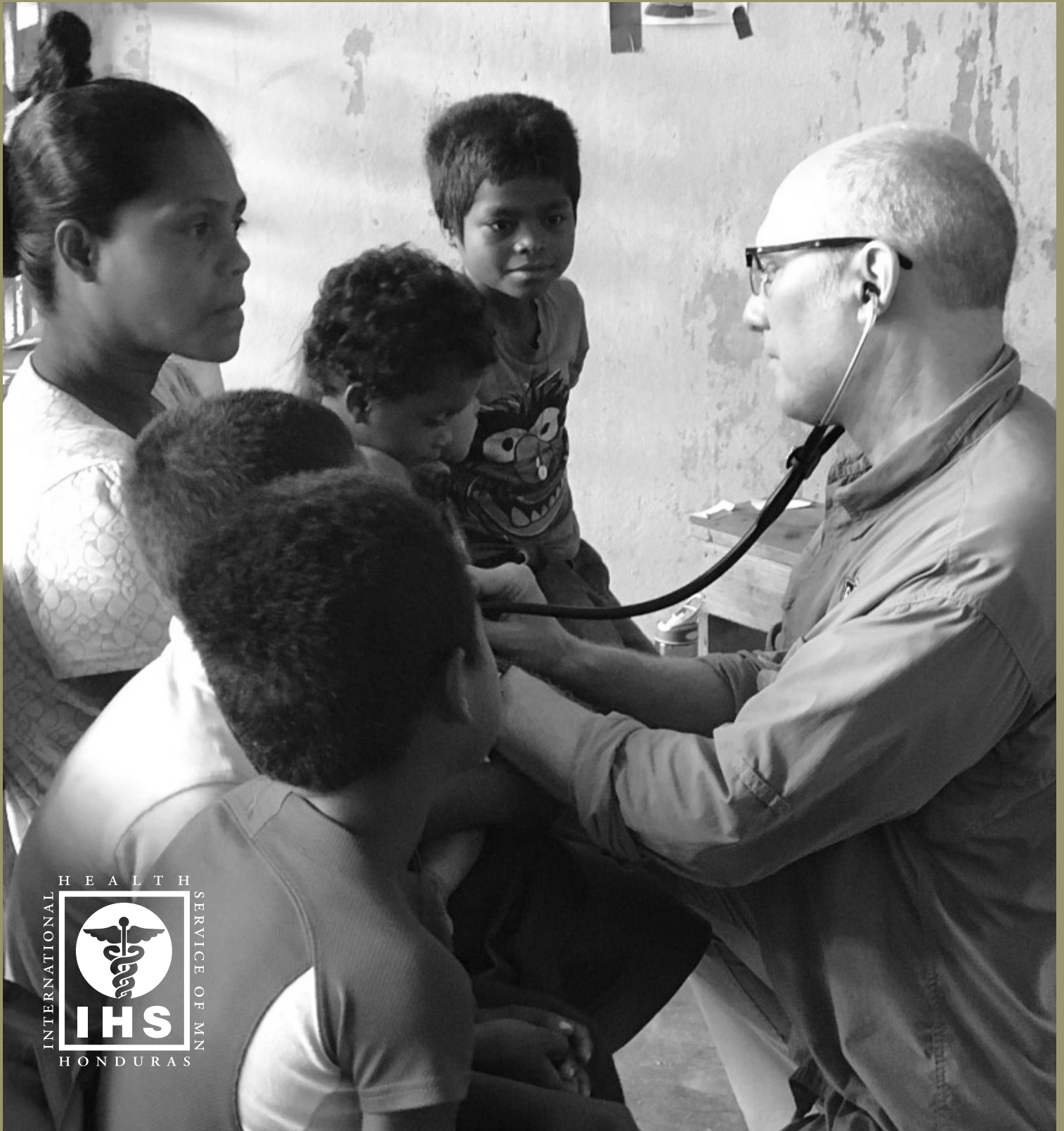


NewsBreak 2019

Annual Newsletter of International Health Service of Minnesota



HEALTH
SERVICE OF MN
INTERNATIONAL
IHS
HONDURAS

President's Letter

As I get older the time seems to pass faster: this was my 37th year working with IHS in Honduras. With the number of volunteers diminishing, both professional and support, IHS reduced the number of teams in February 2019. Surgery had plastics in Tocoa and general surgery in Puerto Lempira (PLP). Medical and Dental teams in Rus-Rus, Lisagnipura and Rio Patuca. Eyeglasses in PLP also. La Moskitia has been a primary area of interest for IHS over the years working in Honduras. Another Medical/Dental team was in Gracias for another year. In all I would have to say we had a successful year again.

The October team for 2018, besides having their usual river trip, also spent a few early days meeting with the Administrators of the Hospital in Puerto Lempira, both civilian and military, to discuss possible future IHS medical, dental, engineering and eyeglasses supplies storage in the future. These discussions were the result of the Iglesia Catolica reevaluating the word of mouth agreement that had existed since 1982. The church has been involved in a large building project for the last year and a half. Currently these discussions around the fate of the location of the IHS supplies continues.

Discussion with Missionary Air Group (MAG) was going on for some months prior to February 2019 in the anticipation of having small plane support for insertion/extraction of teams and air ambulance support based in Rus-Rus. This had involved trying to have MAG work with the group in Ahuas Alas de Sicorro to have a MAG pilot fly the plane based in Ahuas to support IHS. The Honduran pilot licensing, among other problems, did not work out time wise. We were then going to plan B, to use the relatively new pilot that Ahuas was going to use to restart the air ambulance service based in Ahuas. Two things scuttled this, one the cost was going to be expensive, \$200.00-\$300.00/hour of flight time and, secondly, the unexpected sudden resignation of their pilot just as we were making plans for moving people and supplies. IHS had been working on plan C, overland movement of people and supplies by contracted trucks based out of PLP. The overland plan worked but the plane would have made things a bit easier. This discussion of plane support continues to be in progress for the February 2020 mission. Keep your fingers crossed both for having a plane and having a possible donation of funds to help cover the cost of aviation fuel and air flight time charges.

The success of IHS in Honduras is the result of many factors working all year - yes, all year - to work through any and all obstacles and Honduran challenges. There are the Board of Directors, Volunteers, Katun for state side storage, and Dole Fruit for the container. Also Hospital D'Antoni in La Ceiba, Honduras, and our Honduran Committee, headed by Rosaio de Arias, America and Raul Everet, Elias Lizardo, David & Antoinet Ashby, Ibrahim Hilsaca, Iglesia Catolica PLP. There is Frances Romero-McNab and her magic with buses, trucks and other transportation support, and our resident invaluable contact Dr. Marianne Serkland in PLP. I apologize for those I forgot but all this help is needed to help IHS navigate the logistical quagmire each year.

Again, thank you to all the volunteers for their time, donations of money and equipment and whatever involvement that has enabled IHS to be a success delivering services to Honduras for all these years.



Drew Mathews
President

Project Director's Report

This past year, we have had a very good year with donations. This would have let us field more Medical/Dental teams in Honduras. Unfortunately, we were very short of volunteers to go to Honduras this past February. We were able to send 4 Medical/Dental Teams, 2 Surgery Teams and 1 Eye Glass Team. Those teams were also a bit smaller than we usually send. The bright side is we had 10 Honduran volunteers go out with the teams. We had volunteers from Alaska, Canada and three Dentists from the UK. I want to thank Drew Mathews, Bill Roussel and Steve Rice for getting to La Ceiba early. A number of things started the last week of January such as facilitating getting the container through customs, getting the supplies to the Red Cross in La Ceiba, separating the supplies staying in La Ceiba and those going out to Puerto Lempira and then getting the Puerto Lempira supplies on a boat to be shipped out to La Mosquita. Due to work commitments, I was not able to make it to La Ceiba until late Saturday. I also want to thank Steve for being the La Ceiba Admin, so I could go out with the Eye Glass team. The Eye Glass Team worked at the Hospital in Puerto Lempira this year. It has been several years since we have had an Eye Glass Team there. The Hospital was very happy to have us and provided very good facilities for us to work in. The October 2018 team that went on the Kruta River had a very good project. I was able to go on that trip and it was very rewarding.

It is my hope that we can recruit more volunteers for this next year's trips. I would like us to have 5 to 6 Medical/Dental teams in February, if we can. We are already planning for 2 eye glass teams. All this wouldn't be possible without the help of the Honduran committee and the Honduran volunteers we have helping us each year. I wish to thank them for all they do for us. I also want to thank the Board of Directors of IHS for the hard work they do in getting the supplies, shipping them to Honduras and getting them distributed to the teams in the field. We do this every year, but it is always amazing to see it accomplished. It is not easy, but they make it look easy. Of course, none of this would be possible without the volunteers that come with us each year. Thank you to those that have come in the past and thank you to those that can come with us in the future.

Looking forward to another great year



John Pope
Project Director



CentraCare Houle Medical Scholarship *(donor advised fund)*

Volunteers can apply for this scholarship online to use towards a mission trip. Go to the following link to get the application:

<https://www.centracare.com/foundation/grants/medical-mission/>

Kruta River (October)



Using rivers as a means of transportation was always something that I associated with times long ago; times before roads, and long before me. For the people that live along the Kruta River in the far eastern areas of Honduras, it is very much THE means of main transportation. This river system is one of the ways our team traveled to serve over 1000+ people in La Mosquitia. We visited 2 villages on our trip, Tikuraya and Kanku. We were able to reach these villages with a brand new 75 horsepower motor behind us. Thanks to Larry Zavadil of Glenwood MN, our team was on the way.

Our team consisted of an MD, Nurses, Pharmacist & Pharmacy Assistant, 3 Dentists (2 live in Honduras), General Helpers, Ham Radio Operators, Translators and many helpers from the Puerto Lempira and the villages that we were serving.

The experiences, as a first timer, were amazing! Our team was able to name two babies and had a lot of emotional bonding with those we were serving and with each other. We found some that needed more advanced medical care only available by traveling to faraway cities. We also treated hundreds of people with minor conditions that we can take for granted so easily.

The best part of the trip, hands down, was the relationships that were made during this experience. The way that everyone works together for a main goal is astonishing. Whether the goal is trying to communicate with a patient or family in identifying a problem or rushing to get the clinic packed up for the night and get our tents set up for sleeping before dark. The teamwork that goes into making this trip possible is very necessary and heartwarming.





October Rio Kruta Team

Back Row: Andres Martin,
Nadia Weber, Roberto Kattan, Sabrina
Rodriguez

Middle Row: Dale James,
Jeanne James,
Maureen Langguth,
Anne Ross, John Pope, Teri Houle

Front Row: Meredith Johnson, Karen
DeMorett,
Marianne Serkland,
Bill Roussel, Walter Tatallon

Since returning home from our trip I have noticed the stories I have are contagious in a way to others. A small group of co-workers of mine are already planning their first trip with IHS to Honduras. The outpouring of support from close friends, family, and acquaintances is surprising to me as well. People I know only from social media and old high school friends came out of the woodwork with their desire to help support this beautiful cause. I have learned to go ahead and brag about this great experience! So I have been sharing my story! The chain reaction that happens is amazing, and I can't wait for my next opportunity to serve with this organization and spend more time with the beautiful people of Honduras!

Annie Ross, RN



Foundation / Endowment Fund

Help IHS Grow for the Future



IHS has set up an endowment fund to help support, through its earnings, ongoing missions and possibly scholarship funds for students who wish to participate in its missions.

Anyone who would like to contribute to the principal of the fund can contact Chris Knoff at 763-588-5858.

Lisangnipura

Lizano in Lisangni

What an incredible experience! Going on this mission with IHS was everything I hoped it would be and so much more. I didn't know very much about IHS as an organization before I arrived in Honduras, but I was immediately impressed. Every person that I met had a keen sense of adventure and a strong desire to help others.

Lisangnipuri is a small village about 3 hours away from Puerto Lempira. The people living there are some of the most resilient and stoic people I have ever encountered. A young man who had accidentally cut his face with an axe while chopping wood calmly walked into the clinic and waited silently before he was able to get the many stitches he required. Small children rarely cried - even when having their blood drawn - and "older" kids were often seen tending to their younger siblings.

Everyone on the team had a role to play to keep the clinic running smoothly. The local nurses helped to triage patients and took vitals while Dr. Rik and Dr. Joe examined patients with the aid of Ibrahim and Hilario for translation. Kristi kept plenty busy in the pharmacy filling prescriptions and dispensing vitamins. Amy dressed wounds, applied bandages and tended to everyone's needs. Molly M and Brian ran around doing anything and everything to keep the week going smoothly, with Dale as the glue holding the whole team together. Our dentist Claudia pulled so many teeth (sometimes more than 100 in a day!) that she had blisters on her fingers. All the while Larry worked tirelessly with the radio equipment to keep us in contact with other teams and to coordinate the transfer to patients to the hospital in Puerto Lempira.



I greatly enjoyed applying the skills I use in my work in an entirely new setting. Diagnostic testing on blood and urine is usually performed in a laboratory that is separate from where patients receive care. In Lisangnipura it was such a privilege to be able to do my work right there in the clinic and see in real-time how the lab results determine a patient's treatment. Dr. Joe and Dr. Rik were both excellent about discussing results and diagnoses with me

before and after testing which made me feel like a very involved part of the team. It was also a new challenge to be working with limited resources. I had to keep track of how many urinalysis chemistry strips and blood testing cartridges we were using each day so that we could be sure there was enough left over for patients with the highest need. Having unlimited supplies is something we take for granted in the US, so it was very eye opening to work in the clinic in Lisangni that did not



and laughter from those children is a memory that I will cherish always.

At the end of each day we would all enjoy bathing in the river before eating dinner together as a group. We all doused our food in the much-coveted Lizano sauce, which quickly became an essential supply for the team.

From seeing very sick patients that we were able to help, to simply watching Dr. Joe make small children smile, being in the clinic gave me a profound sense of pride in my team and what we accomplished on our trip.

Kai ki was! (Goodbye, be well)

Molly Weavers, Laboratory Scientist

have any resources of its own.

One day after clinic we were able to take a walk led by Hilario to see some of the surrounding villages. It was amazing to see more of where our patients were coming from and gain some insight into their daily lives. I really enjoyed getting to interact with the villagers outside of the clinic setting. The adults greeted us warmly and wanted to shake all our hands, while the children watched us curiously. We were even able to kick around a soccer ball for a while with some of the kids. The smiles



Lisangnipura Team

Front row

(l to r): Brian Napier,
Molly Weavers,
Molly McKinley,
Garrick Olson,
Claudia Melgar Raquel

Back row

(l to r): Hilario Nixon,
Dale Watson, Joe Tombers,
Amy Sullivan, Larry Foster,
Ibrahim Hisacai,
Kristi Anderson

Tocoa Surgery



Day 1

Friday 1100

I hopped on a plane in Houston, TX, with my sister, Claudia, and her husband, Michael. Claudia is a Pediatric Anesthesiologist in California who has worked with Dr. Jaffurs many times throughout the years. She is a skilled anesthesiologist and a native Spanish-speaker, which made her a great asset for the team. Michael and I, on the other hand, are business-oriented people with no medical backgrounds. Regardless, we have a heart for missions and decided to tag along as general helpers and interpreters.

We landed in San Pedro Sula and met Lisa, our team coordinator and nurse. With beaming excitement, she led us to a bus that would be taking us on a three-hour journey to La Ceiba, a Caribbean port city in northern Honduras. We settled into our bus seats, opened a bag of snacks, and started getting to know Lisa. Lisa has been going to Honduras for years and she gave us a thorough overview of what to expect on our mission trip. Once we arrived in La Ceiba, we officially met our Tocoa surgical team of eight, including Dr. Jaffurs and his Surgical Tech, Steve.

Day 2

Saturday 0900

We stopped at a local hardware store in Tocoa after a two-hour bus ride from La Ceiba. The owner had kindly been allowing the team to store their medical supplies on the second floor throughout the year. With the help of five men, we loaded our van and a truck with large boxes and medical cabinets. We unpacked the boxes at the hospital and began a long process of taking inventory. Anesthesia boxes on one side of the room, surgical boxes on another, etc. This process took several hours, which we used as a fun, team-building exercise.

Day 3

Sunday 0800

“Atropellada!” This was the first word I heard when entering Hospital General San Isidro. A pregnant woman had been struck by a car and was being rushed through the Emergency Room doors. With eyes wide open, I continued walking down the halls. It was the Sunday morning of my first Medical Mis-

sion trip and I was about to spend the next four hours meeting and interpreting for patients that were being triaged and treated by Dr. Dan Jaffurs, the MD Surgeon for the Tocoa Surgery Team.

The door that separated us from the waiting room began to rumble as those waiting to be seen were notified that we had arrived. I gathered my pen and paper, drafted a quick schedule for the week, and gave a thumbs up that I was ready for the door to open. The first group of patients we attended were those that Dr. Jaffurs had treated the year before. One by one, he observed their progress and determined whether additional treatment was needed. We completed the follow-ups and then opened the door to new cases. By 1300, we had seen over 50 patients and scheduled 27 of them throughout the week.

Sunday 1300

Following our morning of triaging patients, we scheduled three afternoon cases: 2 frenectomies and 1 steroid shot. Once complete, our team headed back to the hotel to enjoy a family-style dinner and get some rest for the busy week ahead.

Day 4

Monday 0800

My first stop: the pediatric ward. We had four cases scheduled for the day and it was my job to get our patients to the pre-operative room as efficiently as possible. "First up: Steroid shot for a 3-year-old. Second: Cleft palate surgery for a 1-year-old. Third: Cleft lip surgery for an 18-month-old. Fourth: Forehead lesion on an 11-year-old." As I gave the pediatric nurses a run-down of what the day would look like, I caught a glimpse of Denise, another interpreter on our team, as she scurried down the hall. She was carrying a large, orange tote bag slung across her right shoulder. I did not think much of it and focused on getting our patients from point A to point B.

In the pre-op room, Claudia examined the patient, reviewed their medical and anesthesia history, and made sure to answer all questions from the parents. I had never seen my sister in her work environment so it was fascinating to watch. Claudia connected with each parent and little patient, which kept everyone at ease. Once in the OR, I settled into a chair where I could observe the procedure.

Monday 1700

After completing our four cases, we got the opportunity to visit a local orphanage.

We brought boxes of school supplies, books, clothing, and toys. I could hear the roaring stampede of little feet rushing through the open field as they approached the front gate to meet us. Before the dust had even settled, each member of our team had several little arms wrapping around them with the warmest hugs. We immediately dropped the boxes off at the main office and picked up basketballs and jump ropes.

As the games began, I looked around and saw a multitude of 5-10-year old children cheering from the sidelines. This gave



me a great idea. I ran towards one of kids, yelled "Shark Attack!" and then tagged him. His eyes grew wide with excitement as he understood that we had just initiated a game of Sharks and Minnows. With two sharks on the loose, the minnows shrieked with laughter and ran as fast as they could to avoid being tagged and becoming sharks themselves. Little by little, the sharks gained ground until all minnows had successfully become strong sharks. The sky grew dark and we said our goodbyes. We slowly drove away with joy and laughter consuming our van as we each shared our favorite memory. This is why we had come to Honduras. To impact the lives of the community not only in the operating room, but also in their day to day lives.



We learned about their families, their faith, their dreams, and their desires to one day visit the United States of America. We developed inside jokes with one another and truly cultivated meaningful relationships.

Day 7

Thursday 0800

Four cases: 1 cleft palate, 1 cleft revision, 1 facial mole removal, and 1 venous malformation.

Day 5

Tuesday 0800

We entered the hospital doors with five cases scheduled: 2 cleft palate surgeries, 1 unilateral cleft lip surgery, 1 keloid case, and 1 finger scar case. I sat on my little chair watching the second surgery when something unexpected happened. In the blink of an eye, electrical equipment shorted, the sound of fans stopped whirring, and the only light in the room was coming from the travel headlamp that Dr. Jaffurs fastened on his head every morning. I looked around the room silently, waiting for someone else to react in a shocked manner. To my surprise, not a word was said, and the surgery continued. I carefully observed Dr. Jaffurs and then shifted my eyes towards my sister. From behind the surgical drape, Claudia smoothly transitioned to helping the patient breathe through the use of a plastic, hand-held pump. A chuckle from Dr. Jaffurs broke the silence as he stated, "Once this happens to you several times in Honduras, you learn to bring your own headlamp."

The lights came on a few minutes later but it was in this moment, as I sat at the edge of my chair, that I realized how much we take simple things like electricity for granted. The lights went out again the next day but it did not keep the team from moving forward.

Day 6

Wednesday 0800

By this point, our team was running like a well-oiled machine. We had five cases scheduled: 1 polydactyl case, 1 partial toe amputation, 1 nasal polyp, 1 cleft palate, 1 one forehead bone head mass. The patient turnover was quick and efficient, which allowed us time to get to know the nurses at Hospital General San Isidro.



At about 1200, I watched Denise grab the orange tote bag I had seen on Monday morning as she walked towards a part of the hospital that was unknown to me. My curiosity compelled me to see where she was going, so I decided to join her. Denise was a total expert and maneuvered through the hospital effortlessly until we reached the hospital nursery.

"Did you have a boy or a girl?" Denise would ask each woman she approached. "A boy" one of them said as she stared back with a questioning look. Denise rummaged through her bag and revealed a baby blue, hand-sewn blanket with an elephant print. With a huge smile, Denise congratulated the new mother, handed her the blanket, and was off to meet the next person.

I observed the joy that rushed over each mother as they closed their eyes and clung tightly to their unexpected gift. Denise would look back, smile bigger than the first time, and kept moving forward. In something as simple as this, I saw the truth behind there being more joy in giving than receiving.



Day 8

Friday 0900

I stuck my arms out in front of me as Steve, our Surgical Tech, snapped two pairs of sterilized gloves on my hands. Fully scrubbed and dressed in my surgical gown, I walked towards the OR table ready to assist Dr. Jaffurs with the removal of a facial cyst. Dr. Jaffurs walked me through each step of the surgery as I pulled the patient's skin back using a double-pronged hook. He taught me about various incision designs that help achieve optimal aesthetic and functional results. This was my favorite surgery day because I got up close and personal with the medical side of this mission trip. Though I had pursued a Finance degree in college, there has always been a part of me that is fascinated by the medical field. Getting to scrub in on this surgery was one of the highlights of my entire time in Honduras.

Five cases remained: 2 steroid shots, 1 ear keloids surgery, 1 fat injection, and 1 ganglion cyst removal.

With the completion of our last surgery, a bitter-sweet tone filled the room. We shared pictures back and forth with our new Honduran nurse friends and began the process of packing our materials. Denise made her last round in the hospital nursery and gifted every last blanket out of her orange tote bag. With an empty bag and full hearts, we made our way back to the hotel. Half the team was going to stay in Honduras for a second week, but my time in Honduras had come to an end.

Day 9

Saturday 0500

It was pitch dark outside when my alarm went off. I splashed water on my face, grabbed my suitcase, and mentally prepared myself for the long day of travel ahead. As I closed the hotel room door behind me, I saw Dr. Jaffurs and Steve waiting to say good-bye. It had been an amazing week working with them and I wished them the best for their second week in Honduras.

A five-hour bus ride from Tocoa to San Pedro Sula and a 3-hour flight later, I was back home in the great state of Texas. I scrolled through my pictures with a smile and thought, "I cannot wait until next year."

Adrienne Moreno, General Helper and Interpreter



Tocoa Surgery Team

Back row L to R:
 Denis Roussel,
 Lisa Hayes-Swartz RN,
 Steve Baker,
 Dan Jaffurs MD,
 Michael Klein
 Front row L to R:
 Claudia Moreno MD,
 Marie Colangelo RN,
 Adrienne Moreno

Gracias

As soon as we touched down and breathed in the hot, humid air, I knew I had arrived home to a place I had never been before. Honduras is a place full of palpable love and light. It is a place of struggle and hurt and prosperity.

We began our journey with a few nights in La Ceiba meeting our fellow team members and the other teams. We parted ways and the Gracias Mountains team boarded the bus for an eight hour ride. Most of us napped, some of us journaled, and a few snapped photos. When we arrived at Hotel Reyes in Gracias, there was a bit of confusion over how we would divvy up the 4 dorm-sized rooms among a team of 12 medical volunteers. It was all whittled out when we decided to share beds with our team members and the geckos. A total of ten days was spent driving miles upon miles (sometimes in the beds of pickup trucks) winding up and through the mountains. The roads were unlike anything most of us had ever seen before. Each day we arrived in a different village, where we were greeted with a line of hundreds of people who had the most infected, painful-looking, most beautiful smiles I have ever seen in my life. We spent our days crammed in a small classroom with three nurses' stations, a pharmacy, and one corner where our physician, Dr. Tracie Mallberg saw patients. We also had a team of fantastic local dentists performing extractions in an adjacent classroom to us. Most days the line of patients ran out the door and down the road to where we could not see.

The nurses, Kelly, Karen, and myself saw patients who needed anything from 10 tablets of acetaminophen to minor surgical interventions. This is where Dr. Mallberg came in. The nurses triaged the sickest patients and delegated them to Dr. Mallberg for further assessment and care. She incised and debrided several infected wounds on patients who laid on children's school desks. She carried out these procedures where not much was sterile, and electricity and running water were scarce. Dr. Mallberg saw my most ill patient, a 14-month-old with Niemann-Pick Disease and a fever of 104.6°F. Niemann-Pick Disease is a chronic and fatal lipid storage disorder. This small child presented with hydrocephalus (enlarged head due to excess cerebrospinal fluid build-up), an extremely distended and taut belly, underdeveloped muscles, a blazing-red heat rash, and the weakest, most exhausted cry I have heard from a baby. Dr. Mallberg ordered comfort measures for this boy, which included two STAT albuterol nebulizers, a dose of acetaminophen and amoxicillin (broad spectrum antibiotic). Dr. Mallberg escorted the family home, carrying the



infant one mile through the jungle. On her way back to our mobile classroom clinic, she met the grandchild of a man who had stood in the sun for 5 hours to ask her if she would consider meeting the boy. She hiked up to the top of a hill where there was nested, a small house. Inside the house, his grandchild was lying down, struggling to breathe. Armed with the only nebulizer we had, Dr. Mallberg entered the home in hopes of relieving some of his discomfort. She assessed the small house for any sign of electricity, without prevail. After the translator explained to the grandfather what the plan was with the nebulizer, he pulled a cord out of the attic which was hardwired into the main power line for the village. She very hesitantly plugged the nebulizer in and it worked! After treating the little boy, Dr. Mallberg returned with her payment in fresh plantains. Although we did not see record numbers in this village, we did see the most sick patients. The slower day gave Dr. Mallberg time to travel remotely and perform some jungle medicine. During our ten clinic days, we visited 8 villages, treated 1,358 adults and 730 children for a total of 2,088 people, and wrote 4,709 prescriptions. In the dental clinic, they saw 441 patients and extracted 477 teeth.

When we were packing up our things to leave Hotel Reyes, we found a small, dead gecko in Dr. Mallberg's bed. We are very grateful to have had an amazing team of medical professionals as well as a lovely and talented translator, Josue. The people of Honduras are some of most dedicated, trusting, hospitable people I have met and I would eat a live gecko to be back in Gracias. I have a lot of love for the people of Honduras.

Anne Hunstiger, RN, BSN, PHN



Gracias Team
Left to Right:
Anne Hunstiger,
Caitlin Bakke,
Steve Posner,
Jeanne James,
Elliott Jacobson,
Karen DeMorett,
Dave Anderson,
Renee Wolters,
Tracie Sylvester,
Kelly Bobick,
Josman Zavaldá,
Dale James

PLP Admin



All of the usual things the Admin group does like working with the teams embarking from PLP, creating a plan on how to both group and sort out many hundreds of boxes of supplies for their final destination were the first and most important part of getting items moving for the teams in our area. Before this, however, was the setting up of communications. My part in this was helping Robert string the antenna across the courtyard. A 30-40 foot climb up the old tower to anchor one end was a task for me. Drew, on the other hand, has the job pertaining to the details of paying for the shipping, connecting with key local people for important details that more often go unnoticed. Making sure we all get back home safely is always key.

Several daily trips between our living quarters and the hospital bringing our Surgery Team back and forth, delivering and picking up patients from the hospital were important parts of every day. In the same location as the Surgery Team was the Eye Team. Once they got set up for business, they often walked to and from work a little over a mile each way. The delivery vehicle/ambulance/fuel delivery truck/general wheels was a 30-year old Toyota Land Cruiser pickup.

Adding brake fluid and fluid for the hydraulic clutch were daily jobs for me. Finding a u-joint and repairing the rear driveshaft also filled one day. Little jobs like cleaning generator, carburetors, etc., kept me from getting bored. A handful of local businesses from my hometown, Glenwood, MN, supplied funds to purchase a new set of tires for the old truck. Road conditions were the most interesting I have ever seen. The old saying "you could bury a horse in these holes" no longer would fit. I'm sure three horses could be buried in many of them! First gear in the old truck kept me from launching my human cargo out of the box.

The area around PLP was mostly lush and green. Seeing flowers, song birds and even mosquitoes were assurances that as this big old ball we live on continues its never changing course, we will have it all again in Minnesota in a few months.

This is my 15th year working with IHS. Short of the special friends I made while serving in the Armed Forces, I have never met or worked with more dedicated people. Dr. Rod Brown, thank you for getting me started!

Grant H, PLP Admin Engineer

PLP Admin Team
Drew Mathews,
Grant Hanson,
Robert Littler.

Not pictured
Dr Marianne Serkland

PLP Eye Glass Clinic



As a first-time volunteer, this trip was quite an experience – one I will not soon forget. I was a general helper with the Eye Glasses team stationed in Puerto Lempira. We were a team of six that coordinated and flowed together seamlessly. Mike Stapp warmly greeted our patients and put them at ease before checking their vision with the autorefractor. Next, they would be fitted with prescription glasses by either Irene Schaper, Barb Fleming or John Pope. They had quite a task before them to find just the right pair of glasses, but the reactions were more than worth it! I assisted with fitting patients with reading glasses and distributing sunglasses. Alberto Molina rounded out the team as our interpreter. We kept him busy with each of us needing his support to speak with the patients.

We began our days expecting about 130 patients on average, however, due to the overwhelming need in the village and surrounding areas, we were greeted by many more than that each day awaiting our arrival. Our clinic operated for eight days and by the conclusion, we had seen over 1,000 patients, distributed 1,084 pairs of prescription and reading glasses and provided several pairs of sunglasses. Although there were some we could not assist directly due to injury or medical conditions, they were appreciative of our time and willingness to give some guidance for care.

We could not have done all this without the help and support of the hospital. Dr. Calix and his staff were on hand every day to assist with initial eye chart readings and maintain the flow of the patient roster. They were a huge part of our success and willing to jump in and help when needed. Thank you to the hospital team for all the help. It was greatly appreciated!

I am very thankful to have been a part of this team as my initial venture into serving on a mission trip. Everyone was so kind and welcoming, not only the IHS members but also the people of Puerto Lempira. I could not have asked for a better assignment. Thank you, JoAnne Prater, for your persistence in recruiting volunteers and for allowing me to tag along with you and Jim from Columbus. I am sure this is only the beginning of many future expeditions, lasting friendships and lifelong memories.

Vicki Evans



PLP Eye Team
John Pope, Vicki Evans,
Alberto Molina,
Barb Fleming,
Mike Stapp,
Irene Schaper

PLP Surgery

My former chair of surgery and mentor suggested that I contact IHS regarding their upcoming February 2019 Honduras Project. Semi-retirement left me with a yearning for a chance to once again use my surgical, medical and teaching skills. What a gift her suggestion became! Six months later I met our team at SAP airport on a Thursday and loaded up for a few hour bus ride to the lovely Hotel Gran Paris in La Ceiba. The Honduran countryside and cities reminded me of my wife's home city outside Saigon. We departed at 0430 Friday for the 2 hour flight to Puerto Lempira. The last two team members to board the airport bus were me at 0429 and Meredith Johnson (our youngest team member) at 0431! You don't want to be late with the Praters in charge!

Our beautiful flight over northern Honduras was met at PLP airport by the ever present young Honduran soldiers, automatic weapons and dogs. I had learned and confirmed that the country is very



safe for Americans, not so much for the natives. A brief walk led us to our "Catholic Compound", a large Catholic church, bunk rooms, dining area, functioning showers and partly functioning toilets. The compound is large, fenced and is staffed by a civilian unarmed guard and two very nice dogs at night. Our power failed about 50% of the time, but the crew of course had generators at the ready.

The TEAM revealed its colors through the weekend as we unloaded 500 boxes of "stuff", opened and confirmed contents, sorted and stacked all in preparation for use at PLP hospital or on the other "river" trips. The communication systems were set up. The surgery team spent Saturday and Sunday transporting, exploring hospital supplies and preparing for 0700

start time in the OR. We were provided dinners by a local family, other meals by the TEAM.

The operating room, though a little primitive, was quite adequate. We only lost power once for about 10 minutes but a back-up generator functioned as did flashlights. We had a busy first week of adult and pediatric general surgery. The second week was light but we were joined fortunately by Dr. Dan Jaffurs for whom we had a steady flow of Plastic and Head and Neck surgery.

Two very competent local surgeons, Drs. Reyes and Lino, helped us triage our patients. The hospital administrative staff was ever present, supportive and grateful for our efforts. The patient population (mostly Moskitia) were lovely and grateful. The local operating room and recovery room staff were competent and friendly. I was able to do some teaching.

It was my TEAM, their interactions with each other and with Honduras that made this endeavor a highlight of my life: Jim Prater leading the way, up on a ladder (age 84!) hoisting 40 lb boxes, carrying pediatric patients to the recovery room, organizing everything, transport, food, OR, communication. Joanne Prater, crackerjack OR nurse, demanding of excellence at all times even when suffering with real GI issues for a day. Meredith Johnson, skilled surgical assistant and scrub nurse, providing the entire team with constant amazing positive energy. Dr. Brian Partridge, our anesthesiologist (and PhD) was uniquely talented, skilled with adults, pediatrics, able to work with not so modern and limited equipment, He is a humble and compassionate all-star we were so lucky to have! Pedro, our hospital interpreter, was indefatigable, running and interpreting all day and wears his



heart on his sleeve. Chet, our hospital radioman, a quiet intellectual, gave us great moral support and technical expertise with communication especially coordinating patient transport from the Honduran countryside. Back at the compound it was Drew of course, running the show, organizing EVERYTHING from daily coffee at 0500 till the lights went off with his quiet and constant demeanor. Robert (don't call me Bob), our compound communication man seemed to always have everything needed and was a source of quiet humor and conversation. Grant, what can you say: inventor, fixer, student, driver who was kind enough to listen to my amateur guitar playing! We also shared our meals, evenings and mornings with the eye team. Irene, Barb, Vicki, Mike, John and student interpreter Alberto. They gave their hearts to so many. I came to appreciate and love them all.

The efforts and dedication of my team members and of IHS toward improving the lives of others has been a real gift to me and an affirmation of beautiful parts of humanity in these rather uncertain times. I plan to return next year, hopefully fluent in Espanol at least!

Peter Cahill, MD



PLP Surgery Team
Front row – Peter Cahill, MD
Back row – Pedro Castaneda,
Meredith Johnson,
Jim Prater,
Jo Ann Prater,
Chester Norris,
Brian Partidge

Rus Rus

People are right, there's something special about Honduras. Whether it's the people, the landscape, the food or simply just the act of 'serving' another person, I'm not sure; but one thing is certain, I can definitely see why people return.

A trip to Honduras teaches you to find pleasure in the simple things in life. You gain perspective and an appreciation for the world we live in. Everyone should have a right to healthcare and it's truly a shame that many do not have this privilege. During our stay in Rus Rus, our team served over 1500 medical and dental patients and I have no doubt that everyone one of them received the highest quality of care possible. For me, the two weeks I spent in Honduras were among the most fulfilling, satisfying and enjoyable periods of my life and it is with great pleasure that I take the time to reflect on this mission.

My name is Shyam Karia and I am a recently qualified dentist working in the United Kingdom. Back in 2012, I remember watching a short clip from a medical camp in Yonibana, Sierra Leone, in which the dentist was extracting teeth from a local child. It was this image that made me first consider studying Dentistry and since that moment participating in a medical/dental camp has always been a dream. However, a suitable opportunity never arose until I heard about IHS in December 2018, during a presentation from a fellow dentist Elinor. She has been on numerous trips to Honduras and while sharing her experiences she mentioned new dentists were always appreciated by the IHS mission. My gut instinct was to sign up immediately but naturally I had some reservations. Safety, logistics and limited annual leave were all reasons playing in my mind and although they now seem insignificant, back then they might have prevented me



from committing! I thank Elinor because if it wasn't for her support and motivation, I would have never made it to Honduras.

My journey began late on a Thursday evening from London Heathrow. I was travelling with Elinor (who would be the dentist on the Patuca River trip) and Nihir (another dentist - and my friend - who would be joining me in Rus Rus). After 26 long hours of travelling we were in La Ceiba Airport. Stepping out of the plane, we were promptly greeted by a lawyer temporarily employed by the government of Honduras to welcome us. It was exciting. For a short moment - as we were fast-tracked through immigration and security - we felt like royalty. Our time in La Ceiba was short. The first day was spent socialising with lots of new faces, including our team mates Gerard, Gordon, Charlie, Jessalyn, Katherine and Molly. And then on the second, Nihir, Gerard and myself were all off for Puerto Lempira for the

weekend. Here we met the final three members of the team, Russel, Luana and Cheryl. Collectively, we were tasked with (a) ensuring the medical and dental supplies were organised and (b) shopping for fresh fruit and vegetables for team meals during the upcoming days in Rus Rus. Only once these tasks were completed could the adventure to Rus Rus begin...

It was time. All our supplies were packed and ready to be piled onto the back of three trucks bound for the 5 hour ride to Rus Rus. "Hold on tight, please don't fall, otherwise you might get left behind!" This was the only (but wholly necessary) advice we were given before beginning our journey in the luggage container at the back the truck.

Rus Rus is a small quiet village in the east of Honduras. It is one of the few villages with a small hospital, that with the help of Missionary Air Group (MAG), provides

healthcare to this region. The majority of our patients came from across the Coco River, which marks the Honduran-Nicaraguan border. The gruelling 4 hour trek in 35°C heat was completely normal to the locals, be it young or old! One of my youngest patients endured this hike with his mother.

He was a one year old boy who presented with a large left hand facial swelling due to extensive decay in his deciduous (baby) teeth. It always upsetting when you see decay in children (never-mind an extra-oral swelling as well!). This was one of the few cases in which the team was truly helpless and the best we could do was prescribe antibiotics and try to arrange a review. It's a stark difference to the treatment options a similar patient back home might receive and this reality was tough to face.

The hospital was very well equipped including two consultation rooms, a small ward, a delivery room and even an operating theatre. Our pharmacy formed a crucial part of the hospital and Katherine, our pharmacist, did a great job of ensuring all the medical and dental patients were well cared for. She treated numerous patients for lice and parasites, not to the mention all the dental and medical patients requiring post-operative analgesia. Jessalyn and Molly - our RN's - were absolute stars and willing to help with whatever came their way. One moment they were seen running tests in the hospital laboratory and assessing patients with Gerrard; and the next they were caring for dental patients - preoperatively ensuring they were well hydrated and then post-operatively assessing if they were fit for discharge. And Gerrard - our MD - truly a gentleman. Well spoken, kind and infinitely knowledgeable. The years he had dedicated to living in Honduras to treat



the locals was reflected in how all the patients respected and trusted him.

Then Gordon, our team leader and radio-operator by day and 'statistician' by night. He was responsible for keeping us connected not only with IHS back in La Ceiba and Puerto Lempira, but also our families back home. And then when the day's work in the hospital was complete, Gordon used to crunch the numbers ready to give us various different totals at the end of the week. Cheryl and Luana, our general helpers were the backbone of the team and did a lot of work even before the mission began. Without them cooking three tasty meals a day for us (including freshly made pancakes every other

morning!) none of the above would have been possible. It's no small feat shopping, cooking and caring for 11 strangers (all with different dietary requirements) for 10 days; but these two ladies handled it like pro's. And then Russel - a jack of all trades - was fazed by nothing. He fixed anything and everything. Toilets, trucks, dental equipment, the list goes on. Finally, a special mention for Carlos our translator who lives in Honduras and has been helping IHS for many years. One evening after a busy clinic he was telling me about his goal to continually improve his English, so that one day he can get a job that helps him travel the world. This year, Carlos spent a lot of time with Nihir and myself in the dental department. His English is

already impressive and so we relied on him to translate our English to Spanish for a local translator, who then spoke Miskito to the patients. Carlos is invaluable to the team and I hope that one day he achieves his dream.

Despite the 'comfortable' accommodation, running water and real beds, Rus Rus is still hard work. You'd better be ready for a flurry of emotions but it's 100% worth it. Evenings are spent swimming in the local river (truly a beautiful sight) or maybe playing a game of volleyball/ football. And for when you're too tired, there was Farkle! A new game for us Brits but the Americans are all over it! Sunday's are traditionally a day of rest and for us this meant a short hike to a neighbouring village and Macau sanctuary. If you like fancy, noisy, colourful birds, you're in for a treat!

Our time in Rus Rus has been a phenomenal success and a great pleasure. So on behalf of the Rus Rus team, I would like to thank IHS and all the volunteers for making the February 2019 mission possible.

ShyamKaria, Dentist



The Rus Rus Team

Front row:
Gordon Murray (Team Leader)

Middle Row:
Gerard Rudy (MD), Shyam Karia (Dentist), Cheryl Schraeder (GH), Jessalyn Hinz (RN), Kathereine Kana (Pharm), Molly McKenna (RN)

Backrow:
Russel Schraeder (Eng), Luana Scheele (GH), Nihir Shah (Dentist), Charlie Chavez (Interpreter)

Patuca

As Westerners who hail from the US and England, we are used to ordering and controlling our lives. We expect safe and predictable modes of transportation, dangerous-animal free enjoyment of the outside, help to arrive at the end of a telephone call if needed, and predictable meals, showers and drinking water. For those living along the Patuca River in Honduras these would be considered unimagined luxuries so when I told people here at home that I would be traveling with a team of eight up river to help facilitate dental and medical camps in five villages, one of the first questions I almost always received was, "won't that be hard?" The answer to that question after spending the better part of two weeks on the river is, "Absolutely, but it is so worth it!"

When my wife, Shanette, who is a newly minted medical resident, and I were invited to go along on the IHS Patuca River team we jumped at the chance. The idea of serving populations in remote areas was truly exciting both from an adventure standpoint as well as the importance of offering medical services to those who would otherwise have extreme difficulty getting them. On the first day as we set up our makeshift dental and medical "office" in Wampusirpi, pitched our tents preparing for the evening and watched people line up dozens deep to meet with us, it was clear we were not going to be disappointed on either count. By the end of that first day as

we crawled into our sleeping bags at 7:30 at night, it did not matter that I was normally a night owl: with an exhausted smile on my face I went right to sleep!

Over the next ten days as we traveled up river spending a day and a half or so at five different locations, the Patuca River presented us with an amazing mix of beauty, difficulty, incredible people and tough medical situations. Life in the jungle is much more of a dance between nature and humanity than our controlled environments at home, and this seemed to reveal itself at every turn. Whether we were stitching up a self-inflicted machete



wound on a 10-year-old boy, casting a young girl's broken arm, struggling to extract decaying teeth, diagnosing new cases of diabetes, referring people with major medical conditions out for surgery, or handing out multivitamins and antiparasitics to every person that came through, it was obvious we were small participants in the dance of life going on in the villages. From time to time I found myself frustrated at not having all the answers needed to make life safe and comfortable for myself, let alone the people there, and then equally surprised a moment later at

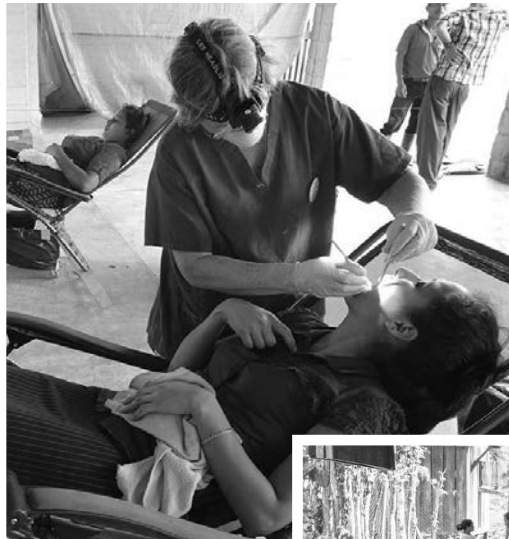
the beauty, love and grace with which life unfolded. A clear example of this was the last day as we were coming down the river and the motor of our boat died, stranding us to float down the river with hastily acquired poles, knowing we would not get back to our destination until way after dark. This difficulty was offset by the beauty of watching an amazing sunset over the river, the generous hospitality of another boat that pulled up alongside

of us and towed us to our destination and the fun of navigating the river by headlamp the last 45 minutes or so. The difficulty and beauty of that excursion gave us just a brief glimpse into the dance of life along the river for people there.

As I remember the joy of the children just being around us, the gratitude of the villagers for something as simple as deworming



medication, and the warmth of fresh made tortillas for lunch each day, I am reminded that the dance of life along the Patuca happens whether we are there or not. That we had the chance to be spectators of that life, participate in making it a little better for some, and now know the names of people those who ask questions back home will probably never meet, I am all the more grateful for the journey and opportunity to have served! It is with a heartfelt "thank you" I will remember the Patuca from this year and, if it is in the cards for the future, hopefully join in that dance again someday.



Patuca Team

Left to right:

Benno Marx, MD; Bill Roussel, Radio; Walter Tatallon, Interpreter; Jenni Lange, RN; Teri Houle, RN; Elinor Japp, DDS; Jim Lavoie, General Helper; Trevor Owen, General Helper; Mary Bierman, Pharmacist; Shanette Bruce Owen, DO; Nancio Jacobo, Interpreter; Andres Martin, Interpreter; Gustavo Cardena, Boatman

October 2018 & February 2019 Team Statistics

Total Patients Served - 7,748



Dental Teams

Patients – 1,300

Extractions – 1,859



Medical Teams

Adults – 2,919

Children – 2,122



Pharmacy RX's

11,245

Vitamin Packets – 5,216



Surgery Teams

Surgeries – 38



Eye Care Teams

Patients – 1369

Prescription / Reading / Sunglasses – 1,865

OFFICERS and BOARD MEMBERS

President	Drew Mathews
Vice President	John Pope
Treasurer	Steve Rice
	Nick Houle
	(co-treasurers)
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	Steve Posner
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Consultant	Lori Jackson
	(Nursing)
Consultant	Knute Panuska
Consultant	Marianne Serkland

CALENDAR OF UPCOMING EVENTS

**Fall Project:
October 20 – Oct 30, 2019
Planning Trip – October 2019
February Project:
February 14 – February 28,
2020**

DATES TO REMEMBER 2019

**July 15
Application and deposit due for
October Project
September 1
Balance of October Project Fee due
October 1
Application and Deposit due
for February Project
Fall Project
October 20 – October 30
October Planning team heads
to Honduras
November
Team Selection for February project
and team information is sent out
December 15
Shipping deadline for February Proj-
ect
December 15
Balance of February Project Fee due.**

**2020
January
Load container in the Twin Cities
February Project
February 14 – February 28
May 1
IHS Newsbreak team articles
and pictures due**

You can opt out of receiving a hard copy of the News Break and just receive the digital copy.

E-mail to: newsbreak@ihsmn.org
to be put on the mailing list or submit
stories and photographs
Contact: newsbreak@ihsmn.org

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IHS Projects October 2018 & February 2019



H O N D U R A S

Simplified location map of IHS Honduran projects

October 2018 - - - - -

February 2019 —————





International Health Service

Participant Application – please print clearly

February 14- February 28, 2020

Note: The February mission dates are the latest arrival dates in La Ceiba (usually by plane to SAP followed by bus) and the earliest departure date. The February 2019 mission begins Friday evening February 14 and ends Thursday evening February 28. Many participants in February will extend to Sunday, March 3, to accommodate an optional side trip. This is important to know when you get airline tickets.

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Date of birth (D/M/Y): _____
 Zip: _____ Country: _____ Name to put on nametag: _____
 E-mail: _____ Male Female

Specialty (check all that apply) Send copies of license – Physicians and dentists must also send copies of diploma

DDS (specialty) _____ Dental Ass't RDH RPh
 MD (specialty) _____ NP PA Paramedic
 RN (specialty) _____ LPN CRNA EMT
 OD Interpreter Radio Operator Engineer General Helper
 Other (please specify) _____

Where are you currently working? _____ If not, when did you last work in this field? _____

Name of current or past supervisor _____ Phone _____

Briefly describe your work experience _____

Please mark the type of team assignment (s) you prefer (check all that apply)
 Please take note: We cannot always guarantee you will be placed at your preferred choice.

Admin team – La Ceiba Logistics team – PLP Eye care
 River/Lagoon Remote (La Mosquitia) Inland (mountains, etc) Surgery Any assignment OK
 List specific team site preference (if any) _____ List any assignment you would NOT accept _____

Number of previous IHS projects you have been on _____ Would you be willing to be a team leader? _____

How well do you speak Spanish? None Words Phrases Conversational Proficient Fluent

Application Deadlines & Project Fees

February Trip

* Due October 1	Application/Deposit/Licenses	\$125
* Due December 15	Project fee balance/Paperwork	\$600
	Total February project fee	\$725

* Applications received before first due date for the project will receive priority in team assignments. Those received after will be considered only if their specialty is needed.

For applications to be considered the following must be attached:

- Completed application with signed waiver - Deposit
- Copy of professional licenses - Physicians & Dentists: copy of diploma also
- Copy of Amateur Radio license (Radio operators only)

Note:

\$125 deposit is non-refundable and due with the completed application. Upon request, deposit will be refunded if your application is not accepted.

Make checks payable to:

International Health Service
 Mail application & forms to:
 IHS - Attn: Project Director
 3500 Vicksburg Ln N, PMB 405
 Plymouth, MN 55447

(Application - continued on next page)

How or from whom did you hear about IHS? _____

Please list any major surgeries or serious illnesses in the past 5 years _____

Mark Yes if you are able and No if not able and explain any limitations below:

- | | |
|---|---|
| _____ Lift and carry 25 pounds multiple times | _____ Climb two or more flights of stairs |
| _____ Work in extreme heat and humidity | _____ Walk on uneven terrain |
| _____ Travel by any type transportation | _____ Bend or stoop multiple times |

Explain any limitations _____

**INTERNATIONAL HEALTH SERVICE
ACKNOWLEDGEMENT OF RISK AND WAIVER OF RESPONSIBILITY**

I, (*print name*) _____ along with all members of my family, in consideration of the benefits derived, if accepted for the International Health Service project, hereby voluntarily acknowledge the risk I am undertaking and waive any claim against the local and international organization, local officers, its sponsoring institutions and all leaders of International Health Service for any and all causes in connection with the activities of the above organization.

The use of illegal drugs is strictly prohibited by IHS and alcohol consumption by team members during the mission workdays is against IHS policy. In addition, team members should use alcohol with discretion, in moderation, and be sensitive to local customs regarding the use of alcohol. I understand that as a volunteer I represent IHS and agree to abide by this policy.

International Health Service does not provide any type insurance (medical, liability, travel, medical evacuation, life) for any participants. My signature on this form indicates my full understanding that I must provide my own insurance.

Signed _____ Date _____

PHOTO RELEASE

International Health Service requests permission to use photographs and narrative descriptions of participants and the work they do on projects for the purpose of public relations, advertising promotions, and fund raising. These photos may be used in, but not limited to: Power point presentations, the IHS NewsBreak, and the IHS web site. This authorization is only for the IHS organization. IHS has no control over how teammates and other participants use photos for purposes of their own. This authorization will remain in effect for at least one year. IHS cannot guarantee that your image from this trip will not be used after that period of time.

Yes, you may use my photo !

Signed _____ Date _____

No, I prefer you not use my photo.

Signed _____ Date _____

*If you select NO, please make sure one team picture is taken excluding you, to submit to the annual Newsbreak staff.
It is your responsibility to submit the correct picture to the Newsbreak editor.*

T-shirts & Caps... T-shirts are not included in the project fee and are a separate fee.

•February Trip – Orders and payments for these items will only be accepted until 15 November so plan ahead, (T-shirt sizes available are: S M L XL 2XL) T-shirts \$15 - how many _____ size _____ Ball Caps \$12 – how many _____

Please include the cost for these items with your deposit and this application.

INTERNATIONAL HEALTH SERVICE – Project Suitability Form

(required of first time participants only)

IHS projects are not for everyone as some locations are very remote and some people react differently when placed in a situation different from their normal life. To assist you in determining if this project is right for you and to assist us in placing you on the correct team, please complete this form and return with your application.

All IHS projects begin in La Ceiba, Honduras. Upon arrival participants will stay one or two nights in a hotel or with a local host family during our orientation programs. Teams will also return to La Ceiba at the end of the project, usually for one night, for debriefing, storing supplies and equipment plus a farewell dinner. Also, many repeat participants return to the same location as they get to know the local people.

The following questions are not meant to discourage you. Instead we hope they give you an understanding of the places we go and challenges that may happen.

Briefly describe any camping, hiking, or adventure trip experience you may have had. _____

Remote areas of Honduras have limited electricity or modern transportation and few telephones. Many IHS participants return year after year so they understand this change of life and the experience of helping people in this environment. Can you honestly say you can handle 8 to 10 days in locations that have solar showers, outhouses, bugs, humidity and the possibility of sleeping in a screen tent? _____ Comments: _____

For many, the time at the team site will be spent in a remote location away from telephones and TV with people who speak a different language, use different money, and have different habits, values and social norms. Can you handle being disconnected from friends and family for two weeks? _____ How do you plan to keep busy during quiet/slow hours? _____

Most of Honduras experiences a hot and humid climate. Mountain teams may get chilly at night. Many participants will do a lot of walking on uneven ground, carrying their own bags, lifting, moving, loading, and unloading many boxes of supplies. Can you do your share of the work and are physically up to going on this trip? _____

Frustration can happen on the trip. You are in a foreign country where Murphy's law can happen. You may experience "hurry up and wait". You will be with a group of people you have never been with before and interacting with a different culture. All this can be challenging. How do you handle frustration? _____
Does your temperament allow you to "not sweat the small stuff"? _____

IHS teams may see many patients, which can require long days. Some teams will be working in hot, humid locations. How is your temperament and physical stamina in times like this? _____

Teams that have the most enjoyable experience work together with each team member contributing their part to the group's overall function. This requires you to do your job well every day, trusting others to do their job, and always stepping up to help with the small tasks that need to be done every day. To what extent are you a team worker? _____

There will be times when people work with patients in their own specialty. However, many tasks require the help of ALL team members working as a team. Group decisions are made when possible but the Team Leader has final say. Can you work within a group and be respectful of decisions made? _____

*** **February team only** . . . some team sites have limited local communications so they also have ham radio operators who use radios to talk with the Admin team and Project Director in La Ceiba plus the logistics team in Puerto Lempira. There is telephone and/or cell phone use at some team sites. Many radio operators also have a limited e-mail capability. In the unlikely event of an emergency the Project Director and all radio operators work together to make sure the correct people are notified as soon as possible. Because electricity and other services are not available all the time, we need to understand that everyone will do their best to be timely but things do not always happen instantly. Participants need to tell family and friends at home about this situation. As with all details of each team site, participants will get information from their Team Leader about what communications and site facilities will be available for their use.

This year we have three lists: a list of those who donated throughout the year to our general operating fund or the endowment fund; a list of those who made contributions to our fundraiser this past September 2018 (a big “thank you” to Rick Reiter who made that happen); and a list of those who made in-kind donations of medical and program supplies to insure that the volunteers have a solid experience.

In addition, a number of donations were made in honor or appreciation of: Kelly Koehnen, Joe Tombers, Doug Pflaum, Amy Sullivan, Jean Yunker and Marianne Serkland.

Other funds were donated in memory of: Jim Daniels, Keri Kaskinen and Sallie Mckemie

Endowment Fund Donors

John/Marge Knoff
Steve and Marietta Rice

Platinum - \$1,000 up

William and Bonita Cook
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David Goodall
Good Shepherd Lutheran Church LCMC
Lori Jackson
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Gold - 500 up

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Matthew Newsted
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St Peter Lutheran Ch Women

Silver \$250 up

HB Fuller Connect Program
Janice Springer
Mike Stapp

Bronze - \$100 up

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Mary Boyle
Richard Ekstrand
Marcia Davis
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Fred Smoger
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Jennifer Mckemie
Jan Philipsen

Tom Refermat
Joe and Carole Santer
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Helen Skutley
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Walter Walters

Copper - up to \$100

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Linda Pedersen
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Trinity Lutheran Grove Lake
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 Amt Louise Sullivan
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 Steven Wardell
 Dale Watson
 Jean Yunker
 Wayne & MJ Yokei

The officers, board members, participants, and especially the people of Honduras wish to express their deep gratitude and appreciation for your contribution.

All endeavors have been made to list all contributors correctly and we apologize for any names that may have inadvertently been missed .

In Kind Donations 2018-2019

Aero Caribe - discounted flight fees for volunteer insertion/extraction
 Americares for discount medications
 Anchor Scientific – receiving and storage services
 Anoka Rotary Club - 100 lbs. hygiene items
 Black Forest Inn – plastic storage buckets for water.
 Blessings International- medications , vitamins, lab test kits
 Drew Mathews for portable generators and medical supplies
 Meryl Barthel – tubs of school supplies, toothpaste, toothbrushes, shampoo, soap, etc.
 Centra Care Foundation – trip scholarships
 CentraCare Monticello – medical supplies
 Carla Olson, Jodi Lillemoen and Medical Unit Staff at Centra Care Foundation - Medical supplies
 Church of the Epiphany - 500 lbs. hygiene items
 Coon Rapids Senior Center - 750 lbs. hygiene items
 D’Antoni Hospital - medical supplies and snake antivenom
 Dole Fruit Corporation free ocean transportation
 Fairview Southdale Hospital – monthly use of high tech meeting room
 Fairview Southdale Hospital – use of Beland International room for the IHS fundraiser
 Grand Hotel Paris – dicounted room rates
 Janice Wallace - personal time sorting and packing in the warehouse.
 Jan Poole, Lab Director Fairview South Hospital – rapid HIV test kits at cost.

Jim and Jan Hartley – 50 cardboard packing boxes.
 Jose Luis Pinto for AV fuel purchasing and shipping and use of pickup
 Katun Warehouse - storage of IHS supplies between trips
 Liberty Carton Company - cardboard packing boxes
 Mission Outreach (Franciscan sisters of Springfield, IL) – medical supplies
 Puerto Lempira Catholic Compound – storage and accomodations
 Puerto Lempira Hospital – surgical suites
 Rick Reiter Jr. – 60 headlamps and 50 mini-flashlights
 Ricardito Reiter – organizing the September 2018 fundraiser
 Joyce Specht - warehouse packing supplies
 Rosario de Arias – Honduran Red Cross Project site and storage
 Sharlyn Whittlef (Thrivent) – \$250 used for medical supplies
 SOSA Air (Juan Antonio Sosa) - flight fuel at cost
 Steve Bakke – NewsBreak
 Tom Roper – NewsBreak
 Tocoa Honduras Hospital – surgical suites
 Tourist Options Honduras – personnel and cargo travel arrangements
 Trumm Pharmacy
 Thrivent Insurance for member designated donations
 Larry Zavadill - 75hp motor for use by the October Kruta River team.

Every donation, no matter how big or small, makes a huge difference in helping us continue our work with the poor people of Honduras!

Thank You.

This Issue of News Break was Edited and Art Directed by the creative team of Steve Bakke and Tom Roper.

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