

# NewsBreak

Annual Newsletter of International Health Service of Minnesota

# 2023





*On the cover :  
Dr. Tom Haus evaluates a  
man who had fallen and  
sustained a significant  
hip injury in the  
village of KanKu on the  
Kruta River.*

## President's Letter

“For me, an area of moral clarity is: you're in front of someone who's suffering and you have the tools at your disposal to alleviate that suffering or even eradicate it, and you act.” These words of the late Dr Paul Farmer—physician, humanitarian, author—is the primary concept driving all of us at International Health Service.

IHS is an all-volunteer organization of individuals who come from various backgrounds and nations twice a year to provide health care to the impoverished people of Honduras. Behind the scenes, year round, is an extremely dedicated and hard working board of directors and their Honduran colleagues who ensure each mission to Honduras is accomplished as efficiently, safely and productively as possible.

As incoming president, I'm truly “standing on the shoulders of giants”—Drew Mathews, CRNA, has led IHS for the past 15 years with a calm, quiet, patient and strong demeanor. He was—and continues to be—the heart and soul of IHS. Drew has been involved in IHS since 1982! In Drew's absence the past year or so, John Pope graciously and very successfully became interim president while also continuing diligently as project director. Both of them are adept at “herding cats” --independent-minded health care personnel who usually know just about everything and are not easily led.

IHS has been challenged the past few years by the Covid pandemic—cancelled missions, delayed arrival of supplies, limited number of volunteers—but the October trip of 2022 and the February mission of 2023 have reinforced our beliefs in the necessity of continuing to deliver high quality dental, surgical and medical care to those in need.

One significant positive development is our ability to work even more closely with Honduras health care teams—including Honduras dentists who volunteer with us in the field and Honduran surgeons and surgical teams at the hospital in Puerto Lempira.

We're excited to be adding individuals from the group “Go Doc Go” this coming October 2023 mission—a group that safely and efficiently performs and teaches cervical cancer screening, accomplished without expensive laboratory fees—a preventative service that the vast majority of women whom we serve have not been able to access until now.

Recruitment for IHS has become a challenge, also—we're constantly on the alert for volunteer physicians, pharmacists, dentists, and nurses. IHS emphasizes teaching as part of our mission and we're always on the lookout for health care professionals-in-training as well as active and licensed retired professionals.

Fundraising is an ongoing effort for IHS—we are concentrating on supplementing our “special patient fund” as well as growing our general fund. (“Special patients” have extraordinary needs—generally children with congenital defects such as cleft lip/palate that have to travel to a site where they can be assessed and surgically treated). All of our volunteers reimburse IHS with a “project fee” that covers in-country travel and living expenses while working in the villages. We attempt to keep this amount to a minimum so that we can have volunteers—students, health care providers early in their careers, general helpers—able to afford our mission. We depend on your continuing good will and donations! We are a 501 c3 tax exempt organization, so your contribution to IHS qualifies as a tax deduction.

As always, thanks to numerous individuals and organizations for their continued and generous assistance—to Anchor Scientific Corporation in Long Lake (MN) for warehouse space, to Dole Fruit for their shipping container, and to a host of individuals in Honduras who work closely with IHS. A special thanks is due to Dr. Marianne Serkland in Puerto Lempira for her tireless service to our organization. I'd be remiss if I didn't also recognize and thank family members—including long-suffering spouses—of IHS participants. Most of all, our gratitude goes out to the people of Honduras for their graciousness, helpfulness, fortitude and enduring patience.

*Dr. Doug Pflaum*

President

## Project Director's Report

After having to cancel four trips to Honduras due to COVID, we finally were able to field teams for two trips, October 2022, and February 2023. I want to thank all the people that helped keep things together at IHS so we could continue to supply help and Medical Supplies to Honduras even though we could not send teams down in person. During this time, there were devastating Hurricanes that destroyed schools and wiped-out crops in La Mosquitia. We were able to raise money to help rebuild the schools. Since it looked like we wouldn't get back to Honduras soon we donated Medical Supplies we had in storage in Honduras to nearby Hospitals.

With the thought of having a February 2022 mission, we tried to schedule a container to go to Honduras. Two things happened, COVID was still an issue, and we couldn't get a container delivered until March. Therefore, the February mission was cancelled. We still decided to ship a container with fresh supplies because we were hopeful that we would still be able to do an October 2022 mission. With most of our supplies given away, we needed to cover at least the October 2022 mission. As an added thought, we decided to send supplies for a potential 3 team mission in February 2023 at the same time. Three of us went down to Honduras to receive the container and to evaluate how things were in Honduras. With the newly installed Government, we knew there was additional paperwork for bringing in Medical Supplies and Food. What we didn't realize was how slow the process was going to be. None of us could afford to stay in Honduras waiting for the container to be cleared. Luckily, we have Dr. Marianne Serkland to thank for being available to attend to getting the supplies out to Puerto Lempira after they were released, three weeks after we left Honduras.

We fielded 3 teams in October 2022. One Medical/Dental team going on the Kruta River, one Medical/Dental Team going to Mocoron and an Eyeglasses Team that worked in Puerto Lempira at the Hospital. All three groups had very successful missions. In February 2023, we fielded three Medical/Dental teams and one small Surgery team. Medical/Dental Teams to Gracias, Patuca River and Lisangnipura. The Surgery team was at the Hospital in Puerto Lempira. We did send a container in January 2023. Again, there was some delay, but it was released the day of the mission start. Since the Gracias team was leaving out of La Ceiba, they were able to get their supplies before they left. The rest of the supplies were shipped out to Puerto Lempira. Thanks to the foresight of shipping supplies the previous year, the La Mosquitia teams had supplies to use during their mission.

As a partial result of COVID, many things have changed in Honduras. The need for help is ever present and, in some areas, there is a dire need for help, but costs have gone up and the availability of transportation is more limited. There are fewer seats on airplanes to Puerto Lempira making it more difficult to get larger groups of people out to La Mosquitia, plus the cost per seat has gone up. This would be very difficult without the help of our local Honduran committee members. I wish to thank them and all the members of the IHS Board of Directors for making it possible for us to help the people of Honduras. I am looking forward to continuing this work in the future. Hopefully we will be able to recruit more volunteers to go with us and can field additional teams next year. These missions would not be possible without our volunteers. Thank you to our volunteers and to the people that donate money to help us continue working for the people of Honduras.

*John Pope*  
Project Director

# *Those we've Served.*



*Forty years of service to Honduras.  
Our work continues with your  
generosity.*

Contact [fundraising@ihsmn.org](mailto:fundraising@ihsmn.org)

## Kruta River ( October 2022



My first experience with International Health Services (IHS) was seven years ago, in 2015. Consistent with this past October, an IHS team traveled to the Mosquito Coast and down the Kruta River to aid individuals of the residing villages. I gained an entirely new mindset from the trip, as I learned to think, feel, and behave differently in the monumental challenges of life and everyday endeavors. I began to approach life from diverse perspectives and to effectively and efficiently reflect and construct situations for optimal results. Additionally, I learned to imagine outside expectations, as exploration provides insights otherwise unattainable. While I kept an open mind for this year's expedition, I was again surprised and amazed by the countless influential moments. This trip reinstated there is always more to experience, learn from, and celebrate in the world.

Our team was able to explore solid concepts and ideas, as well as create these impressionable moments, due to the different obstacles we encountered and the fluctuating morale of our team members. While we faced effortless and straightforward challenges, we also experienced stressful and complicated endeavors. Sometimes, the group communicated well and shared strong morale, but sometimes we struggled to resolve tasks effectively and had deviating dispositions. Ironically, the team turned our most complex challenges into the most educational and influential experiences. For example, due to the emergence of Covid-19, IHS had not traveled the Miskito coast since October of 2019, so team members arrived in Puerto Lempira early to empty, organize, and pack team bins (consisting of food, medical equipment, safety supplies, etc.). Although easy in theory, this task proved complicated and stressful due to the number of assorted bins and materials. More than once, we had to find new strategies to complete the job and guarantee a successful trip, as

cohesion and consideration were needed. Teri Houle, Marianne Serkland, and my grandma, Karen DeMorett, played a significant role in ensuring everything was set.

Communication was the most significant theme in this journey, as the group consistently collaborated with, learned from, and relied on each other. Some team members spoke different languages, so it was vital always to apply ourselves to communicate effectively. For instance, Chelsia Lopez, a remarkably brilliant nursing student from La Ceiba, worked closely with Dr. Tom Haus and helped many people. Chelsia primarily spoke Spanish and Mosquito, while Dr. Haus mainly spoke English. However, Dr. Haus utilized the Spanish he knew to inform Chelsia of his questions for patients and their treatment plans, etc. Then, Chelsia translated the given and concluded information into Mosquito for the residents. They had to work compatibly to ensure positive results, but both rapidly acquired and implemented new language to offer the best help possible. Our other translators, Raylee Morfy Bermudez, Andres Martin, and Walter Tatallon were also irreplaceable assets to the team.

Elinor Japp, a dentist from the UK, was also a phenomenal addition to the team. Elinor was the only dentist on the trip, and she tends to think outside the box. For example, at Tiki Raya, she set her workstation up outside to allow for better lighting. Elinor saw and helped numerous patients while translating with the Honduran assistants and residents. At one point, she became very sick due to heat, dehydration, and a combination of additional issues. However, the team snapped into action and was there to aid her condition.

The trip struggles were overcome through teamwork and quick thinking, blessing us with insights along the way. Some moments and events came without hurdles. My favorite memories often involved the people of Tiki Raya and Kancu. For example, when we got to the villages, the residents met us with open arms and helped transport our luggage, medical supplies, and food bins to the appropriate areas. They carried everything upon their shoulders and



waded up hills and through the mud for us. They were extremely friendly and thankful to us also. I still smile whenever I think about my grandma, Karen DeMorett, dancing with the residents or the residents laughing with me at my attempts to speak Mosquito. When giving dresses to the girls and shorts to the boys of the villages, the children often couldn't hide their excitement, sporting giant grins. Karen Haus and Chelsia even taught the children "Head, Shoulders, Knees, and Toes", and all the children were singing along with them by the end. The residents found us extremely interesting and seemed to enjoy our interactions almost as much as we did. They watched us in curiosity to learn more about our way of life. I remember looking out the kitchen windows and being greeted by numerous eyes full of wonder.

I asked my team members what their favorite memories from the trip were, and they responded as follows:

**Andres:** I enjoyed making coffee for the team.

**Bill:** Meeting and getting to know three enthusiastic younger ladies I did not know before.

**Chelsia:** I enjoyed working together with Tom, attending to an ill baby, and learning further nursing practices.

**Doug:** My favorite part of the trip was after clinic was done for the day. We gathered and reflected on the day and the people that we saw that day.

**Elinor:** Speaking Spanish, being on the river, seeing wildlife.



**Karen DeMorett:** Taking my granddaughter along, working as a team.

**Karen Haus:** Interacting with the beautiful people - Tikki Rya teacher and helpers, children in school, cooks, and our incredible team. Also, the privilege of seeing the scenic river and villages from the boat.

**Marianne:** The rainbow and getting to just come out again after Covid - the last October year was 2019.

**Mary:** Favorite part was the team working together on the infant who was very sick.

**Raylee:** I am very happy on this journey to meet you and that you are with us. Your grandmother is a great mother and I hope you come back next year so that we can see each other again.

**Skyler:** Seeing a boy wear pants I gave him the previous day, meeting the people of the villages and having a coconut, and working with and spending time with my grandma.

**Teri:** Collaborative team, with a sharing and teaching atmosphere considering the break in missions and getting reacquainted with the patient flow - went remarkably well - due to the effort and hard work by each team member. Enjoyed seeing friends again. Big thank you to all!

**Tom:** Mentoring - especially with Chelsea, team cooperation, shared meals, stars at night

**Walter:** Getting to see and work with Karen D and Mary again. My IHS group was blessed to have each other, as we offered the best aid to residents in collaboration. I was excited to learn and was not disappointed. My grandma taught me how to hear a fetal heart-beat, and Dr. Haus taught me how to listen to an individual's lungs. This in mind, I was even more fortunate to meet with the residents of Tiki Raya and Kancu. The residents met us with enthusiasm, hospitality, and love for the work that we set out to do. They introduced us to a different way of living unique to our experience, and I am so thankful to have been given this opportunity.

I look forward to utilizing the knowledge and experiences in my everyday life, as these types of insights genuinely define a person and allow the development of skills necessary to become well-rounded.

Skyler DeMorett

## MOCORON

### Return to Mocoron

In the fall of 2004, IHS was seeking a suitable location for a medical team within the service area of Puerto Lempira (PLP). Drew Mathews was aware of a village/compound called Mocoron where a Norma Love had established a medical facility after her arrival from the Dallas area circa 1987. Over the ensuing years numerous upgrades had been made. IHS contacted Ms. Love and she was indeed enthusiastic about the opportunity to have an IHS medical team there, so our team then worked there in Feb. 2005 under the able direction of Barb Hamilton.

Many years later, IHS was considering a location for the fall of 2022. IHS had cancelled our usual February trips in 2021 and 2022 due to the Covid pandemic. Having been in Lisangnipura since 2009, the IHS board considered a return to Lisangni (adjacent to Tipi Mona). That option was not deemed feasible during the rainy season (the road to Lisangni is bad enough during the dry season)! We then considered an alternative, a return to Mocoron, this community being near a relatively good road that eventually leads to Rus Rus and Pranza (sites that IHS has served in the past). The Mocoron region had sustained severe damage due to back-to-back category 4 storms/hurricanes in the late fall of 2020. Ms. Love's compound sits high on the bank of the Rio Mocoron but suffered extensive damage. Given their situation, Ms. Love was anxious to have an IHS team return.

Our round-trip transportation was provided by the Quinto battalion, a local unit of the Honduran army that Norma Love works closely with. Our medical work there was quite typical of most IHS teams treating the usual tropical disease found in this region of Honduras. It was interesting to hear from the locals that malaria was quite infrequent in this community. Our Dental team was in the very capable hands of an IHS veteran of four trips, Claudia Melgar from San Pedro Sula and her dental school classmate Joselyn Moya. Joselyn is a maxillofacial surgeon, one of 12 in the entire country, not only a talented surgeon but an accomplished alpinist. Dr. Moya skillfully took care of a 7 year-old girl with a dental abscess present for one year, a periapical abscess with a secondary extraoral fistula. problem solved!

Our team was also fortunate to have the support of a recent Honduran medical school graduate, Dr. Marisa Cordova (Family practice) as well as Rotli Bendles Vasquez, another Honduran (Graduate of a Cuban medical school). Dr. Bendles is a trained ultrasound sonographer who arrived in Mocoron with his "State of the Art" portable



*Front Row (L to R) Josselyn Moya (DDS), Elena Marley (Nurse /Pharmacist, Claudia Melgar (DDS), Norma Love (Mocoron Liaison), Marisa Cordove (MD)  
Back Row (L to R) Htler (Local Nurse), Joe Tombers (MD), Dale Watson (Team Lead), Roberto Garcia Paton (Local General Helper)*

ultrasound machine. It was extraordinary to have this diagnostic capability in an extremely remote region of La Mosquitia. Our team did not have an IHS pharmacist with us but on the advice of Craig McBurnett (Medico) and our own Drew Mathews, Elena Marley R.N. was highly recommended to serve as our team" pharmacist". Elena proved to be exceptional in this role, her knowledge of the people and tri-lingual capability were extremely helpful.

Our small IHS crew was warmly welcomed by Norma Love and her staff and we are "welcome" to return to this wonderful village at any time.

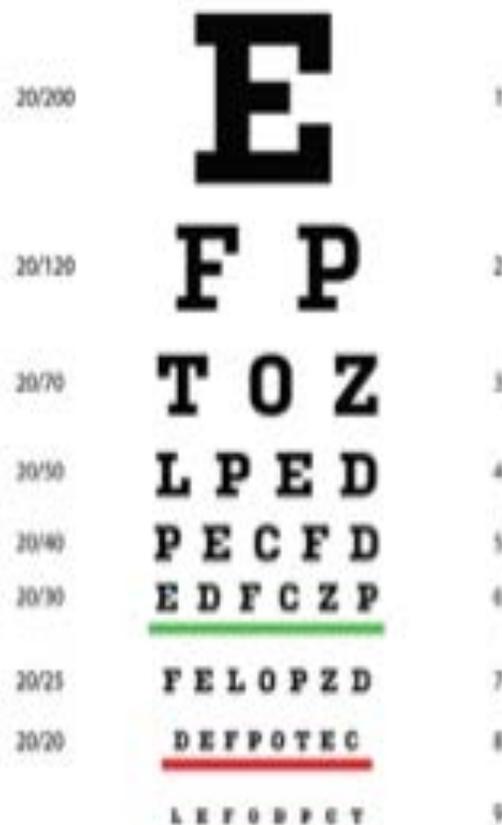
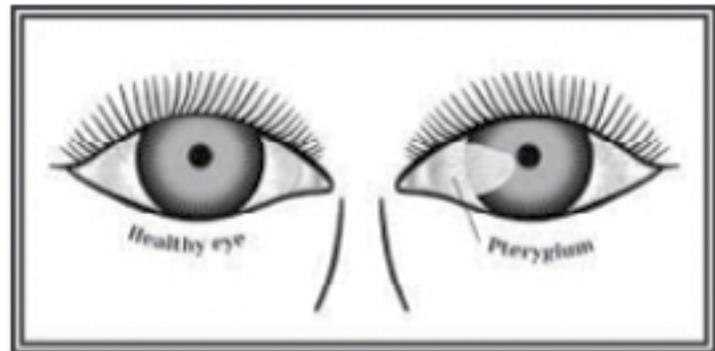
Joe Tombers and Dale Watson

## PLP EYE TEAM (October)

*Looks like pterygium... maybe cataract... I need help finding a pair of glasses that works..."*

These are all things that went through my head as I got to be a part of the week-long eye team in Puerto Lempira last October. Being on the eye team appeared to be fairly straightforward- first a patient did a screening for visual acuity using a chart on the wall with the help of local doctors/nurses/admin personnel. Second, a potential prescription was determined with the auto refractor that Jan and Mike operated. And, lastly one came to me, Irene, John, Jan or Mike for help with picking out the best fit prescription glasses with the information obtained. In truth, it can be a bit tricky finding a good pair of glasses, and I frequently was amazed by the "magic" that the team delivered when a patient's eyes lighted up with the correct prescription. IHS orders new readers in different strengths, but our main stock of prescription glasses comes from a group that collects old, donated glasses. We receive them somewhat sorted, but half the job is "hunting" through cardboard boxes to narrow the search. This makes it nearly impossible to find a perfect match, but Irene, Jan, Mike and John did one heck of a job finding a best fit option for most. We were also able to refer people who had substantial cataract or pterygium to a surgical group that Marianne works with. In the six days we saw over 600 patients; from school-aged to those in their 80s. Many people left with new reading glasses and/or bifocals; and our small stock of sunglasses went to those who needed protection from the sun most.

Pterygium is caused by the effects of the sun along with environmental dust and/or smoke, all of which are prevalent in this eastern region of the country.



For those with pterygium, we gave recipes for an eye wash to help with the discomfort that it causes and sunglasses that wrap around to protect from both the sun

and the dust. Along with the pervasiveness of this condition we also saw many folks with the beginnings and advanced stages of cataract disease. Cataract is a clouding of the lens that makes focusing light difficult. It is usually age related but can be accelerated by exposure to sun. Finding prescription glasses for someone with cataracts only goes so far to help them with their eyesight. Some people with advanced cataracts found no improvement with glasses we offered, and the definitive treatment for cataracts is surgery. I can only hope that the people we referred for Marianne's surgical consult showed up.

A lot of this comes down to access and prevention. People need access to regular check-ups and surgery if warranted, eye-wear that will protect and/or enhance vision, and employment opportunities that keep one from working outside in dusty conditions under the direct sunlight without protection. I am proud of the work that IHS does in collaboration with the regional hospital to provide these vital services to the amazing people of Puerto Lempira and look forward to supporting this mission in the future.

Meredith Johnson, PLP Eye Team Member  
October 2022



Back row: Honduran Helper, John Pope, Mike Stapp, Jan Brown  
Middle row: Honduran Helper, Meredith Johnson, Honduran Helper, Irene Schaper  
Front row: Honduran Helper

### La brigada - Puerto Lempira, Feb 2023

The IHS surgical team, la brigada, was somewhat condensed this year compared to previous missions. Despite the limited crew of Kris Budke, anesthesia, John Pope, our fearless leader and myself, Jim Dunn, general surgery, it was an overall success. The Puerto Lempira Hospital and staff were very supportive and extremely helpful in providing a well-trained staff of operating room nurses and scrub techs as well as sharing much needed supplies.

A difficult problem for the hospital is providing electricity to power the operating room. We started each day at dawn preparing the first patient and the OR with supplies and equipment without any lights. When all was ready, the electricity was turned on and surgery began. The lights were turned off as the last patient was wheeled out to the recovery room.

We performed 32 surgeries which included hernia repair, cholecystectomy, both minor and major amputations as well as a variety of minor surgeries. Thanks to a large donation from Olympus of a laparoscopy unit of video camera and scope we performed multiple laparoscopic cholecystectomies and drainage of a large liver cyst, both a first for the hospital. Unfortunately, the hospital is in dire need of laparoscopic supplies to enhance their capabilities.

We were extremely fortunate to have Dr. Marulanda, one of their rotating surgeons, to be present while we were there. His help in setting up our surgery clinic and triage of patients was critical in the success of our mission. The hospital was also very generous in assigning Venessa, one of their top nurses, to

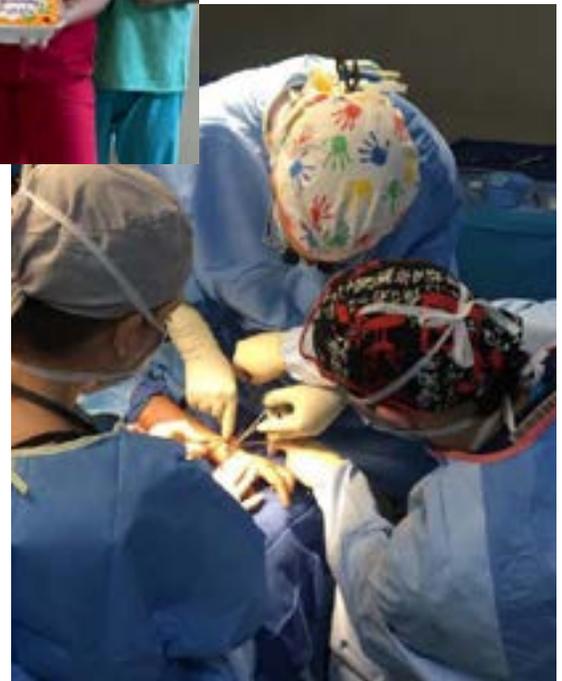
be a liaison between us and the staff.

The hospital is blessed with a dedicated staff, unfortunately they are expanding and are somewhat shorthanded regarding surgery. Hospital supplies donated by IHS are greatly appreciated and much needed for a busy hospital. Hopefully with the continued support of IHS, more and more patients in and around Puerto Lempira will have improved health care.

James Dunn MD



PLP Surgery Team: L to R  
Kris Budke, Dr. James Dunn,  
Venessa, Dr. Marulanda Not  
pictured - John Pope



## A Theme of Boxes

We, the Gracias Team of 2023, were seven strong with a mix of doctors, one dentist, one nurse practitioner, one nurse, a communications aficionado turned general helper, and a general helper. Our team, however, expanded much beyond the seven with the incredible support, guidance and partnership of the men and women of the Full Gospel Businessmen's Fellowship International (FGBFWI) who provided us daily transportation, logistics, guidance to our respective communities, food, and water. In addition, let's not forget the resident monkey, Guacamaya, turtles, dogs-who-love-to-bark-at-night, and roosters who didn't get the memo about saving the crowing for sunrise. The Gracias Team left La Ceiba on a Sunday morning at 4:00 am with 60 boxes on a bus bound for a destination described as a "hotel with a pool" (more aptly described as incomplete rural lodge/camp with bunks, areas for tents, and a green pool that no one even thought about swimming in; what it did have was said monkey, Guacamaya, et al).

Ten days after our arrival we would leave Gracias having reduced our wares to a mere 40 boxes and having moved the boxes approximately 60 times each. The theme of our trip was loading and unloading and re-loading and unloading our supplies time after time. To illustrate the comedy in this, picture this: before even leaving La Ceiba, we took all of the boxes off the Dole tractor trailer, later loaded the first of our buses to Gracias, subsequently unloaded that bus and re-loaded a second bus, then loaded the pickup trucks that were necessary for transport up the rugged



Mary explains that which will eventually be obvious to all of us later.

road to our "hotel," where we unloaded the box yet again. Each day involved loading and unloading the convoy of trucks that came for us. Load-unload-Load-unload. Our biceps are bigger now.



Team Gracias plus the Full Gospel Businessmen's Fellowship International (FGBFWI): Gracias Team Members: Dr. Paul Farley, Dr. Kelly Koehnen, Molly McKinley, Neal Westwood (tall guy at the back), Lori Jackson NP, Mary Madden RN, Dr. Kirk Andrus

## By the Numbers and a Few Anecdotes

During our stay in Gracias, we set up clinics in eight communities, provided vitamins and anti-parasite medications to 1,511 individuals, and provided hands-on care for 758 patients. Each day we were joined by a mystery (until arrival) team of local providers, ranging from 1-4 dentists, a handful of nurses, a doctor or two, social workers, a psychologist, and best of all, a team of local bilingual high school students who accompanied patients to their respective “consults” with IHS doctors, dentists, and nurses. We were rich in support making for a robust team.

In the midst of translation and human connection, moments of levity, cauliflower, muppet quips, and communication mishaps are inevitable... If, for example, you want to bring your team leader nearly to her knees in laughter, the local interpreter (an eager and well-intentioned high school student) will give instructions to a patient to return with a urine sample. Sometimes, though, we cross our wires, so imagine Lori Jackson’s surprise when the obliging patient did exactly as mistakenly directed by the student; he returned with a stool sample squished into a urine cup. The young student quickly realized that he had misspoken and the rest of us giggled for days, “I accidentally said poop” exclaimed the mortified student! A few days later, Lori herself, in her quest to ease burning eyes ravaged by incessant dust, guided a patient to drop 1-2 cats (gatos) into each eye as needed. While the terms gato (cat) and gota (drop) are close in spelling, conceptually, to a Spanish speaker, they are comically unrelated. The patient took the wise guidance with grace while the onlookers giggled on behalf of the local feline population.





That which truly grabs our hearts in Honduras is what happens between the numbers. It's the patient interactions, the big smiles, the connections among team members, the moments when language and culture fade away into love and solidarity. At our best, we humans share a journey through life with loving hearts, open minds, curiosity, and acts of kindness that allow for both giving and receiving energy (and wisdom!). In the eight communities where clinics were held during the Gracias trip, this magically mundane plot played out over and over again as seen in a few of the accompanying photos in which big hearts informed skillful patient care.

"Gracias," thank you, is an apt expression to name not only the mountainous environs of western Honduras, but also to describe the gratitude that our team felt for the people of Honduras, for the FGBFWI, for IHS, and for the opportunity to work hard, experience personal growth, and serve others during the 2023 trip. ¡Nos estamos MUY agradecidos!

Molly McKinley

**Cozy memories and an apt name,  
GRACIAS**

## MEET CHILO



In Honduras, life can be loud... around the clinic children are squealing, there are honking taxis, insomniac roosters, and (fill in your own noisy memories here). One morning at our hotel, pure cacophonous chaos exploded and continued as the monkey, Chilo, seen here, flipped out. Eventually Mary realized that a possum had invaded his cage and Chilo was beside himself. So was the possum, so were the dogs sent by the owner to rescue the monkey, so was the neighboring Guacamaya, so too were we as the sounds of a multi-species struggle of disbelief and confusion filtered through our breakfast of granola and coffee until such time that the possum could be ousted, the dogs returned to the yard, and Chilo returned to his reign over his own cage. You just never know how the day will start....

### Patuca River Team Article, February 2023

Working on the Patuca River Team was my first experience working on a medical mission. I went into the mission with few expectations, but I was surprised at how much work was involved and how rich an experience it turned out to be. I anticipated that it would be gratifying to provide healthcare to people who needed it, and I was not disappointed. However, I was surprised and pleased to find that being part of the team and interacting with my fellow International Health Services volunteers was maybe the most rewarding part of the trip.

The Patuca River is the second largest river in Central America and the longest river of Honduras. It is a major transportation route in northeastern Honduras and provides the only route to many villages. The Patuca team works along about 40 miles of the approximately 300 mile length. As we moved upriver from Wampusirpi the terrain surrounding the river became more mountainous.

The Patuca River Team was comprised of 14 members. The team co-leaders were Teri Houle and Bill Roussel who also served as Nurse and Team Engineer respectively. The medical doctors were Dr. Doug Pflaum and Dr. Kory Tuominen. The dental team was Dr. Elinor Japp, Dr. Sue Prentice (retired), and Dental Therapist Gemma Sargent. The pharmacy team was pharmacist Mary Bierman assisted by Dr. Marianne Serkland. Jim Lavoie ran the kitchen and was the team bursar. I was the radio operator, creator of exotic dishes, and assisted the Team Engineer. Our local staff included Gustavo Cardenas (boat pilot and local contact), Jon Morfy (Translator for Spanish and Miskito and general help), Walter Tatallon (Translator for Spanish and Miskito) Walter and Gustavo are experienced and valued members of the Patuca team. This was Jon's first trip with the team and while he is still perfecting his English he provided good translation help and provided the enthusiasm of a young man. While each team member had a designated job, it was a team effort and all team members pitched in where help was needed.

Considerable logistic efforts were needed to get people, equipment, and supplies to our starting village, Wampusirpi, and required planning months in advance. The puzzle of getting people and cargo to Wampusirpi with the constraint of limited space and weight on small airplanes, volunteers' schedules, plus acquiring locals' supplies, and finally flying from both La Ceiba and Puerto Lempira is quite complicated. Teri Houle and Dr. Marianne Serkland put in several exhausting days prior to our departure preparing medical





and pharmacy supplies for the trip. They were assisted by Lori Jackson and Dr. Kurt Anders from the Gracias team, who flew to Puerto Lempira (jumping off point for most of the team for Wampusirpi) to provide needed help.

Over a 10-day period, IHS Patuca team set up clinics at four villages: Wampusirpi, Tukrun, Pimienta, and Yapuwas. Setting up a clinic follows a set pattern. The team would travel to each village along the river by boat. This involved navigating the river to reach the specific village where the clinic is to be set up. Upon arrival at the village, the team would unload the boat and carry the luggage and supplies to the designated clinic area. Luggage and supplies included medical, dental, pharmacy, kitchen, shortwave communication, and personal items necessary for providing healthcare services, eating, and sleeping. The team would then unpack and organize the various supplies within the clinic area, setting up medical and dental equipment, organizing the pharmacy, ensuring proper communication systems, and setting up personal tents for the team members. The following day, the team would conduct the clinics. On the third day, after completing the clinics in a village, the team would pack up the clinic supplies, load them onto the boat, and navigate upriver to the next village. This process would be repeated for each village where clinics were scheduled. The main downtimes for the team

were late in the evenings and during boat rides. Kitchen operations would start early in the morning and continue until long after dark.

The team planned to do a day clinic in Kungkungwas, a small village upriver from Yapuwas. However, the trip upriver was thwarted shortly after leaving Yapuwas by a rapid that our boat could not negotiate. It did result in a couple of exciting minutes. Our boatman blamed the low state of the river on lack of rain and a large hydroelectric dam constructed upriver several years ago.

At each village, loading and unloading the boat is quite a produc-



Patuca Team

L to R Bill Roussel, Jon Morfy, Teri Houle, Gustavo Cardenas, Sue Prentice, Mary Bierman, Jim Lavoie, Walter Tatallon, Doug Pflaum, Kory Tuominen, Gemma Sargent, Elinor Japp, Marianne Serkland, David Bruce

tion. First, many bins are packed, and zip ties are applied to the lids. Then the bins are stacked for organized transport. When it is time to load the boat, our local helpers talk to the local village leaders asking for assistance. Usually, the school master pulls all the elementary age boys and girls together and loads the youngsters with the “lighter” gear. The little kids move about 2/3’s of the materials. Even the littlest kids carried something – for example, I saw a just-beyond toddler carrying a life jacket walking along with his very young sister who was carrying a plastic bucket. The boys often compete with one another to see who can carry the most items or the heaviest bin. Later, older young boys show up and carry heavier stuff, then finally a couple of men may show up to carry the heaviest items. Loading the boat is tough. The cargo is loaded in the back third of the boat. The boat (pipante, as the locals designate it) is 50’ long x 4’ wide with an outboard motor. Cargo is loaded onto the front of the boat, then carried down the boat to the back and stacked. All of this is very awkward. A few of the bins are set up as seats in the front of the boat, and there is about a 10’ space in the back for the pilot to navigate the boat. Once we arrive at our new destination, the process is reversed. The loading/unloading and transporting of the gear takes about 2 hours. On clinic days, we set up separate medical, dental, and pharmacy areas. The patients began lining up early, and we were typically busy until late afternoon. Interestingly the communities usually placed the old people and pregnant women at the front of the line. The lines stayed about 20 people deep all day long. There were lots of kids and they played soccer and generally stayed out of the way.

Evenings were the time for a group meal and socializing. Turns out, there were many Cribbage players in the team. We used British rules which have several different rules compared to US rules. This leads to some fun ribbing between the Brits and the Americans.

Our work was challenging, but it was also incredibly rewarding. We saw patients that have limited access to medical and dental services, and we were able to provide them with much-needed care. I was able to learn a bit about the local culture and way of life, and I made some lifelong friends.

I am grateful for the opportunity to have worked with the Patuca River Team. It was an unforgettable experience that exposed me to the world outside my daily bubble. I would encourage anyone who is interested in medical missions to consider volunteering with IHS. It is an incredibly rewarding experience that you will never forget.

David Bruce



## ***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/>

### Two nurses' perspective:

Most of what I knew about IHS, I heard from my father, "Dr Joe" Tombers. He became involved more than 20 years ago and I grew up hearing his stories and seeing photos of his experiences with the Honduran people. I knew as an RN with an interest in public health that I wanted to join IHS someday. But nothing could really prepare me for the live, in person experience! I have so many amazing memories that it's hard to summarize in a few sentences.

The first thing that stood out was the journey to our destination. Flying from the US to San Pedro Sula, bussing to La Ceiba and then flying to Puerto Lempira (in La Mosquitia) that included leaving our luggage behind because we were too heavy for the small plane, requiring us to quickly pull our toothbrushes out of our bags. Not to mention, we almost got our precious oatmeal confiscated but somehow Dale talked them out of it!

That's when the fun really began! We arrived at the Catholic Compound in PLP and met the group that we would spend the next 10 days or so with in the remote village of Lisangnipura. The night we spent in PLP was an eventful one as there was an ordination of a new Mosquito priest, so thousands of people were descending on the town to celebrate. There was lots of music and celebration into the night including a cow being butchered near our dorm.

The next morning, we piled all of our gear onto 3 trucks and started our journey to Lisangni, which was about a 4-hour drive on hot, dusty, bumpy roads through the Savannah grassland of Eastern Honduras. Our truck broke down several times, but our trusty drivers figured things out and got us to Lisangni! The liters of warm coca cola and cheese crackers helped get us through!

Arriving at the village was such a relief and it felt good to see so many smiling faces happy to see us arrive. We quickly settled in to "life in the village" and became acclimated to our new surroundings. We got to work unloading and setting up our temporary homes and getting the clinic ready. Day one, we dove right in and never stopped for 10 days straight. We saw hundreds of medical and dental patients.

The highlights for me were: interacting with the locals and learning new words in Mosquito, gaining new medical knowledge and nursing experience working with Dr. Joe and Dr. Beth, exploring the village, our trips down to the river at the end of the day to cool off and bathe, playing Uno with Claudia, Ibrahim, and Laura,

and dealing with creepy-crawlies before settling into our tents at night.

Our brigade was an awesome, committed and hard-working group of people that I feel privileged to have met and worked with. Our team leaders Dale and Lynn kept us going with delicious meals 3 times a day and kept things running smoothly. Lynn, you were our fearless "scorpion killer" and made us laugh! Dr. Joe and Dr. Beth, it was an incredible experience to work side by side with you and watch you work. Laura, I loved meeting you and laughing with you and being a "newbie" with you. I think we did a great job! I also loved meeting and working with Hondurans Elena, Bolian, Vita, Claudia, our interpreters, our water guy, and so many others.

I hope to be able to do this again someday and if anyone reading this is considering it, you should do it! You won't regret it.

Cathy Koerner RN (daughter of Dr. Joe)



### ***Another Nurses' perspective***

Little did I know when I showed up to be a volunteer nurse in a remote village in Honduras, I was going to experience shocking and wonderful things all at the same time. Which is exactly what the people who had been on the trip before me said I would feel when I first met them. I saw horrific things like little kids full of parasites, parasites coming out of people's mouths and small kids experiencing major trauma as a result of their work in the fields. I wondered on more than one occasion if I had made a mistake coming on this "adventure of a lifetime." But I also saw wonderful things too, like kindness, resilience, and toughness. People would walk barefoot for hours to come to the clinic; sometimes having to wait hours or even spend the night outdoors. Often emergencies would come in and they would wait again for long periods of time until we could see them.

On the first day, the first thing I realized was that I was totally out of my element. I was also scared, but the fear was quickly replaced with excitement as I realized the tremendous opportunity we had to help people in Lisangni. I quickly adapted and started to live in the moment. I was able to savor the basic and raw beauty of waking up to the sound of birds and cows in the distance, bathing in the river before dusk and going back to my tent in the dark while admiring the Milky Way and millions of stars in the sky. I had never seen this many stars before, another surprising perk of being in a remote village where there was no electricity or light to steal from the sky's beauty.

I realized that before this trip I was very naïve and spoiled, but this experience really opened my eyes. I realized that I had been taking things for granted my entire life, even basic things like having a comfortable home, having running water, a bar of soap, and paved roads where vehicles can drive over 20 miles per hour. Access to treat parasites and many other illnesses seemed like a luxury once I experienced life in Lisangni. Going to Lisangni and coming back to a bigger city like Puerto Lempira or La Ceiba even made me appreciate little things like going to the lagoon, having shrimp for dinner or even showering in a small room with a hose hanging from the ceiling. I hope I never forget to appreciate everything I have and to enjoy the little things in life.

One of the things that both shocked and impressed me was how little stress and anxiety people in Lisangni feel. It is surprising because they endure long days walking under the relentless sun, working in the fields or the mountains where they are usually dehy-



drated, exhausted, and frequently injured with virtually no access to healthcare. And even when faced with all these challenges and hardships, they remain calm, patient and stoic. It made me realize how much time and headspace I waste stressing over small things like my job or social situations. I felt at ease and at peace living a simple life in Lisangni, and then sad, stressed and overwhelmed when I reentered my life back in Minnesota. I do not miss eating only rice and beans for many days and the scorpions and killer spiders, but everything else I miss terribly.

Professionally speaking, this trip has taught me skills and resilience, skills I never would have obtained as a nurse working in the US or Spain. I saw things I never imagined, things like severe cases of malnutrition in small children, people with foreign objects impaled in their noses and ears, young women with critically low hemoglobin levels that had somehow managed to walk to the clinic. I learned to think on my feet and get creative, finding solutions using very few supplies and resources. Even small things like my ability to speak Spanish became a critical resource my team could leverage when communicating and diagnosing patients. In the US we would never treat a patient without wearing gloves or using sterile equipment whereas in Lisangni we re-used supplies after simply washing them in bleach. I learned to do my best and provided as much care as we could, knowing that for most of these people, we were their only hope of treatment. I also happily gave away many of my things to these wonderful people, including my favorite pair of Crocs to a woman who, like most of the people in Lisangni, came walking barefoot to the clinic.

I am so very thankful I had the chance to take part in this life-changing trip. I am also grateful for all the wonderful and compassionate people that accompanied me on this adventure. They

are the most kind, adventurous and risk-taking batch of people I have ever met. People with so much knowledge and expertise and skills in a wide range of areas. I feel so lucky to have learned from all of them and to have been given the opportunity to share these special moments. These moments are now some of my best memories and experiences – all of which I hope to repeat soon.

Laura Requero Postigo RN



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## Help IHS Grow for the Future ***Foundation / Endowment Fund***

IHS now has two endowment funds designed to help support increasing costs of on going missions, through fund earnings. IHS's newest fund, The Knute Panuska Endowment Fund, honors the IHS founder Knute Panuska.

The Endowment Fund was established several years ago.

Anyone who would like to contribute to either Fund can do so by using the enclosed envelope.

If you have any questions please contact

IHS Endowment Fund Committee Chairman Nick Houle at 612-889-3485 or email [nicholashoule61@gmail.com](mailto:nicholashoule61@gmail.com)

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Some photographs are from earlier Honduran trips.



Lisangnipura 2023 Team Picture Front row (L to R) Dale Watson (Team Lead), Claudia Melgar (DDS), Larry Foster (Radio Operator), Beth Adams (MD), Lynn Barnes (General Helper), Laura Postigo (RN), Gilma Zavala (DDS) Back row (L to R) Ibrahim Hilsaca (Interpreter), Joe Tombers (MD), Cathy Koerner (RN), Hilario Nixon (Lisangni Liaison), Elena Marley (Nurse/Pharmacist, Bolian (Local Nurse), Honduran Helper

# IHS Projects October 2020 & February 2023



## H O N D U R A S

Simplified location map of IHS Honduran projects

October 2022

February 2023



## October 2022 & February 2023 Team Statistics

Total Patients Served - 9,226



**Dental Teams**

**Patients – 1,975**

**Extractions – 2,736**



**Medical Teams**

**Adults – 3,651**

**Children – 2,833**

**Surgeries – 5**

**Glasses – 333**



**Pharmacy RX's**

**8,867**

**Vitamin Packets – 5,216**



**Surgery Teams**

**Surgeries – 30**



**Eye Care Teams**

**Patients – 737**

**Prescription / Reading / Sunglasses – 955**

### OFFICERS and BOARD MEMBERS

President	Doug Pflaun	Pharmacy	Mary Bierman
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Assistant	Nick Houle		
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Anesthesia	Open	Consultant	Drew Mathews
Communications	John Kirckof	Consultant	Marianne Serkland
	Bill Roussel		
	(Co-directors)		
Dental	Kelly Koehnen	<b>CALENDAR OF UPCOMING EVENTS</b>  Fall Project: October 20 – November 1 2023 Planning Trip – October 2023 February Project: February 16 – March 1 2024	
Engineering	Dale Watson		
Eye Care	John Pope		
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	(Co-Directors)		
Nursing	Lori Jackson		
	Teri Houle		
	(Co-Directors)		
Lori Jackson	Medical Supply Coordinator		
Jenine Graham	Surgical Supply Coordinator		

### DATES TO REMEMBER

Application and deposit due for October Project  
September 15

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Balance of October Project Fee due  
October 15

---

Application and Deposit due for February  
Project

---

Fall Project  
October 20 – November 1

---

October Planning team heads to Honduras  
November

---

Team Selection for February project and team  
information is sent out  
December 15

---

Shipping deadline for February Project  
December 15 Balance of February Project  
Fee due.

---

2024 January Load container in the Twin Cities  
February Project February 16 – March 1

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IHS Newsbreak team articles and pictures due  
May 1

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Don't lose contact with IHS! Send us a note when you change your e-mail or mailing address! Send changes to: [secretary@ihsmn.org](mailto:secretary@ihsmn.org)

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Follow us on Facebook by "liking" our International Health Service of MN page.

IHS Web Site: [www.ihsmn.org](http://www.ihsmn.org)  
[contact@ihsmn.org](mailto:contact@ihsmn.org)



## International Health Services

### Participant Application – *please print clearly*

**February 16 – March 1, 2024**

**Note:** The mission dates are the latest arrival date in La Ceiba (usually by plane to SAP followed by bus) and the earliest departure date. The February 2024 mission begins Friday evening Feb 16 and ends Thursday evening Feb 29.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Name to put on nametag: \_\_\_\_\_  
 Email: \_\_\_\_\_ Male  Female

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> DDS (specialty) _____        | <input type="checkbox"/> Dental Ass't _____ | <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"/> LPN _____          | <input type="checkbox"/> CRNA _____           | <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 (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 \_\_\_\_\_ Phone \_\_\_\_\_

Briefly describe your work experience:

\_\_\_\_\_  
 \_\_\_\_\_

#### Application Deadlines & Project Fees

##### February Trip

Due October 15	Application/Deposit/Licenses	\$150
Due December 30	Project fee balance/Paperwork	<u>\$650</u>
	Total February project fee	\$800

Applications received before the 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
- Copy of COVID Vac Card - Copy of Amateur Radio License (Radio Ops)

#### Note:

The deposit and project fee will be refundable due to the uncertainty of COVID-19 status in both the US and Honduras should the trip be called off.

Make checks payable to:  
International Health Service

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

Please take note: We cannot always guarantee you will be placed at your preferred choice

River/Lagoon  Remote (La Mosquitia)  Inland (mountains, etc.)  Eye Care  Surgery  Any

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

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 of transportation

\_\_\_\_ Bend or stoop multiple times

Explain any limitations \_\_\_\_\_

When did you receive your first COVID-19 vaccine dose? \_\_\_\_\_

When did you receive your second COVID-19 vaccine dose? \_\_\_\_\_

When did you receive your COVID-19 vaccine booster? \_\_\_\_\_

To be considered for this trip, you must have had you COVID-19 vaccinations prior to submitting this application.

**SHIRTS & CAPS .....** A t-shirt is not included in the project fee.

If you wish to order additional T-shirts or a Hat, please fill out the section below.

(T-shirt sizes available are S M L XL 2XL)

T-shirts @ \$15 how many \_\_\_\_\_ size \_\_\_\_\_

Hats @ \$12 how many \_\_\_\_\_

**February Trip – Orders and payments for these extra items will only be accepted until 15 October so plan ahead.**

First time participants must also complete the Project Suitability Form on the last page of the application

**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.

If an IHS participant while in Honduras becomes ill with a positive COVID-19 test, an isolation protocol will be initiated.

A test for COVID-19 infection is no longer required to return to the US. It may be possible that this may change before the February 2024 mission. IHS will let you know if this changes. I understand and agree that if I am required to isolate in Honduras before leaving, that the isolation will be at my own expense. IHS will help with the arrangements. IHS takes no responsibility for my exposure or the enforcement of mandates from a positive COVID-19 test.

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 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.

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: PowerPoint 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 that trip will not be used after that period of time.

Yes, you may use my photo.

Signed \_\_\_\_\_ Date \_\_\_\_\_

No, I prefer you do not use my photo

Signed \_\_\_\_\_ Date \_\_\_\_\_

*If your answer is NO on the photo release, 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.*

# International Health Services

## 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? \_\_\_\_\_

\*\*\*\*\* ... 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.

## International Health Service Donations

### *International Health Service of Minnesota Donors from July 2020 to Aug 2023*

#### **Donations above \$5,000**

Houle, Nick & Teri  
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Koenhnen, Karen  
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Kvasnik, Michaelyn  
Kvasnik, Theodore  
Kvasnik, Louis  
Lavoie, Debra  
Lee, Amy  
Lepp, Kathy  
Madden, Mary  
Mannis, Steven  
Marx, Benno  
Matheson Karen  
McKinley, Mary (Molly)  
Mighty Cause Charitable  
Foundation  
Mizer, Greg  
Moren, Mae  
Napier, Brian  
Nelson, Wendy  
Nelson, Caryl  
Novak, Joan  
Nyholm, Eileen  
Patton, Alvin and Joan  
Peterson, David & Joanne  
Petroski, Renee  
Philipsen, Jan & Susan  
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Weiler, James  
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Wolters, Maryann  
Yde, Barbara  
Zdanowicz, John and Derek

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 .

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.

### *In-Kind Donations*

*Over the years we have received “in-kind” donations that help IHS carry out its Mission. These include:*

The creation of this NewsBreak (and the previous 10 years) by Steve Bakke and Tom Roper.

EKG machine and defibrillator provided by Glacial Ridge Health System via IHS volunteer Dr. Tom Haus.

Medicines - Glacial Ridge Health System.

Trumm Drug of Alexandria/Glenwood for Medicines at cost.

Dole Fruit Company for over-the-water shipping of IHS medical supplies. This effectively doubles the number of villages and individuals we can serve.

D’Antoni Hospital of La Ceiba, Honduras for extensive Urology Surgery supplies, anesthesia, pain control, and staff and for Anti-Venom for remote IHS teams..

The Municipality of Gracias, Honduras for hosting and supporting the February 2023 IHS team.

Peggy Stranges of Clinica Esperanza on Roatan, Honduras for Receiving, Storing and Forwarding supplies in the absence of staff from the US.

Dr. Marianne Serkland for services too diverse to catalogue in Receiving, Sorting , and Storing supplies in advance of volunteer arrival. Dr Serkland coordinated the re-roofing of clinics and schools after the 2020 back-to -back hurricanes.

The Organizational help of Rosario de Arias and sponsorship of The UMHA organization of Honduras.

Liberty Carton Company for shipping boxes.

Kings Place Bar and Grill for plastic buckets used for shipping and creating potable water for the volunteer teams.

Drew Mathews for the purchase and maintenance of repair parts for the IHS portable generators used in the field.

Elinor Japp of the UK who acquired and donated an autoclave for dental equipment

Jodi Lillemoen and Centra Care for medical supplies.

Lori Jackson for medical supplies.

CentraCare Monticello Hospital for medical supplies.

Jean Yunker for medical supplies.

Irene Schaper for donating prescription glasses to be used by the Eye Glass teams.

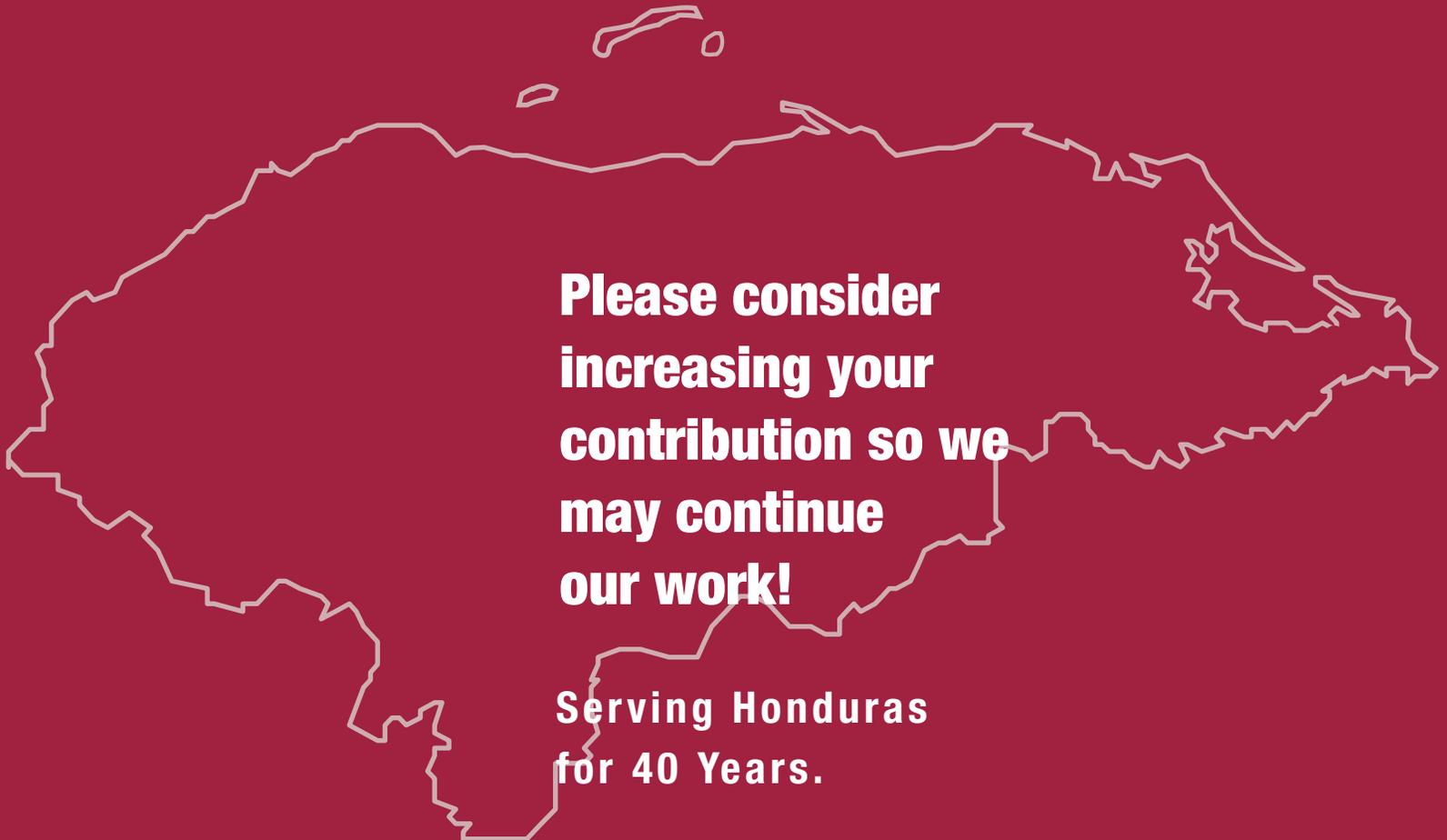
Jan Brown for letting IHS use her autorefractor to determine prescriptions for the Eye Glass team patients.

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