



News Break 2011

Annual Newsletter of International Health Service of Minnesota

2011



For those of you who are not aware of it, most of us in IHS believe Murphy's Law originated in Honduras, as in— If anything can go wrong – it will. Every project is different. Each has unique challenges and unique individuals that make the project special in its own way. It is always a challenge to get everyone and everything where they need to be, when they need to be there. Usually someone loses their luggage or a team box ends up with the wrong team. We rely on a lot of different people working together to gather, sort, box, label, and ship all of the supplies that we again gather and sort in Honduras, so things do happen.

Every year, everything we need for the projects is collected in a warehouse in Minneapolis. In January it is then all loaded on a semi truck and driven down to Louisiana where the back of the truck, the container, gets put on an empty banana boat owned by Dole, and shipped to La Ceiba, Honduras. A few of us arrive in Honduras early to work on getting the container through customs - but every year it is always a guess as to what day and time we will actually be given access to it. We usually spend a lot of time the week before the project starts playing the hurry up and wait game – many teams also learn about that game. We go through the process a few times of being told when the container will be ready for us and then why it is not. Usually this goes on for a couple of days as we worry and watch our window of time shrinking to get all the remote team's supplies on to a boat that takes it all to Puerto Lempira in time for the teams arrival.

This year was different. We were told that the container could be unloaded Tuesday morning, and it actually arrived Tuesday morning! This had never happened before. Usually we line up a crew to unload it, arrange for a truck to take things to the dock for the Moskitia teams, and then sit and wait for hours until we finally get some excuse from the customs people as to why it is not there. Needless to say it wastes a lot of our time and patience. What a relief this year to be freed up from that task so early so that all of the other things that needed to be done could be accomplished.

But then it was time for Murphy's Law to take over. We should have realized that this was all too good to be true. The boat carrying all of the Moskitia team supplies, that was supposed to leave Thursday from La Ceiba for Puerto Lempira, did not leave as scheduled and because of high seas it could not leave in time to get our supplies to PLP. (These supplies were

for the Puerto Lempira teams, Administration, Eye Care, and Surgery along with Kruta, Lisangnipura, and Rus Rus medical/dental Teams.) This had never happened before and usually we are begging the boat to wait for our cargo. So plan B became Plan A. Plan B is to send the cargo by plane.

As participants arrived for the project, and over the weekend, they might have noticed that some of the key IHS people were involved in deep conversations and maybe not as outgoing and friendly as they normally are – please accept our apology. All year we look forward to meeting the new participants and seeing friends who are returning again, but this year we were so focused on making sure all the teams would have their supplies that there was little time for other conversations.

A lot of scrambling and worrying occurred over the weekend while we arranged for planes that would take the cargo, had to unload the cargo from the boat and load it on to another truck – all so that the supplies would arrive in Puerto Lempira on Monday morning. Planes do not ever fly to Puerto Lempira on Sundays, so it was the best we could do.

Unfortunately, shipping the cargo by air costs about \$9,000 more than by boat, so this is never our first option. This extra expense wiped out our contingency funds for the project. It also made for a very busy Monday morning for the La Ceiba Admin team – me and my son Eric. We started the day at 4 AM picking up people at their host families, got everyone on the bus to the airport, made sure everyone had a ticket, had paid their airport fees, and got through security. We then moved all of the supplies for the La Ceiba Surgery team to Hospital D'Antoni. When that was done, it was time to meet the truck at the airport to unload all the cargo for the remote teams that had to go to Puerto Lempira. All of this was done by 11 AM. Quite a busy day thanks to Murphy's Law.

In the end, the remote teams lost one day of work, but all in all the teams were successful in their efforts to help the wonderful people of Honduras.

On a brighter note, a brand new Atlantida Hospital has been built in La Ceiba and it looks like it might be ready for our surgery team to use next year.

Gary Ernst
Project Director



I am sitting in an air-conditioned office in front of my computer at the end of a busy day (20 patients, unlike 80 patients/day in Kuri). I am looking ahead to see when I can schedule time off so I can return to Honduras. I look at my desk photographs of beautiful Mosquito children and a sunset over a lazy river with boys playing soccer in a wet pasture. I have very fond memories of my trips but I also recall the heat, busy days, and the challenge of working with limited resources.

“.. I was again amazed by how a group of strangers can form an industrious, focused team in a very short time.”

I am a nurse practitioner from northern Minnesota and I was part of the October 2010 Kruta River Team. It was my second trip to La Moskitia with IHS. I worked with Dr. Marianne Serkland and a special group of health care providers and support crew.

Because this was a return trip to Kanku and Kuri, I was familiar with the routine, clinic logistics and mission of an IHS medical team in a remote setting. But I was again amazed by how a group of strangers can form an industrious, focused team in a very short time. This type of work draws people with special gifts who are ready to put them to use. I am amazed at what can be improvised in the process of delivering care. There are no frills in the rural clinic setting, but smiles from the families are priceless.



Many people who read this newsletter have had some experience working “outside their comfort zone” in foreign places. They are familiar with the spirit of adventure, personal challenge, and the desire to make a positive difference in the lives of others while they make a huge difference in our cultural understanding.

My favorite souvenir is a handmade kyuka paddle made by a fisherman in Puerto Lempira. I will always remember his smile. Memories of the people and places of Honduras are woven into the tapestry of my life and make a rich fabric.

Nancy Zupan
Nurse Practitioner



After my recent (and first) trip to Honduras I feel compelled to put into words what a wonderful experience this was for me. It is so different from being a tourist and allows one to see the country in a much more personal and realistic way, warts and all!

I go on a canoe trip every year with Dr. Joe Tombers, and he has been telling me about his trips to Honduras for the past 15 years. I never went with him, rationalizing that I was “too busy”. I then retired 4 months ago and my excuse no longer held water. I said “yes”, I’ll go.

I didn’t know exactly what to expect, but I found the IHS (International Health Service) to be a very well organized program involving many dedicated people. Before I knew it I was sitting at a banquet in La Ceiba, Honduras, listening to the opening remarks and being introduced to the other eleven people on my “team”. When all the other teams were added together about 100 people were present, coming from all corners of the U.S. and even England.

We were assigned to go to Belaire, a site not previously visited by IHS. Our medical team consisted of 2 MD’s, one P.A., 3 nurses, a pharmacist, 2 pharmacy students, an EMT, and 2 interpreters. Each one had an important and specified role. None of us knew any of the others to begin with but by the end of the mission we were a tight “family” and were very close friends.

At Belaire a clinic already existed but was run by only one individual, Evelyn Castellar. She was quite happy to have our assistance. We held clinic in Belaire, but also visited a number of other villages in the mountains where medical care was a rarity. Villagers in the town of Berlin had no electricity and slept in the same huts as the animals in some cases. I had to examine one man as he was lying on a cot next to a 300 lb. pig!

We also distributed food and clothing for which the villagers were very grateful. I can still see the wonderful smiles on their faces. We also saw great sadness at times, e.g., seeing large areas of raw flesh due to a tropical infection known as Buruli’s Ulcer, for

“We held clinic in Belaire, but also visited a number of other villages in the mountains where medical care was a rarity.”

which current treatment is not effective. Currently there is an infant mortality rate of 20%, a shocking statistic.

Most of the medical teams would see about 150 patients per day. We saw one man who had 2 thumbs on his right hand, one wag said “he must be really good at texting”.

When it was time to go we felt sadness, knowing how much more could be done. We all knew we had done quite a bit however, and we had a feeling of closeness to the Honduran people. I am sure that many of us will return.

Jim Daniel
Physician



“We worked hard, seemingly without stopping, over the next several days and cared for about 200 patients each day.”

Late last September, I was notified that I had been accepted to the IHS mission, and I was to be a radio operator for the Kruta River team. I was extremely excited and at once began to make travel arrangements and pull together equipment for the trip. Our team members received e-mail updates from team lead Cheryl about what to expect and how to prepare for the trip. But I wanted to know more about the area. I searched the web and through guide books for any details about La Moskitia, the Rio Kruta and the villages of Kruta and Tikiraya. I found very little information - no photos, few maps, no descriptions of the villages. I concluded that there must be very little in this part of Honduras, aside from rivers, mangroves, and a few inhabitants.

Our team traveled from La Ceiba to Puerto Lempira, far eastern Honduras, on February 13. Due to delays in shipping equipment and supplies, our team was a day late departing for the Kruta River. We left extremely early Tuesday morning, February 15, for a 4 hour trip across the Caratasca Lagoon and up the Rio Kruta. As soon as we left, we hit heavy rains and moderate waves; not a great way to start our journey. But the weather failed to dampen our spirits of adventure and our excitement for travel. When we arrived in Kruta early in the afternoon, the weather had cleared and we were warmly greeted by what appeared to be the entire village. Certainly, we were the focus of attention, much like a circus that had just come to town! Everyone, large and small, helped carry our gear and supplies to the school houses and helped us set up. After months of preparing for and pondering this trip, we were finally here. I wanted to stop and drink in all the sights and sounds of our destination. But there was just too much to do - get the medical and dental clinic established and open for business, get our living areas and kitchen arranged, and for me, get the radio system on the air, as our only communications link to the world.

The natural environment around Kruta is fascinating. The river is quite wide, and generally smooth and shimmering. It carries a lot of small boat traffic as people are busy

going places. In this land of no roads, the river is the highway. We discovered, as soon as we landed, the large and hungry insect population that welcomed us, just like the villagers. The weather was generally pleasant - warm during the day with fresh tropical breezes, occasional showers in the afternoon, and clear nights. The moon was approaching its full phase, so each evening, we were treated to moonrise through the humid air over the river. A beautiful sight. At dusk on our first night in Kruta, about 10 yards from our quarters and clinic, we heard an extremely loud, repetitious noise, almost like a dog barking. I asked Andres Martin, our lead boatman and Mosquito interpreter, what kind of creature it was. He explained that it was a tiny frog. I said, “but he is so loud!” Andres replied with a smile: “he has to be loud ... he’s so small, he needs a big voice to frighten away anything that might eat him”. Survival along the Kruta.

We worked hard, seemingly without stopping, over the next several days and cared for about 200 patients each day. Dr. Tom said many villagers complained of feeling poorly, or of having diarrhea - the water quality, he said. By Thursday, our patient count had started to dwindle. So, we decided to leave early the following morning a day ahead of schedule and head upriver to Tikiraya. Early the next morning at 6 am, we said goodbye



to our friends in Kruta. Just as when we had arrived, it seemed like everyone in the village was standing on the dock or along the shore, waving farewell to us.

The three and a half hour trip to Tikiaraya was relaxing and peaceful. We saw all types of birds, families in small boats traveling the river and lilies floating on the water. The village of Tikiaraya is located on a huge meander in the river; at our location, it doubles back on itself, with about 60 feet of land in between. From our clinic, one could look either east or west and see the river! The area is heavily forested, more so than in Kruta village. The people here seem more impoverished and clean water is more difficult to get. Many of the large black water tanks installed to catch rain water are in disrepair, with parts, like plugs, missing. So, the villagers must rely on river water for drinking.

Again, when we arrived, everyone in the village turned out to help us carry supplies and set up the clinic and headquarters. The children were especially curious and most willing to help or to watch ... and watch. We had planned to take the afternoon off to relax but the medical staff was presented, almost as soon as we arrived, with two very sick infants that needed attention. So, Dr. Tom and the medical teams decided to open the clinic. And, as in Kruta, everyone lined up for their turns to be seen.

The weather in Tikiaraya was warmer than in Kruta. The days were sunny, almost hot at times. Those of us in support roles made sure the medical teams had plenty of fresh water to drink along with the villagers who waited in the warm sun. Light showers were common late in the evening or early morning. Unfortunately, our buildings had leaky roofs so, on occasion, we had to move equipment (including sleeping tents during the night) when it rained.

The pitch darkness of night offered to us great opportunities for stargazing. The Milky Way and the bright winter stars put on spectacular shows. Some more adventurous team members went outside in the middle of the night for their first sighting of the Southern Cross constellation. We were also treated to the chatter of howler monkeys in the distant trees.

Several more days of intense yet satisfying work and we were finished in Tikiaraya. On Wednesday, February 23, we were packed and left a few minutes before 6 am for the long trip back, about 7½ hours, to Puerto Lempira. Sunrise on the Kruta was breathtaking and the weather played in our favor this time. Occasional light showers appeared in the distance but moved away quickly. We caught only a few raindrops, certainly nothing like our trip up river. The long journey allowed us to bird watch, gaze at scenery, wave to people as we passed, chat with our team mates, or engage in intense games of cribbage. Our dentist Dr. Kelly danced to the music on her iPod as we sailed across the Caratasca Lagoon. At last, we arrived in PLP early in the afternoon, tired from the long voyage and our mission. But we were happy that we were able to help our Kruta river friends.

Most members of our team had never met one another before our trip and

many were newcomers to IHS. Yet each brought a unique combination of talents and a hard working spirit. We blended and worked well together from the start and thrived on the caring attitude of each other. What a great bunch of folks - here's hoping we can work together another time.

I recall one evening in Kruta village, at dusk, watching a distant thunderstorm develop. I happened to focus on a large passenger jet cruising northward.

I thought to myself: probably flying from some South American capital headed for the US. I wondered if passengers on board were looking down on this part of La Moskitia and thinking to themselves that there really must be nothing much down there. I recalled that I had the same thought before our trip while searching for information. Well, I definitely was wrong, as I learned first hand. In La Moskitia, a spirit of resiliency and strong will to survive exist among the people there. They have little money and resources. They have limited access to health care. They have little food and possessions. They are always at the mercy of their environment. Yet, they have a strength, a determination, and a stamina that must be seen to be appreciated. We have had the opportunity to go there, to learn about their qualities directly from them, and to help them with our time and resources. In doing so, we helped strengthen their lives and enriched our own.

Mike Stapp
Ham Radio Operator



“When I signed up for the IHS mission trip to Honduras, I had no idea what to expect.”

Our team spent eleven days in the breathtaking mountains of La Esperanza, Honduras. We went to two different villages, Guascotero and Mixcure, both about an hour bus ride through the mountains surrounding the small city of La Esperanza. La Esperanza being in the south western region of Honduras, our team had one of the longest distances to travel from La Ceiba. We were told to meet in the hotel lobby at 5:30 AM. Sleepy-eyed and hungry we all made our way to the lobby on time, where we proceeded to wait for about an hour for our bus. A drunken man had fallen asleep in front of the bus during the night and our driver couldn't get him to move. Thus began our team motto, “hurry up and wait,” a phrase likely used by many teams across Honduras as glitches and technical difficulties frequently arise that would never have even become an issue back home. Once on the road, we traveled for seven long hours, with boxes and tubs shoved in every nook and cranny of free space (laps are fair game). When we arrived at the Red Cross in La Esperanza, we unloaded our bus and reloaded our stuff onto a school bus with the help of the local Red Cross volunteers who would quickly become like our second-family.

When I signed up for the IHS mission trip to Honduras, I had no idea what to expect. I had traveled abroad before but never to Central America and never on a medical mission. On top of all that... I'm not exactly the type of girl who likes to “rough it.” I mean, yeah, I've been camping here and there, stayed in a dirty hostel or two in Europe... but I'm the kind of girl who likes to shower every day (sometimes twice), wear headbands, and accessorize my outfits. Despite all of this, I knew that this trip was something I truly wanted to do, and that it would be an experience that would change my life in at least some small way, forever. I was right.

I was a part of the La Esperanza team. There were thirteen of us on our team, mostly newbies like myself. There was Dr. Carl with his son Brad the pharmacy student; my sister Courtney the physician's assistant; Dr. Jack our dentist; Andrew our pharmacist; Liz, Josh, and Drew on our nursing team; Alison and Kelley our radio operators and engineers; Kim and myself as translators; and our wonderful, motherly leader Jennifer. While we all had our designated roles, everybody was willing to do anything necessary to help out--it was a true team effort from strategically loading our small bus on day one, to buying bottles of wine at the closing banquet.

After another hour driving through the steep mountain roads we arrived in Guascotero where the excitement of the Honduran people was immediately apparent. Before we even parked the bus many of them had come out of their



homes and gathered on the steps of the school. Then they quickly rushed over to help unload our supplies. Everyone helped us. Even little children who were only five or six years old were determined to get our heavy boxes and jugs of water into the school. This spirit of community and willingness to help in whatever way possible was a constant among the Honduran people during our entire trip. The people were so kind and selfless, even though they have so little. In both villages we were greeted with warm receptions and many words of thanks and praise...and we hadn't even opened our clinic yet! Moreover, throughout our stay the local people were always there to help us cook our meals, wash our clothes, entertain us with their music, give us gifts of thanks, and more.

In both villages we turned the local school into a medical exam room, a dentist's office, a pharmacy, a Sunglass Hut, and our dormitories. Both Guascotoro and Mixcure are extremely remote areas of Honduras so we did not see as many patients as we expected. But of those who did come, many walked as far as two, three, even four hours just to see us. Many of them had never seen a doctor before in their lives (this was the first time that IHS had sent a team to either location), and they couldn't be sure they'd ever see one again. So they'd tell us every little problem they had, or could remember having in the past ten years.

We did our best to treat our patients however we could, which could be frustrating at times because both drugs and supplies were limited. Fortunately, most people were relatively healthy. Dr. Jack, our team dentist, was definitely the most popular and hardest working member on our team. Everyone from ages 5 to 85 wanted their teeth pulled.

We had lots of down time to play soccer with the locals, explore the incredibly beautiful surroundings on foot, ride horses, buy beautifully handcrafted pieces made by the local women and Lenca people, play with the kids, and just hang out with one another. Our team bonded quickly--having long talks outside after dinner by the light of the stars and the moon--the most beautiful nighttime sky I have ever seen.

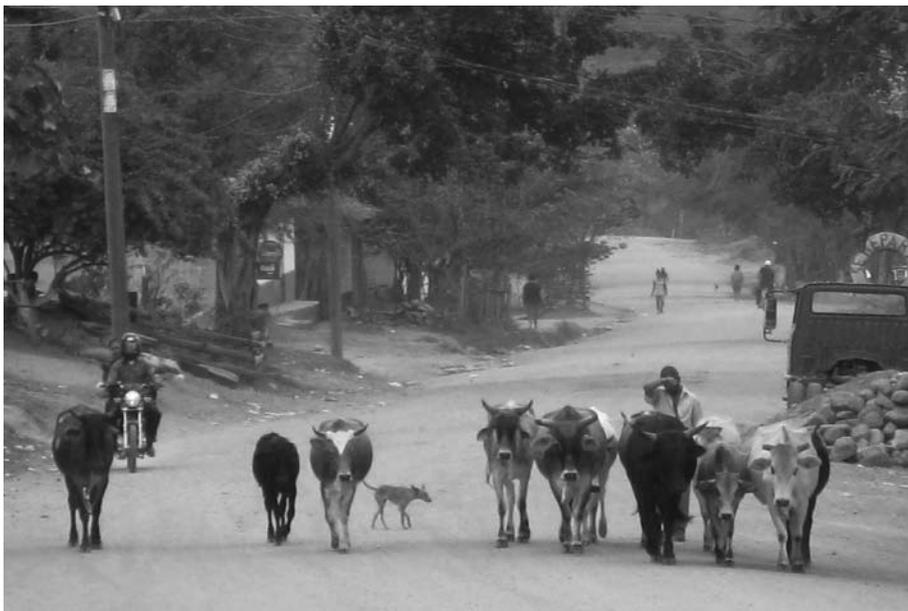
Along the way we met lots of people who helped make our clinic successful. In Guascotoro we were joined by a woman named Barbara Joe. Barbara had joined the Peace Corps at age 62 and had spent her time with the Corps in Honduras. Every year she still goes back and joins IHS to volunteer. She was wonderful to have because of all her experience, her skills as a translator, and her entertaining stories. The Honduran Red Cross was a huge help to us as well. Luis Knight helped us organize the whole trip and made all of our arrangements for our time in La Esperanza. His cousin, Gina Knight, is a dentist in San Pedro Sula and she joined us for the second half of our trip in Mixcure. Oscar and all of the young Red Cross volunteers were with us in both locations to help triage patients, bring very sick patients to the hospital, and help us in whatever way they could. Hector Diaz, a Red Cross volunteer, was our tour guide in La Esperanza and was a huge help to us as a translator in Mixcure. Without all of these people willing and wanting to help, our trip would not

have been nearly as successful.

There's no doubt that it was the people of Honduras who had the biggest impact on my experience and who taught me the most valuable lessons. While those living in the villages have so little and their lives seem so simple to us... they also seem truly happy. This is a priceless lesson in the fact that life isn't about material things but about our relationships. As Americans we get so caught up in this vision of what our lives are supposed to be, and what makes a "good" life. We stress about getting a good education, then a good job, then working long hours and making enough money to raise a family and buy that big house and new car. Spending a few weeks in Honduras is a loud wake-up call that this is not what life has to be. While it certainly is an option, it's important not to let society's "norms" dictate the way we live our lives.

For me one of the best parts about the trip was having a break from those technological advances we have become so dependent upon back home. Aside from the occasional email I was able to send, we lived life disconnected. It turned out to be quite a blessing to be in the middle of nowhere with minimal contact with the outside world. Not being able to send text messages, check Facebook, or Tweet about what's going on... we were truly able to live in the moment and appreciate where we were, who we were with, and what we were doing. While I went into this trip not knowing what to expect, I got far more out of it than I ever could have anticipated--an appreciation for all that I have, an admiration for the hard-working and loving people of Honduras, and a new understanding that life is what you make it (regardless of what people may tell you it should be).

Jamie Fleming
Interpreter



“...the biggest surprise, to me, was the level of need for our services despite the availability of modern conveniences...”



When Jennie McKemie told me we were going to the mountains, my first thoughts were:

1. “Darn it, I won’t lose as much weight (8 lbs) as I did when we went to the Mosquitia jungle villages because it won’t be as hot and humid.
2. It’s got to be easier traveling by bus instead of the long rides in an old, open, wooden boat.
3. We probably won’t see as much need for our services, since they have more access.
4. Surely it won’t be as noisy--shouldn’t need earplugs.
5. Maybe we won’t have to rely on beans and rice.”

I was wrong on almost all counts--I only lost 5 lbs...on this trip. The “cloud forest,” as it is called, was almost as hot, just as humid, as noisy, and required a much rougher, more harrowing, and possibly more dangerous ride by bus on the absolute worst main road I’ve ever seen. Off-roading has nothing on this trip. We did have more meal choices, but beans and rice were still #1 and 2.

But the biggest surprise, to me, was the level of need for our services despite more availability of modern conveniences like TV, cell phones, stores, cafes, bars, etc. In fact, it seemed to me that the level of need was at least partially because of that availability, not in spite of it. That is for another, more sociological discussion.

The facilities, both living and working, were better than in the rain forest. But from the time we opened our doors, the medical and dental needs were overwhelming. That must have been surprising to our planners, since we started running out of critical medicines and anesthetics in the first four days, prompting a call for more, which came by bus on Friday (day 5).

The scabies, worms, lice, bacterial infections, and “bombed-out” mouths were more than anybody expected, especially considering La Union has a full time doctor (who was a big help to us), as well as pharmacies -- not well equipped, but with some medicines available.

One reason for the disease-state we encountered was quite obvious. Running down every street in this town of around 8000 people were rivers of raw sewage -- the effluent from every human and animal (animals of all species run loose everywhere). This run-off goes into the creeks and rivers, from where they get their untreated water for cooking, drinking, and bathing. As a result, most of us volunteers required antibiotic treatment.

We almost never had a dull moment, were faced with surprising needs, worked just as hard as my first International Health Service trip, and made friends with another truly amazing and dedicated group of volunteers, including some



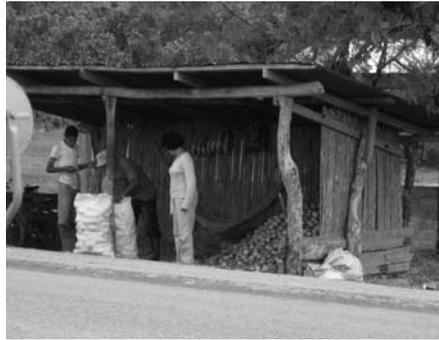
native Hondurans -- especially Idalia, a very special volunteer from Tegucigalpa.

We had an especially hardworking team leader in Kathy Lepp, who went to bat for us tirelessly, and got us the great working facilities, as well as the extra supplies we required to continue seeing patients.

I have never had to work as hard as I have on my IHS trips, but have also never felt more satisfaction and accomplishment--more proof of the old adage (I will paraphrase): "To be happy for a short time, go fishing, get a massage, or win the lottery. But to be happy for life, help someone in need."

At least in my area of work, we got to the "roots" of the problems--literally. Now if only they can be helped to get to the real "root causes" of their medical and dental disease states.

Jim Clyde
Dentist




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“The physician and nurses saw over 1,500 patients that had every imaginable disease or injury.

The pharmacists dispensed over 2,500 prescriptions.”

have no running water, and unreliable power. The people in the villages have never seen the basic comforts we take for granted, like potable drinking water, adequate food, new clothing, or even basic housing. Yet the people, especially the children, seem very happy in their simple day to day lives. A soccer ball or tennis ball can provide hours of entertainment for the kids. Arrival of the medical and dental teams once a year is a major event beginning with almost all the kids running to the grass air strip to greet the small plane as it lands with the first of the team members.

Kelly said “I feel so sad to see the poverty these people live in, and am amazed at how they survive life under these conditions. I want to hug each of the kids. They are so cute and so innocent.”

We made so many new friends among all the great IHS volunteers and the people of Honduras. We are so fortunate to have the opportunity to help these people.

Dr. Rich O’Day
Dentist

I recently returned from a 16 day medical mission to Honduras. My name is Dr. Rich O’Day and I was accompanied by Kelly Weil, a member of our staff at Colorado Regional Oral Surgery. The mission took us to the small village of Lisangnipura in the Mosquitia region of southeast Honduras. We were accompanied by 13 other team members including a physician, a physician assistant, two nurses, an EMT, two pharmacists, a radio operator, an engineer, two interpreters, and two general helpers.

Kelly and I treated 271 patients in the village and another 30 patients in the small town of Puerto Lempira before moving out to the village. Six ill patients were airlifted out of the village by small plane to Puerto Lempira and one patient was sent to the capital city of Tegucigalpa for treatment. More than 250 pairs of reading glasses were distributed. The team also repaired several of the wells in the village, repaired the leaking roof of the clinic and added a railing to the stairs leading up to the church.

International Health Service is an all volunteer organization that provides medical, dental and vision care to the impoverished people of Honduras. Each February, approximately 100 people from all over the world head out on teams to various regions of Honduras and spend two weeks helping the people.

The poverty in this part of the world is overwhelming... something you can’t imagine unless you actually experience it. Even in the larger cities like La Ceiba, you will have a hard time finding a hot shower in the “hotels”. Smaller towns like Puerto Lempira



Lisangnipura is an ideal village in which to work. Hilario, organizer extraordinaire, was essential to our success. He advertised personally and via radio to the villages we were to serve, organized cleanup of the village, and along with lots of community volunteers and students, prepared the runway for our flights in and out. During our time there he also intervened when problems arose, spent every day interpreting and shared his dreams with us for a bridge connecting the communities.

We were never short of villagers coming to receive medical services. Some walked three hours to get to the clinic. For the most part, people were healthy and adequately nourished, were fun and very thankful for our work. Our team members worked hard to practice their Spanish and newly learned Miskito words. As an interpreter, my job became easier each day, as we all learned Miskito words for hello, thank you, why are you here, and of course the words for cough, headache, lice, and other words for common diseases. Our Miskito interpreters were the best, arriving every day and working out of the generosity of their hearts until closing time.



Lisangni was truly a welcoming village whose members and neighboring communities not only received medical care from the IHS team, but also gave of themselves. I share in Hilario's dream for building a bridge which, as a member of the Lisangni team, I can contribute to benefit the community in the long term.

Renee Wolters
Interpreter

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All Director positions need a Co-director or assistant director. If you are interested in helping please contact the IHS.

**IHS Web Site: www.ihsmn.org
contact@ihsmn.org**



To be put on the mailing list or submit stories and photographs contact:
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This Issue of News Break was Edited by:
Marcia Ernst and Steve Bakke
Designed & Produced by: T. Roper



“Once I landed on Puerto Lempira’s dirt runway, I knew I was very far away from home...”



I remember hearing once “Run towards the uncomfortable”. Draw yourself out of your comfort zone and be comfortable with being uncomfortable. With that being said, I came to my experience with IHS with no expectations, no pre-conceived notions nor ideas. All I knew is that a medical mission was something I had wanted to do for a very long time and I knew I was curious. Curious in regard to what I would do, where I would go, what the hospital or clinic would look like, who would I work with, how many patients would I care for as part of a team and what diagnoses might I encounter. I had absolutely no reference to go by. As far as Honduras goes, I had traveled to other Central American countries for surf excursions, however this was going to be different. I was going to Rus Rus.

Seeing first pictures of Rus Rus (aerial views on the internet), I was amazed to see how remote a location it was. No major roads in or out of the village. No other major villages near by, only the Rus Rus and Coco Rivers as major landmarks amongst a lush green landscape. I imagined the television show Survivor, then Bear Grylls on ‘Man Versus Wild’. I even wrote on my application that if I got into a challenging situation, I would channel my inner explorer. While filling out the application with my friend and colleague, Noreen Requiño, I remember us asking ourselves ‘can we really handle this?’ At this point, I had only the inspiration and encouragement of my family and friends to guide me. I therefore decided to take a chance, follow my bliss and get ‘uncomfortable’ in my quest for the unknown.

My first few nights in Honduras were spent in a convent. It was one of the quietest and most peaceful, not to mention cleanest, places one could ever imagine. One nun of 70 years lives there alone in the large facility. She was as gracious as she was kind and made myself, Noreen and a few other IHS members feel right at home. She made very clear to us that what we were doing was important. Her Goddaughters, both of whom

grew up in Honduras, were impressed with the fact that our destination was La Mosquitia. Both grown adults, they had never been to nor had any plans of going to that region of their country, let alone to Rus Rus.

Once I landed on Puerto Lempira’s dirt runway, I knew I was very far away from home (New York City). There was the wooden food stand with benches that basically served as your airport. One could purchase a soda, watch shoes being repaired or see handicrafts being made by the local artisans, many of whom had disabilities such as blindness or were victims of decompression sickness. After I boarded a tiny 4-seater plane, listened to some Santana through the airplane headset as the copilot, 20 minutes later I arrived in Rus Rus. While still in the air, Wes – our pilot, called to his wife over the radio to clear the runway of animals for a safe landing. I could tell at that point we were going to be very much off the grid.



As a newbie, I was thankful to be among a team comprised of both newcomers as well as seasoned members. The experienced veterans were a wealth of knowledge and definitely put my mind at ease, although my most nerve-wracking moment was walking to the clinic that very first day. Nerves and those recurring questions of ‘what am I going to do here, how will I help these people and will I make a difference’ overcame me.

Within minutes of seeing my first patient, interacting with them and making them smile, my mind was reassured. We were greeted with curious, but warm smiles and sometimes a hug or handshake. We were told thank you in Spanish as well as Moskito. Our patients listened to us attentively as we spoke, many times not understanding us, but eventually through the help of our interpreters we were all on the same page. There were countless moments and people that stood out for me during this amazing time in Rus Rus. One person in particular was a young boy of 12 years who had walked over 2 hours by himself with both a fever and ear infection. He came alone because his grandmother had taken ill and was too weak to travel. Both she and the young grandson needed medication. To most, this might not be a big deal, but I only could think of my own 12 year-old



nephew and what it would be like for him to make such a journey by himself, all the while not feeling well.

It was a moment that struck me as how different our worlds were. I couldn't imagine such a grand responsibility for such a young person.

When I spoke to Westley Wiles about the impact our group made during the time we were in Rus Rus, he stated that Geraldina, the nurse, thought we were a very special group and she was touched by all of our efforts. He said that even if we just hugged one child, then we made a change. I think I can speak for our whole group when I say that we made a lot of children smile, although some babies I made cry, but mostly we made them smile.



I am so grateful for our amazing Rus Rus team. We had such an interesting mix of personalities, background experiences, talents and viewpoints. I wouldn't have changed a thing, nor traded a single member. Wes and his family were such assets to this endeavor's success as were Geraldina, and the various other community leaders and members. We all learned a great deal from each other and through our shared efforts were able to help many people. I now know what it means to run towards the uncomfortable and experience some of the greatest joys one could imagine.

Mary Assenmacher
Nurse Practitioner



SEEKING:

- **Translators**
- **Pharmacists**
- **Dentists**
- **Physicians**
- **CRNAs**
- **RN & OR Nurses**
- **Surgeons**
- **Dental Assistants**
- **Optometrists**
- **Handypersons**

contact@ihsmn.org

1st Annual Fund Raiser a Big Success



This past winter IHS held its first-ever raffle fundraiser and thanks to all of you it was a great success. We greatly appreciate everyone who sold tickets and/or donated to our cause!

The raffle raised \$11,934. To give you a little perspective, it generally costs IHS around \$30,000 each year just to purchase enough medications and vitamins to supply our teams.

First Place winner was Dixie Doyle, an RN and a first time participant on the February 2011 trip.

Second Place winner was John Wagner, a long time participant and ham radio operator.

Third Place winner was Renee Petroski.

The participant who sold the most tickets and won a free project fee for a future trip was Deb Fischer, a paramedic who has gone on many IHS trips. Deb sold 132 tickets. Way to go Deb!

This year the funds raised through the raffle most likely saved part of our February project. For the first time anyone can remember rough seas prevented the boat that usually transports all the remote team supplies to Puerto Lempira from leaving La Ceiba. So we had to resort to air transport – for an additional \$9000 – but without this shipment those teams would all have been left sitting and waiting for days in PLP. (See the Project Director's report for more details.)

So even though our reserves are once again depleted, the February project was a big success and many people received help. Thanks to all of you!

Thanks also go to Best Buy for helping us arrange for the TV and agreeing to make it happen at any of their stores throughout the USA. And thanks to Jacob's Trading Company for donating the Wii & Fit Plus program. They helped make the raffle possible and successful.

2ND ANNUAL I·H·S RAFFLE FUND RAISER

INFORMATION & TICKETS MAILED IN NOVEMBER

CONTACT: fundraising@ihsmn.org



Patients have ranged in age from small children to the mid 80s. It is a great feeling when we find just the right pair of glasses for someone.



For the past four years, there has been an eye care team in Puerto Lempira. We have set up the clinic in the former Ramirez Discotek building in Puerto Lempira and have seen 800+ patients each year. Many patients simply come to have their eyes checked, others need only reading glasses, but many need prescription eye glasses. We do our best to examine them and fit them with the eye glasses gathered through the Lions Clubs. You can always tell when someone has received glasses and can now see things they have never seen clearly before.... there is a huge smile on their face and usually everyone gets a big hug!



Patients have ranged in age from small children to the mid 80s. It is a great feeling when we find just the right pair of glasses for someone. Over the years we have seen children and adults with prosthetic eyes, a family with many members of several generations with congenital glaucoma, various injuries to eyes, and blindness. Good eyesight is something most people in the United States take for granted. We have access to eye doctors, eye glasses, reading glasses, and sun glasses. We do not know what is like to see life as a blur. Even though we may not be able to help everyone who comes through our clinic doors, we know we have helped many and have made a difference in their lives.

each October and February. General helpers (no special skills needed) on the eye teams help us see many patients and make a huge difference, so please volunteer to be on an eye care team and help us help those less fortunate.

Karen Kirckof
Team Leader

This year IHS hopes to start running an eye clinic in Puerto Lempira as part of the October project too. With that in mind we have a never ending need for optometrists



“We may come from very different places and live very different lives, and yet we all were there to meet the needs of the people.”

operating room, because it was the only air conditioned room in the hospital. We usually did four or five cases before taking a short break for lunch. The hospital kitchen provided lunch for employees, so we were able to arrange for a plate lunch each day. After lunch, we continued on until the work was done (usually around 7 or 8 p.m.)

Our team left for Puerto Lempira at 5 a.m. Monday morning. Our flight took an hour and a half on a twelve-seater prop jet, before landing on the dirt runway of the Aeropuerto Puerto Lempira. Puerto Lempira (a.k.a. PLP) is the capital of the Gracias a Dios department in northeastern Honduras. It is the largest town in La Mosquitia region, and the majority of the population are native Moskitos.

I was one of three R.N.'s on a nine person Surgery Team assigned to Hospital Puerto Lempira. We were housed at the Iglesia Catolica compound, about a mile from Hospital Puerto Lempira. Our Administrative Team and Eye Care Team were also housed with us at the compound, so our group in PLP totaled 21 people. We slept dormitory style in two large rooms (one for men and one for women). We each had a bunk and a small bedside table. There was no running water, but we had a large cistern where rain water collected. We dipped buckets to get wash water and also water for washing our clothes by hand. We had four “shower” stalls, where we could take our buckets to rinse off after our long days at the hospital. We also had two outhouses in the compound. There were no paved roads and PLP appeared to be a quiet little town.

A typical day for the PLP Surgery Team started around 5:30 a.m. Our breakfast was generally a cup of coffee and an empanada (purchased from a local street merchant the day before). Most days, we walked to the hospital. If it was pouring down rain, we rode “Honduran style” in the back of Iglesia Catolica’s pick-up truck. (Did you know giant plastic garbage bags make a great poncho?) We would arrive at the hospital around 7:00 a.m. Our interpreter would check in with the local doctor to see if she had any surgery cases waiting for us. Someone was always waiting. We were given one of their two operating rooms for our cases, although we did get bumped for emergencies on occasion. We were happiest when working in our

A local woman cooked our dinners at her home and delivered them to the dining hall at the compound each evening. Most evenings, dinner was set aside for us because we didn’t get back from the hospital in time to eat with the rest of the group. She was a wonderful cook... we especially loved her fresh coconut bread. Our big treat after dinner to finish off the day was boiling water on the propane hotplate for a cup of Starbucks flavored instant coffee. (I can’t remember anything ever tasting quite so delicious!) Then it was time to “shower” and lay our scrubs out for the next day before crawling into our bunks, praying for a little sleep. With torrential rain beating down, howling winds, dogs barking all night, and roosters that started crowing at 2:30 a.m., sleep was a luxury that we rarely enjoyed. And then it was morning, and it all began again.

Our mission in PLP was to provide surgical care to non-paying patients in need. To that end, we set out to do



as many surgeries as possible in the short time we were there. Our surgeon had planned to do most of his surgeries laparoscopically. However, about half-way through our first laparoscopic cholecystectomy, the scope went dim. We managed to finish that surgery, but it was like peering into a tunnel with a flashlight. The rest of our cases had to be done as open surgeries due to the unreliability of the laparoscope. Between power surges and power outages, it's very difficult to keep electronic equipment functioning properly. There were many occasions when the power went out and we had to stop and wait for backup power (which was solar) or put on our headlamps so we could continue in the dark. (Of course, we also lost air conditioning when we lost power, so it made for a rather miserable situation.)

While in Honduras last year, we found there was a great shortage of towels and linens in the hospital, so I asked my I.R. staff to start saving unused towels. Over the past year, my staff managed to collect dozens of blue towels, which

I carried with me to Honduras. We found these towels to be invaluable. As a result, it's difficult for me to throw anything away without thinking how they could use it in Honduras. With my renewed sense of stewardship, I wonder if there are similar items from other areas within our institutions that could be repurposed as well? Everything in the U.S. is disposable...everything there must be saved and reused. What we throw away here is like a gift in Honduras.

Our first surgery at Hospital Puerto Lempira was removal of a large growth from the forehead of a two-year old girl. She was our youngest patient and our oldest patient was an eighty year old woman for a gallbladder removal. Our surgery team performed 52 surgical procedures during our stay in PLP. We performed multiple gallbladder removals, as well as many hernia repairs. We ligated varicose veins and removed assorted keloids and lumps. We did several minor surgical procedures on missionary children from the U.S., as well as surgeries on children from the local orphanage. Many of our patients were local natives, who

spoke only the Moskito language. Our interpreter spoke Spanish not Mostiko, so we had to rely on the few hospital staff members who spoke Moskito to translate when available. Fortunately, compassion is a language that does not always require words.

While we had an entire surgical team, we could not really work independently without the help of the local staff. One person who was indispensable was the O.R. tech who always appeared to troubleshoot when the cautery wouldn't work or the spotlight bulb needed replacing or the power went out yet again. We also needed the help of the Sterile Processing staff to ensure we had all the necessary surgical instruments for our cases each day, and had to find ways to communicate with them. (When you are working for a common goal, it seems there is an unspoken language understood by all.) Conversely, we were asked for help by the local staff on several occasions. When their OB/GYN doctor ran into trouble with excessive bleeding on an ovarian cyst removal, our doctor stepped in to help her tie off bleeding

vessels. Words weren't required in order to work together to save a life. When a gunshot wound was brought into the E.R. and there was no doctor available, our doctor went to assist. Finding common ground through our work fostered international understanding and mutual respect, helping us all appreciate our cultural diversity. We may come from very different places and live very different lives, and yet we all were there to meet the needs of the people.

In Honduras, it is difficult for the government to meet the country's needs for health and education services, so adequate health care is available only to those able to pay the high cost. Health care for the urban and rural poor is extremely limited. Patients have to rely on family members to provide much of their care while in hospital. Patients are expected to pay for their medications or go without. Aside from a bed, patients are provided with very little. There were no sheets or blankets for the beds, so we put surgical gowns and recycled surgical drapes over each patient in our O.R. The few small fleece blankets we had taken with us were like gold...if only we had enough for all of them. At least we had enough for the children...and the small stuffed animals we gave them may have been better than medicine.

More than any other lesson learned, my time in Honduras reminded me that we take so much for granted each and every day...enough food that we never feel hungry, hot and cold running water, a soft place to sleep, heat when it's too cold and cold when it's too hot...even flushing a toilet or brushing your teeth with water from a faucet. It is so important that we step outside our comfort zone to see what the rest of the world is really like. In our day to day work life, we think there is only one way to do things. We have to follow every policy and



complete every form... all with good reason; however, we forget how to think outside the box. We need to be reminded to look beyond ourselves. There is so much more to life than just what we see and touch every day. By embracing the core values of respect, compassion, justice, excellence, and stewardship, we can receive a much greater gift that we can give.

Judy Lacy
Registered Nurse

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All donations are tax deductible. Donations can be mailed to:

International Health Service
PO Box 44339
Eden Prairie, MN 55344



Help Us Grow

Consider IHS in your planned giving. You can help through a Monthly Pledge, Lump Sum Gift, Gift of Stocks, a Donation to the IHS Endowment Fund (through the Minnesota Foundation) or a Donation in Memory of a Loved One.



“His skilled hands made a “difference” that will be felt by individuals, families, and communities in Honduras.”



At the Tocoa Surgical Team Site, we had 10 members, 44 surgical cases and a 90% tourista rate. We also had an incredible surgical team! Our team leader was the invincible Trudy Staubitz RN (the only member not to have developed tourista) and as, in the past, provided excellent leadership and example. Dr. Dan Jaffurs, our pediatric plastic surgeon, made surgical magic for patients 10-120 kilograms. His skilled hands made a “difference” that will be felt by individuals, families, and communities in Honduras. Dan and Trudy brought the Honduran contingent and the USA contingent together on so many levels. Our anesthesia staff consisted of Craig Gill CRNA and Kris Budke CRNA. Differences in age and demeanor (I was the old and more anal one) were rapidly erased in the perioperative milieu, where only professionalism and caring were the hallmark of our practice. Meredith Johnson RN and Trudy (with an occasional assist by Kris) were our incredible OR Nurse team. They also rescued anesthesia on occasion.

Their surgical nursing prowess had to be seen to be believed. They took the California-Minnesota standards of practice and care to Tocoa and placed them seamlessly in a third world country with marked differences in technique and practice. We never deviated from a USA Medical Center standard, not in Dr. Dan and Trudy's OR! What can I say about our support staff? Three newbies in Ruby Sistad RN, Brenda Tofstad EMT, and Henry Novotny ESO (emotional support officer).

The newness wore off in about 20 minutes as they stocked, ordered, and restocked supplies and medications. Ruby's immeasurable help dealing

with all post op medications (with Denis's translator assistance) made the clinicians' work much easier. Brenda became a locum tenens OR tech in about 2 days - she was a boon to all of us, and we did run her ragged. Henry, well what can I say about Henry? He was an uplifter of spirits to the entire team and also to our little hospital. His persistent and beautiful spirit became a rallying point on a long and difficult case/day. Not a bad voice either - he and Kris made wonderful music together.

Last but certainly not least, our translators Bill and Denis Roussel, kept us free of egg on our face with patients, hospital staff, cab drivers, hotel staff, and the occasional drifter. We would not have been able to function without them! They not only translated, but Bill was also our radio guy, supply manager



and mechanic and electrician as well. Denis was our go-between with the community, hospital, and the occasional excellent restaurant. We worked these two shamelessly, and they took it for the team without complaint.

There are so many terrific stories that I could tell regarding our experience as the best team in Honduras, but there is not enough time nor literary expertise on my part to do them all justice. Suffice it to say, this experience in February 2011 will be one I will never forget. I love all the magnificent members of the Tocoa team and would welcome another go with them next year.

John Craig Gill
CRNA

Upcoming IHS Projects

October Project – October 20 – 30, 2011

This year we will be fielding two teams for the October Project – an eye care team will work in Puerto Lempira and a medical/dental team will go to a remote location.

Questions or more information – contact@ihsmn.org

Planning Trip – Late October

Around the same time as the October Project, a small group of people head to Honduras to lay the groundwork for the February Project. They determine team sites, arrange logistics, housing and meals. If you would be interested in getting involved with this aspect of the project **contact the IHS President at: president@ihsmn.org**

February Project – February 10 – 24, 2012

Over 100 participants from throughout the USA and around the world participate in the February Project. Everyone gathers in La Ceiba and then, with their teams, head out to remote locations around Honduras for approximately two weeks.

The Project usually consists of six medical/dental teams, two surgery teams, two eye care teams, and two administrative teams.

Many seasoned IHS'ers arrive early in La Ceiba to help with the many assorted tasks required to get everything set up. If you can help please let the Project Director know before the trip: **projectdirector@ihsmn.org**.

Before or after the Project many participants schedule side trips to the Bay Islands, Copan, or enjoy other areas in Honduras. If you plan to visit a different country before the Project be sure to check health requirements for entering Honduras from that country before setting up your trip!

OCTOBER 2010 & FEBRUARY 2011 TEAM STATISTICS

Total Patients Served - 10,778

			
Dental Teams	Patients – 1,757	Extractions – 3,188	Other Procedures – 95
			
Medical Teams	Adults – 4,077 Children – 3,431	Surgeries – 35 Pharmacy RX's – 17,868	Referrals – 107 Vitamins – 6,124
			
Surgery Teams	Surgeries – 120		
			
Eye Care Teams	Patients – 1,393	Prescription / Reading / Sunglasses – 3,386	

Dates to Remember

2011

- August 15** Applications and deposit due for October Project
- September 15** Balance of October Project fees due
- October 1** Applications and deposit due for February Project
- October Project** **October 20 – October 30**
- October 17** Planning Team heads to Honduras
- November** Team selection for February Project
Team information will be sent out
- December 21** Shipping deadline for February Project

2012

- January 1** Balance of February Project fees due
- January** Load container in Twin Cities
- February Project** **February 10 – February 24**
- May 1** IHS News Break team articles
and photos due
email to: newsbreak@ihsmn.org
or mail to: IHS
PO Box 44339
Eden Prairie, MN 55344



Sign Up!

...for an I•H•S
Project and make
lifelong friends
and create new
memories that you
will think about for
years to come!



Kruta Team (October 2010)

In Random Order: Marianne Serkland, Mary Bianco, Nancy Zupan, Dale James, Jeanne James, Melanie Marriot, Robyn Hansen, Karen DeMorett, Araldo Lopez, Juan Brayman, Jack DeMorett, Andres Martin and boatmen

Belaire Team:

(left to right)

Front row: Renee Donnelly, Jenna Kucera, Elissa Iverson, Pam Copper, Jennifer Thompson

Middle Row: Shawn Murphy, Marie White, John Ellig, Shannon Armstrong

Back Row: Jim Welch, Jim Daniels, Steve Rice



Kruta Team:

(left to right)

Front Row: Meredith Bilse, Cheryl Schraeder, Jake Howard

Middle Row: Andy Martin, Jodi Lillemoen, Tom Ziebarth, Carrie Johnson, Teri Houle

Back Row: Kelly Koehnen, Mike Stapp, Eddi Morfy, Justo Podada, Buzz Schraeder, Jim Jackson, Juan Braymen, Ben Cooper, Tawnya Heer, Kyle Heer

Not pictured: Andres Martin



La Esperanza Team:

(left to right)

Front row: Jack Reed, Drew Hennessy, Kelley Shelley, Alison Shelley, Courtney Fleming

Back row: Liz Reinemann, Andrew Joaquin, Josh Favorite, Carl Toben, Brad Toben, Kim DeMorett, Gina Knight, Jamie Fleming, Jennifer Edwards



La Union Team:

(left to right)

Front row: Idalia Maldonado, Marisa Messer, Jennie McKemie, Kathy Lepp, Adessa Fischer Bentley, Amanda Styles

Back row: Bob Quinlan, Shelley Quinlan, Carrie Lynch, Brian Coulter, Frank McKemie, Jim Clyde
Missing: Sandra Chang



Lisangnipura Team:

(left to right)

Front Row : Andrea D'Angelo, Resa Tombers, Jenny Serie, Arielle Martin, Kelly Weil

Middle Row: Scott Hamilton, Barb Hamilton, Renee Wolters, Dan Walker

Back Row : Rich O'Day, Chris Knoff, Joe Tombers, Greg Shepherd, Steve Williams, Hilario Nixon



PLP Admin Team

Larry Foster, Kathy Coots, Grant Hanson, Drew Mathews

PLP Eye Care Team:

(left to right)

Front row: Cristy Garrido, Bob Slider, Katherine Aby, Colette Friedenson

Back row: Karen Kirckof, Kathy Coots, Matt Gifford
(not shown Susan Arnquist)



PLP Surgery Team:

(Left to right)

Front row: Judy Lacy, Martie Coleman, Shu Lan
 Middle row: Jo-Ann Prater, Gary Yurina, Rod Brown
 Back row: Rick Reiter, Jim Prater



Tocoa Surgery Team:

(left to right) Meredith Johnson, Dan Jaffurs, Bill Roussel,
 Kris Budke, Brenda Tofstad, Craig Gill, Henry Novotny,
 Ruby Sistad, Trudy Staubitz, Denis Roussel



Rus Rus Team:

(left to right)

Front row: Morgan Tschetter, Luke Musselman, Liz Parker, Dixie Doyle, Denise Wiles
 Middle row: John Kirckof, Araldo Lopez, Sally Guillet, Noreen Requijo, Mary Assenmacher,
 Troy Mayer, Rachael Wiles, Keila Wiles
 Back row: Doug Pflaum, Amanda Denn, Chris Parker, Josh Wiles, Westley Wiles

I•H•S Projects October 2010 & February 2011

La Ceiba Admin
 Project Director
 General Helper/Interpreter

La Ceiba Surgery Team
 Team Leader/PA
 Urology Surgeon
 CRNA
 CRNA

Tocoa Surgery Team
 Team Leader/RN
 Plastic Surgeon
 CRNA
 CRNA
 2 RNs
 EMT
 Interpreter
 General Helper
 Engineer/Radio/Interpreter

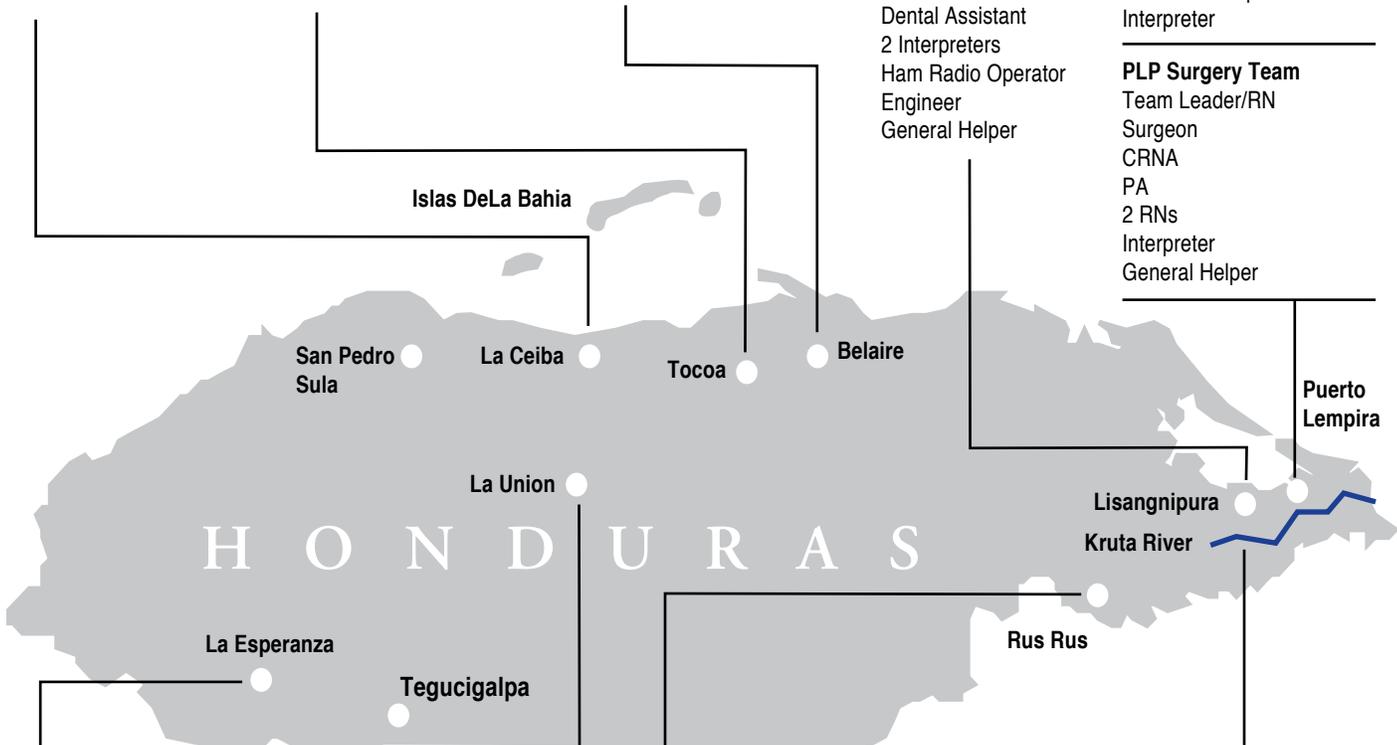
Belaire Medical Team
 Team Leader /EMT
 2 Physicians
 PA
 3 RNs
 Pharmacist
 2 Pharmacy Students
 Asst. Project Dir./Interpreter
 Interpreter

Lisangnipura
 Medical/Dental Team
 Team Leader
 Physician
 NP
 2 RN's
 Pharmacist
 Pharmacy Student
 Paramedic
 Dentist
 Dental Assistant
 2 Interpreters
 Ham Radio Operator
 Engineer
 General Helper

PLP Admin
 IHS President/Team Leader
 Ham Radio/Engineer
 Ham Radio/Engineer
 Engineer

PLP Eye Care Team
 Team Leader
 2 Optometrists
 3 General Helpers
 Interpreter

PLP Surgery Team
 Team Leader/RN
 Surgeon
 CRNA
 PA
 2 RNs
 Interpreter
 General Helper



La Esperanza Medical/Dental Team
 Team Leader
 Physician
 PA
 3 RNs
 Pharmacist
 Pharmacy Student
 Dentist
 Ham Radio
 Engineer
 3 Interpreters

La Union
 Medical/Dental Team
 Team Leader/Interpreter
 Physician
 PA
 3 RNs
 Pharmacist
 Pharmacy Student
 Dentist
 Ham Radio/Engineer
 2 Interpreters
 General Helper

Rus Rus
 Medical/Dental Team
 Team Leader/Engineer
 Physician
 NP
 2 RNs
 Paramedic
 Pharmacist
 Pharmacy Student
 Dentist
 Ham Radio
 Engineer
 Interpreter
 Pilot/Interpreter

Kruta River
 Medical/Dental Team
 Team Leader
 Physician
 2 RNs
 Paramedic
 LPN
 Pharmacist
 Pharmacy Student
 Dentist
 Ham Radio/Engineer
 Interpreter
 2 General Helpers
 Engineer

October 2010 Kruta River Medical Team
 2 Physicians
 NP
 3 RNs
 Pharmacist
 General Helper



International Health Service Application

2011

Project Honduras: October 20-30, 2011
 (Circle Trip) **February 10-24, 2012**

Participant Application – Please print clearly

Name _____ Home Phone () _____
 Address _____ Cell Phone () _____
 City _____ State _____ Date of Birth (mm/dd/yy): _____
 Zip Code _____ Country _____ Nickname/name for tag _____
 E-mail _____ Male Female

Specialty (Check all that apply) Send copies of license _ Physicians & Dentists must also send copy of diploma.

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> DDS (specialty) _____ | <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> RDH | <input type="checkbox"/> RPh |
| <input type="checkbox"/> MD (specialty) _____ | <input type="checkbox"/> NP | <input type="checkbox"/> PA | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> RN (specialty) _____ | <input type="checkbox"/> CRNA | <input type="checkbox"/> LPN | <input type="checkbox"/> EMT |
| <input type="checkbox"/> OD | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Radio Operator | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Other specialty (please specify) _____ | <input type="checkbox"/> General Helper | | |

Where are you currently working? _____
 If not when did you last work in this field? _____
 Name of current or past Supervisor _____
 Briefly describe your work experience _____

Please list any physical or medical limitations _____

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

October 2011 Project - medical/dental team will go to a remote location in La Mosquitia and eye care team will go to Puerto Lempira.

Please check type of team assignment you prefer (check all that apply): Admin. Team - PLP ___ or La Ceiba ___ EyeCare ___
 River (i.e. Kruta) ___ Remote (i.e. La Mosquitia) ___ Inland (i.e. Mountains) ___ Surgery ___ Any assignment OK ___

List any assignments you would not accept _____

Name of one person you would like to be on a team with _____

Past participants - number of previous Projects have you been on? _____ Would you be willing to be a team leader? _____

Do you speak Spanish? None ___ Few Words ___ Phrases ___ Conversational ___ Fluent ___

APPLICATION DEADLINES & PROJECT FEES

OCTOBER TRIP

Due Aug. 15 Application/Deposit/Licenses \$100
Due September 15 Final Project Fee/Paperwork \$400
Total October Project Fee \$500

FEBRUARY TRIP

Due Oct. 1 Application/Deposit/Licenses \$100
Due January 1 Final Project Fee/Paperwork \$500
Total February Project Fee \$600

Applications for February Project received before Oct. 1st will receive priority when teams are assigned. Those received after October 1 will be considered only if specialty is needed.

In order for your application to be considered the following must be attached: Completed application with signed waiver & Deposit. • Copy of Amateur Radio license (Radio Operators only) Copy of Professional Licenses • Copy of Diplomas (Physicians & Dentists only)

Note: \$100 deposit is non-refundable and due with the completed application.
 (Deposit will be refunded if your application is not accepted.)

Make checks payable to:
 International Health Service
 Mail to:
 International Health Service
 PO Box 44339
 Eden Prairie, MN 55344

(application continues on next page)



Project Honduras

T-SHIRTS & CAPS – Each participant will receive one t-shirt. Please select T-Shirt Size: _____ (S M L XL 2XL)

First-timers will also receive a cap.

Additional IHS t-shirts & caps can be purchased.

Please include a separate check for these items with application.

Additional T-shirts @ \$10 - how many _____ size _____ Additional Caps @ \$10 - how many _____

First time participants must also complete the Project Suitability Form. If it is not included with this application please contact: recruiting@ihsmn.org to have one e-mailed to you.

INTERNATIONAL HEALTH SERVICE

ACKNOWLEDGMENT 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 an 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.

International Health Service does not provide any type of 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.

International Health Service reserves the right to disqualify any participant at any time during the trip, whom they feel is unable to mentally or physically continue, with no refund. IHS also has the right to change the work location of any participant if their further participation will jeopardize the team and/or his/her own safety and enjoyment. IHS will not be responsible for any monetary or other issues incurred by person deemed unfit to continue with the project. This includes, but is not limited to: hotel fees, change of flight fees, communication fees to make other arrangements, and meals.

Signed _____ Date _____

This form must be signed before your application will be considered.

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: Powerpoint presentations, the yearly IHS News Break, 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 that contain your image for purposes of their own fund raising, presentations, blogs, web sites, online photo sharing sites, etc. This authorization will remain in effect for one year for this particular trip. IHS cannot guarantee that your image from this trip will not be used after that period of time.

Yes, you may use my photo! **No**, I would prefer you not use my photo.

Signed _____ Date _____

If you select no, please make sure you take one team picture excluding you to submit to the annual News Break! It is your responsibility to submit the correct picture to the News Break Editor at: newsbreak@ihsmn.org.



Project Honduras: Project Suitability Form Required for 1st year participants only!

IHS Projects are not for everyone as some of our locations are very remote and everyone reacts differently when placed in a situation so totally different from their normal life! To assist you in determining if this type of 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 the bustling northern coastal city of La Ceiba, Honduras. Upon arrival participants will stay one or two nights, in a hotel or with local host families, during our orientation programs. Teams return to La Ceiba at the end of the project, for one or two nights, for debriefing, packing away supplies, and a farewell dinner. Many of our repeat participants choose to return to the same work location each year. They become acquainted with the local people, find they are friendly and truly appreciate the work we do in their village.

The following questions are not an attempt to frighten or discourage you, instead we hope they will give you a better understanding of the challenges you may face on your first project with us.

How did you hear about IHS? _____

Please briefly list any camping, hiking, or adventure trip experience. _____

Remote areas of Honduras have no electricity, limited modern transportation, and few telephones. Many IHS participants return year after year, so clearly the majority of them enjoy this drastic change of life and the experience of connecting with and helping the people. However this experience is not for everyone, so please be honest with yourself - can you survive for 8 to 10 days in locations that have solar showers, old outhouses, bugs, creatures, and you sleep in a tent?

Your time on the project will be spent in a remote location away from telephones, computers, internet, e-mail, and TV, with people who speak a different language, use different money, and have different habits and social norms. How do you think you will respond to being out of touch with your culture?

Most of Honduras experiences a hot & humid climate. Participants can expect to be doing a lot of walking on uneven ground, carrying their own bags, lifting, moving, loading & unloading boxes of supplies, and eating many meals which include rice, beans & tortillas. Can you do your share of the work and are you physically up to participating on this trip?

Frustration can happen on IHS trips. You are in a foreign country where Murphys' Law runs rampant, you'll get to know the saying "hurry up and wait", you'll be with a group of people you've never met before and interacting with a different culture - all of this can be challenging. You may not know the language, sometimes things don't happen when they are supposed to, wrong things can happen, and some planned things never happen. How do you personally handle frustration? Does your temperment allow you to "not sweat the small stuff"?

IHS teams encounter very high patient loads which require long days of work. Some teams work in hot and humid environments. How is your temperament and physical stamina consistent with this scenario?

Teams that have the most enjoyable experience work interdependently, with each team member contributing their part to the group's function. This requires you doing your job well everyday, trusting others to do their job, and stepping up to help with the many minor things that need to be done everyday for the good of the team. In other words there is no maid on the team so everyone needs to help keep their sleeping area clean, dishes washed, food organized, etc. To what extent are you a team player?

What are your expectations during the Honduras project? _____

What do you expect to contribute during the Honduras project? _____

*****February teams only** - some teams are staffed with ham radio operators who connect 3 times daily with our Admin Team/Project Director in La Ceiba and our Administration Team in Puerto Lempira. There are land lines in some of our locations and we supply a few teams with Honduran cell phones. Both Admin teams also carry Honduran cell phones.

*****February teams only** - In the unlikely event of an emergency, all radio operators will work together to make sure the correct people are notified. Every effort will also be made to communicate, in a timely manner, important messages for participants coming from family members back home. Because electricity is never 100% in Honduras, messages will be passed on as soon as possible.

Monetary Donations

Founders Gift – \$2,000 & up

Anonymous
In honor of Jim & Barb Alexander and Terry & Gail Stone
 Swenberg, Doris
In honor of Dr. Douglas Pflaum, Helene & Doug

Platinum - \$1,000 & up

Anonymous
 Aby, Katherine
 Dorsher, Paul & Joanne
 Heim, Ross
 Hood, Sharon
 Jaffurs, Dr. Dan
 Johnsen, Robert & Dorothy
 Mathews, Drew
 Ryan, Dudley & Marti
In honor of Teri Houle

Gold - \$500 & up

Bersani, Dr. Thomas & Christy, Joan
 Cynthia Presbyterian Church, Kentucky
In honor of Dr. Frank & Jennie McKemie
 Helgeson, Don & Shepard, Sue
 Houle, Nicholas
In honor of Teri Houle
 Koopmeiners, Linus & Marina
 St. Hilaire, T.
 Schiferl, Jim & Pauline
 Shuster, Dr. David
 Hasti, Dr. Susan & Friedman, Max
 Thibault, Mr. & Mrs. Harold
 Tombers, Dr. Joseph
 Williams, Stephen & Kathleen

Silver - \$250 & up

Anders, William & Gayle
In honor of Luke Musselman
 Benz, Karen & George
In honor of Teri Houle
 CMH Chapter of Kiwi Club
In honor of Jo-Ann Prater
 CNY Eye Care
 Erdman, Warren & Linda
 Ernster, Dr. Leon & Deborah
 Hall, Craig
 Harris, Carol & Peter
 Johnson, Lola
 Kiwanis Club of Ely
 Logar, Ruth
 Olson, Mr. & Mrs. Aubrey
In honor of Dr. Marianne Serkland
 Plank, Louise
In honor of Teri Houle



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

*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.



Ross, Angela
 Sopkowicz, Steve
 Staubitz, Trudy
In memory of David Staubitz

Bronze - \$100 & Up

Alexander, Jim & Barb
 Baizan, Ernesto & Judith
 Barkley, Robert Jr. & Esther
 Baxter, Lavenia & Tony
In memory of Sallie McKemie
 Betz, Charles & Marsha
In honor of Teri Houle
 Boyle, Mary E.
In honor of Teri Houle
 Croney, Elizabeth
 Daniels, Melissa
 Darr, Marilee
 Deutschmann, Ed & Gloria

In memory of Mildred Deutschmann
 East & West Zion Parish Fund
 Felber, Rodney & Frances
In honor of Luke Musselman
 Fernandez, Shanelle & Wilmer
 First Baptist Church, Glenwood
In honor of Grant Hanson
 Gaffaney, Ralph
 Gustafson, Kathleen
 Haaga, Margie & Jim
 Hackenburg, Jane
 Hallada, Antony & Teresa
In honor of Teri Houle
 Hill, Rich & Mary
 Hunter, D.G.
 Huss, Joy
In honor of Jean Girardot
 Japs, Len & Bea
 Johnson, Joyce
 Johnson, Robert & Joyce
In memory of Uncle Bill
 Lobdell, Douglas & Hoff, Julie
 Lopez, Leyla
 Martin, Arielle
 Maher, Dr. Gerald
 McConnell, Brenda
In honor of Teri Houle
 McKemie, Dr. Frank & Jennie
In memory of Sallie McKemie
 McLaughlin, Christine
 Mickelson, Deborah
 Nelson, Wendy
 Nelson, Dr. Rick & Karen
 Panuska, Dr. Harold
 Pflaum, Dr. Douglas & Anne
 Rachie, Marlene
 Raycraft, Terrence & Ardelle
In Memory of Rev. Stanley Goff Sr.
 Rice, Rick
 Rossell, Leonard & Doris
In memory of Kent Moon
 Rosenberg, Robert
 Sater, David & Sharon
 Schluter, Dean & Elayne
 Schraeder, Orval
 Severance, Dr. Perry
 Shalom Community Lutheran Church
 Smoger, Fred
 Von Gruenigen, Herb & Anne
In honor of Dr. Frank & Jennie McKemie
 Walz, Arla
In memory of Mary Ellen White
 Watson, Dr. Robert
In memory of Dr. Don Watson

Copper – up to \$99

Adams, Kathy
 Addicott, Linda

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 Bendele Jr., John
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 Brenneman, John & Phyllis
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 Budke, Kris
 Callahan, Patrick
 Casey, Don & Arlene
 Chavez, Richard
 Clune, Tim
 Collins, Joe
 Coots, Kathy
 Dahl, Benjamin
 Damico, Lela
 Daniel, Dr. James
 Daniels, Melissa
 DeMorett, John & Karen
 DeMorett, Kim
 Denn, Amanda
 Dickinson, Paul & Ann
 Donnelly, Renee
 Dorinden, Anita
 Dorinden, Claire
 Eagle Bank, Glenwood
 Eckhoff, Rosalie
In memory of Dolores Welch
 Edwards, Joyce
 Ekker, Julie
 Fairchild, Bonnie
 Fischer, Deb
 Fleming, Jamie
 Girardot, Jean
 Greenberg, Charles
 Hanson, Grant
 Harjes, Vern
 Harris, Carol & Clifford
In honor of the good work IHS does
 Heacox, Tim
 Hein, Christine
 Herzog, Scott & Colleen
In honor of Luke Musselman
 Hesch, Eileen
 Hollenstein, Jean
 Huyck, Amanda
 James, Dale & Jeanne
 Jensen, Cheryl
 Jensen, Dr. Paul
 Jensen, Patricia
 Johnson, Meredith
 Kalinoff, Fred
 Kettner, Myrt
 Keller, Marly
 Kennedy, Robert & Donna
In honor of Dr. Douglas Pflaum
 Killian-Benigno, Christina & Joe

Kirckof, John & Karen
In memory of Dolores Welch
 Knittel, Cara
In honor of Jim Alexander
 Knutson, Sharon
 Koehnen, Jim
 Koehnen, Michelle
 Kubes, Dr. David
 Kucera, Jenna
 Larson, Nancy
 Laughlin, James & Leinweber, John
 Lee, Kevin
 Lewis, Mark & Corrine
 Lillemoen, Jodi
 Lindseth, Mike
 Lucika, Nancy
 Magedanz, Joe & Jolene
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 Maher, Lois
 Maylon, William & Alison
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 Meyer, Paul
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 Nelson, Kaye
 Nelson, Stacy & Jeremy
 Nemanich, Dr. George & Ann
 Nickel, David
 Nielsen, Terry & Cynthia
 Nissen, Mark
 Okerstrom, Susan
 Papermaster, Maddy
In honor of Cheryl Schraeder
 Parent, Marcile
 Person, Jean
 Peterson, Bonnie
 Peterson, Carol & Don
 Pflaum, Douglas & Ruth
 Pflaum, Patricia
 Pierson, Richard
 Pope, John
 Pouliot, Deb & Greg
 Raymond, Bill & Grace
In memory of Dr. Don Watson
 Reichel, Robert & Susan
 Reiter, Rick
 Rentz, Tamala
 Rice, Steve & Marietta
 Roth, Mike & Wanda
 Roussel, Bill & Denis
 Sadlemyer, Bruce & Annette
In honor of Luke Musselman
 Sanders, Jo & Larry
 Scheer, Carlos
 Schiferl, Pauline & James
 Schweigert, Kathy
 Stanich, John & Shirley

Stapp, Mike
 Stephen, Gary
 Steuck, Time & Susan
 Stock, Bonnie
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 Stringer, Janice
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 Swan, Joy
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 Trinity Lutheran Ladies Aid
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 Tronner, Robert
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 Unzicker, Keith & Shannon
 Verschaetse, Bill
 Vollbrecht, Teresa
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 Walter, Betty
In honor of Luke Musselman
 Welch, Jim
 Welch, Marilee
 Wild, Suzanne
 Williams, Kathleen
 Wood, Ken
 Zupan, Nancy

Non-Monetary Donations

American Medical Systems
 Anchor Scientific & David Potter
 Fairview Southdale Lab & Jan Poole
 Health Systems Cooperative Laundries & Mary Huber
 Katun Corporation & Jim Johnson
 Liberty Carton Company & Lenny Erickson
 St. Cloud Hospital & Patrick Taufen

IN MEMORIAM

Reverend Stanley Goff's wife died in July 2010 in Ahuas. She had been sick for a long time but had a very peaceful death.

Stephen Serkland, ex-spouse of Dr. Marianne Serkland and father of Darwin and Dallas, died August 4, 2010 after a courageous battle with cancer.

Dolores Welch, IHS participant and wife of participant & pharmacist Jim Welch, died in August 2010

We have endeavored to list all contributors and apologize for any names that we have inadvertently missed.

The IHS Postage Permit cannot be used by individuals to mail the News Break. Please use an envelope and postage

International Health Service
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Eden Prairie, MN 55344

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International Health Service Fund Raiser

FIRST ANNUAL 5K WALK FOR HONDURAS

Caminata por Servicios de Salud en Honduras



WHEN: Saturday, October 1, 2011

Registration begins at 9 am Walk starts at 10 am

WHERE: Round Lake Park & Pavilion (check in at Pavilion) 16691 Valley View Rd, Eden Prairie, MN 55346

FEES: \$25 – Early Bird Registration (postmarked on or before Sept. 9, 2011)

\$30 – Registration (postmarked on or before Sept. 23, 2011)

\$35 – Event Day Registration

After the walk, lunch will be provided during a presentation about IHS projects in Honduras.

Registration fee includes a t-shirt and lunch.

Mail registration form with entry fee to: **IHS, PO Box 44339, Eden Prairie, MN 55344** (Make checks payable to IHS.)

One participant per form - forms may be copied and given to others interested in participating! The form **MUST** be signed by participating individual, or parent/guardian if participant is under age 18! For more information about the 5K Walk contact: **fundraising@ihsmn.org**. For more info about IHS visit our **website: www.ihsmn.org**

DON'T LIVE IN MINNESOTA? – Consider getting your friends together for a 5K Walk in your area on Oct. 1. Contact: fundraising@ihsmn.org for more information.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Shirt Size: S M L XL XXL

International Health Service of MN 5K Walk Day waiver: I agree that if I participate in this physical activity, program and / or related event, I do so at my own risk. I agree that I am voluntarily participating in the event and using the event facilities or premises and assume all risk of injury, illness, damage or loss to me or my property that might result from entering this event. I hereby for myself, my executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive and release all event sponsors, charities, volunteers, walk officials, and the City of Eden Prairie. The signing of this release and waiver extends to all claims seen and unforeseen against any party associated with this event.

Signature (parent / guardian if under 18): _____ Date: _____