous, but even more amazing has been the opportunity to witness the power of the Holy Spirit in reviving the faith of a “prodigal” Tarahumara young man.

Oh, this language learning is painful! My desk is piled high with Tarahumara vocabulary cards. As we drive, Maci and I recite Tarahumara words to each other. We are well into the second semester of Tarahumara classes given by linguists Andy and Debbie Kramer but our old brains just don’t absorb a new language like they used to. Fortunately, the younger students are already chattering away with the Tarahumaras patients and staff.

The Tarahumaras seem to appreciate the effort we are making, but they wonder why we are bothering to learn their difficult language. After all, don’t most of the Tarahumaras speak Spanish? Isn’t that enough? Most Tarahumaras speak some Spanish but it serves as a “Trade” language, not as a language for expressing their deeper thoughts and feelings. The Gospel is always better presented in a people’s “Heart” language. Our goal is to be able to share our lives, our concerns and our faith with these precious people in their own language.

Recently I was struck by something that Debbie Kramer said. When she talks to Tarahumaras women in their own language they sometimes respond, “Are you Tarahumara?” In other words, it seems that to the Tarahumara mind, if someone speaks Tarahumara, then they must be Tarahumara. The language defines the difference between “WE” and “THEM”.

Therefore, we study the language with the goal of becoming “WE” to the Tarahumara. It’s going to be a long road, but I believe the journey will be worth it. The Tarahumaras have used their language to build a seemingly impenetrable wall around themselves. But after years of work, we are definitely seeing cracks in that wall. We pray that learning their language and showing works of mercy and love will be the means by which that wall is brought down, and that we shall see an miraculous opening of their hearts to the Gospel of Jesus Christ.

When the going gets tough, the tough return to their original calling,” said the speaker at a medical missions conference that Mike and I were at in November. The going had certainly been getting tough over the previous weeks, with deadly skirmishes between the drug cartels close to the hospital where we live and work. On November 1st one of the cartels demanded that we send ambulances into the center of a battle to retrieve their wounded. Mike refused to do so, and saying no to such people is never safe. Two hours later their own vehicles pulled into the emergency room receiving dock with five seriously wounded cartel “soldiers”, two of which were at the point of death. Mike came over to our house a few hundred feet from the hospital and told me it was a war zone in the emergency room and that he was locking me in and cautioned me to stay away from windows in case the other side arrived to “finish the job”. Mike and Chuck, an American missionary general surgeon, operated all night on the two worst cases, both of whom had been shot in the face with AK-47 automatic rifles which did terrible damage and caused massive blood loss.

Locked in the house, trying to stay away from windows with no idea whether Mike and the hospital staff were still alive, obviously made for a restless night of prayer and catnaps. Mike checked in a couple of times to relieve my concern and went back to work after a quick drink and snack. The leaders of the cartel arrived the following morning and were able to take three of the men, leaving the two most critically ill in the new Intensive Care Unit.

After an all-night ordeal helping in surgery, our twenty-three year old American midwife Lizzie attended a young Tarahumara woman who needed an emergency cesarean section. Since the evening’s battle had blocked the road out towards the south to the referral hospital, the decision was made to medevac the patient by air over the top of the fighting.

On November 1st, Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie was able to take the baby into the helicopter. Lizzie and the young woman were driven four miles north to the hanger and airstrip, but as they rounded the final curve they drove directly into a combat zone. Four trucks were still burning in the road and they swerved to avoid the bodies of four men lying on the tarmac. “Go back!” screamed Lizzie. “I can’t!” the ambulance driver responded in panic, flooring it through the chaos.

Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie had to quickly brush the tears from her face and concentrate on the emergency at hand: the mother and baby who would both die if they did not get immediate help. Over the scene of burning vehicles they flew to safety and to the larger hospital of obstetrical surgery. After dropping off their patient, the plane returned with Lizzie looking down to the hospital and told me it was a war zone in the emergency room and that he was locking me in and cautioned me to stay away from windows in case the other side arrived to “finish the job”. Mike and Chuck, an American missionary general surgeon, operated all night on the two worst cases, both of whom had been shot in the face with AK-47 automatic rifles which did terrible damage and caused massive blood loss.

Locked in the house, trying to stay away from windows with no idea whether Mike and the hospital staff were still alive, obviously made for a restless night of prayer and catnaps. Mike checked in a couple of times to relieve my concern and went back to work after a quick drink and snack. The leaders of the cartel arrived the following morning and were able to take three of the men, leaving the two most critically ill in the new Intensive Care Unit.

After an all-night ordeal helping in surgery, our twenty-three year old American midwife Lizzie attended a young Tarahumara woman who needed an emergency cesarean section. Since the evening’s battle had blocked the road out towards the south to the referral hospital, the decision was made to medevac the patient by air over the top of the fighting.

On November 1st, Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie was able to take the baby into the helicopter. Lizzie and the young woman were driven four miles north to the hanger and airstrip, but as they rounded the final curve they drove directly into a combat zone. Four trucks were still burning in the road and they swerved to avoid the bodies of four men lying on the tarmac. “Go back!” screamed Lizzie. “I can’t!” the ambulance driver responded in panic, flooring it through the chaos.

Pilot Brent Dodd had the plane ready when the ambulance arrived and Lizzie had to quickly brush the tears from her face and concentrate on the emergency at hand: the mother and baby who would both die if they did not get immediate help. Over the scene of burning vehicles they flew to safety and to the larger hospital of obstetrical surgery. After dropping off their patient, the plane returned with Lizzie looking down to