

NewsBreak

Annual Newsletter of International Health Service of Minnesota

2024



P President's Letter

This past year as president of International Health Service, I have gained renewed and growing appreciation of the dedication, perseverance and generosity of all the members of the IHS Board of Directors. Each of these volunteers is a gift to IHS and to the people of Honduras, and we should all sincerely acknowledge the richness of their contributions of time and resources:

Mary Bierman, Minnesota—Pharmacy Director. Efficient and meticulous, nothing slows her down. From her travels around the world, she has learned to always be prepared—in a collapsed shack at the Wampusirpi airstrip, hiding from the rain and waiting hours for an airplane, Mary impressively produced a pot and matches, built a fire and brewed coffee for her team.

Jodi Eiesland, Minnesota—Fund Raising Director. An outstanding and positive addition to the board, Jodi brings fresh ideas, a new perspective and new eyes to our organization. We are very pleased to have her skills and passionate intensity.

Jenine Graham, Minnesota--Surgical Supply Coordinator. Always willing to help out, Jenine exemplifies the spirit of giving. She generously provided much of her home for supply warehousing during the Covid years.

Nick Houle, Minnesota/Florida—Treasurer/Assistant Secretary. Incredibly qualified, prompt and knowledgeable, Nick's experienced financial perspectives have been instrumental for the fiscal health of IHS. Both he and his wife, Teri, epitomize the idea of tireless giving.

Teri Houle, Minnesota/Florida—Nursing Director. Caring, thoughtful and inclusive, Teri brings incredible organization to her teams. She's very detail oriented...from meals to supplies to village contacts to concern for volunteers on her team. I've always felt honored when I am included on her team.

Lori Jackson, Alaska—Nursing Director, Medical Supply Coordinator. Lori is independent, pragmatic and enthusiastic. She is often the sole health care provider on St George Island, a speck of land in the Bering Sea 750 miles west of Anchorage--so providing care in rural Honduras is second nature for her. A family nurse practitioner, Lori may not realize that US News and World Report recently

named her as "The Best Arthritis Doctor on St George Island".

Dan Jaffurs, California—Surgery Director. Dr Jaffurs is a highly acclaimed expert in craniofacial surgery and facial reconstruction, with a special interest in pediatric plastic surgery; IHS and especially his Honduran patients are indeed fortunate to have his exemplary surgical skills and knowledge. Dan is exacting and focused on perfection.

John Kirckof, Minnesota/Arizona—Communications Director, Recruiting Director. IHS radio guru and recruiter extraordinaire, John is industrious and resourceful. He has contacts throughout the world and is often responsible for soliciting significant contributions to our organization. John is instrumental in keeping channels of communication open between IHS and various organizations and villages in Honduras.

Kelly Koehnen, Minnesota—Dental Director. Having been on many teams with Kelly, I'm always impressed with her unwavering optimism and expressive joyfulness, sometimes in the face of less-than-ideal circumstances. Dentists, in my view, work harder than any other volunteer, and tireless Kelly is their role model.

John Pope, Minnesota—Project Director, Eye Care Director. John is devoted to IHS beyond all measure—he's organized, decisive, committed and always available for comments and questions. His ability to juggle multiple roles in IHS, overcome constant struggles and challenges, and be prepared for two missions annually to Honduras is always impressive. John has the unenviable responsibility of managing in-country travel and safety for dozens and dozens of IHS volunteers, and is unerringly successful at this task.

Steve Rice, Minnesota—Treasurer. What hasn't Steve contributed to IHS over the decades? Interpreter, translator, supply coordinator, general helper, administrator, storyteller—all performed with sociability and optimism. One of my favorite memories of Steve (and there are many!) was his ability to fold himself into an 18-gallon plastic bin to take a cooling bath in Pranza on a 100 degree day.

Bill Roussel, Florida/Panama—Communications Director. Bill is quiet and unassuming, a demeanor under which lies a wealth of information and sage advice. His is a voice of measured calm and reason. He's kind, modest, generous and (along with Steve) our go-to person for his Spanish interpretation and translating skills.

Joe Tombers, Minnesota—Medical Director. Principled and committed, Joe is a tireless champion of Honduran health care; he contributes brilliant medical expertise and clinical skills to his patients and brings a range of interests to IHS. The famous physician Sir William Osler (often called “The Father of Modern Medicine”) had Joe in mind when he declared “The good physician treats the disease, the great physician treats the patient who has the disease”.

Dale Watson, Minnesota—Vice President, Fund Raising Director, Engineering Director. “Dale of all trades” and of multiple talents—supply warehouse supervisor, IT coordinator, team organizer, fund raiser, team engineer—what doesn’t he do? Dale is relentlessly reliable, prompt, generous and giving.

Jean Yunker, Minnesota—Secretary. Jean diligently and conscientiously records the thoughts and ideas (and mutterings and meanderings) of board members, and returns her notes in a succinct, accurate and timely manner. Jean is always willing to pursue donations for IHS.

Drew Mathews (Minnesota) and Marianne Serkland (Honduras) are consultants to the board. Their selfless contributions to IHS over many years are enormous, and all of us involved in International Health Service consider them to be the foundations of our organization. Their acts of service are unending, and all of us on the board are indebted to their hard work.

The Stanford University physician and professor Robert Pearl recently reflected upon his many humanitarian surgical trips and declared “without mission and purpose, medicine proves exhausting”. The current IHS Board of Directors, and all those who have contributed to International Health Service, can testify that IHS “mission and purpose” has been transformational in their own lives and in the lives of so many others.

Dr Doug Pflaum

Dr. Doug Pflaum
President

*P*roject Director's Report

Another year has gone by in our post-COVID lives. In thinking back on our two missions just before COVID hit, October 2019 and February 2020, things have changed. The October 2019 mission had one team, the Kruta River Medical/Dental Team with 12 volunteers. We did not have an eye glass team in October 2019. The February 2020 mission had 7 teams, with a total of 83 volunteers. We are still having a hard time getting enough volunteers for our missions. October 2023 had 2 teams, the Eye Glass Team in Puerto Lempira and the Kruta River Medical/Dental team. We had a total of 16 volunteers for October. In February 2024 we fielded 3 Medical/Dental Teams, one Dental Team, 1 Cervical Cancer Screening Team, and one Surgery Team. We also had 2 Admin teams, one in La Ceiba and one in Puerto Lempira. We had a total of 48 volunteers for February 2024.

I want to thank Dr Garrick Olsen for his plan for Cervical Cancer screening and training. He has been with us a couple of times as an MD on our remote Medical/Dental teams. He has an article in this year's NewsBreak explaining the plan to train local Honduran nurses to do the screening. So far, it has been a great success. We plan to continue what he started.

A special thank you goes to Dr Douglas Pflaum and Steve Rice for their work on getting our container through Customs and all the red tape that seems to change from year to year. They both went down to Honduras a couple of weeks early to get the container released and supplies either stored at the Red Cross in La Ceiba for our Gracias and Tocoa Teams or put on a boat to ship to Puerto Lempira for our La Mosquitia teams. They had their challenges, but all was released just before the mission started. Hopefully, what they learned can be used when we ship the next container in January 2025.

I have another special thank you to Dr Douglas Pflaum. He stepped in to be President last year and did a wonderful job of keeping things together. We have a new President, Dale Watson for the 2024-2025 mission year. I wish him well.

I also want to thank Clay Cougar for helping me as part of a two-person admin team in Puerto

Lempira. As the radio operator, he was communicating with the various Medical/Dental teams and keeping me up to date on what was happening in the field.

I wish to thank all our volunteers. Without you, we would not have any missions. I wish to thank our Board of Directors for keeping the mission alive that was started over 40 years ago. Finally, I wish to thank our Honduran friends and consultants that make each trip flow smoothly. I am looking forward to getting back to visit them this coming October.

John Pope
John Pope
Project Director

Kruta River (Oct. 2023)



This trip was a long time coming in my mind. I was last on an IHS trip in 2018 to Lisangnipura. This time, I was allotted time and contacts to discuss cervical cancer screening opportunities. We met with the Puerto Lempira Department of Health and the Administration of the PLP Hospital. It looked like we were set for actually teaching this simple and effective screening at our next visit!

We then turned our attention to organizing and packing supplies for the boat going up the Kruta River and storage for other future brigades. The rest of the volunteers arrived and the next day we began hauling supplies to Marianne's boat for the trip. Loading was a remarkable task that reminded me of a chain of ants bringing food to their anthill – we just moved in two lines: to the boat and back to the loaded supplies. We loaded it to the point that the boat sunk heavily into the water enough to get stuck on the bottom! That took a lot of pushing to get going!

Once we were in motion, the sun baked us as we crossed the lagoon. The winding narrow river on the other side brought us through shade and light and eventually into the heaviest squall of rainfall I have ever experienced! Neither high tech nor thick vinyl garments could keep us dry! We were then quickly out of the rain to bright sunshine and drying in the breezy movement of the heavily laden boat.

There was one hiccup when the outboard motor sputtered. We drifted ashore and our translator, Rayle, hopped out to find a slender but flexible tree branch. Translator Andres held the boat steady. Translator Walter began to disassemble the fuel line. After fishing that skinny limb around inside the fuel line and cleaning out some debris, we were back moving.

The town of Tiki Raya was waiting for us when we pulled up to the shore. A swarm of kids attacked the boat grabbing all our gear and hauling it up the embankment to either our living quarters in the cement



school room or the planned clinic space in the elevated wood stilt school room. Teamwork created meaningfully useful spaces for dining, cooking, and amateur radio communication. We got our tents set up in these spaces knowing we had only a little light left in the day. A delightful evening meal ensued before evening ablutions including visiting the row of outhouses where a voyeuristic cane frog lives and stares at any guest.

The next day had on and off rains while we saw any type of patient for any type of complaint in the elevated stilt school room. Our British dentists set up on the elevated porch to give welcome dental care and entertainment for those awaiting help. The radio operators recruited a villager to climb a flagpole to attach their antenna. We had some lovely locally cooked beans and rice (with Lizano sauce) and some volunteers hired the local laundress to beat their clothes on a rock at the river side.

Eventually, it was time to reload the boat and reattach the outboard motor. We toured down the river passing rafts of building lumber heading for sale and families traveling together in dugout canoes—some even were actively cooking over fires in the canoes!

We reached the village Lakatabila and had a longer walk from the boat to the church where we would set up our clinic, kitchen, and sleeping tent area. They have an actual clinic in this town, but it was a bit small for our purposes.

We had a good routine down now about patient flow and interviewing. The dentists' efficiency was peaking. The pharmacy bagged

and tagged with choreographed finesse. Because of time constraints back in the States, some of us had to return in a thin fast boat before the larger group. We few returned to the Monastery compound bunk house. That gave us a little time to do some clean up and fix up. Sean resurrected a hopeless generator. We rested to get ready for the multi-plane journey back home while plotting how we could return again!

Dr Garrick Olsen



Kruta Team, Left to right : David Bruce, Christopher Pepper, Sean Truax, Elinor Japp, Garrick Olsen, Mary Bierman, Lori Jackson, Marianne Serkland , Bill Roussel, Rayle, Teri Houle, Walter Tatallon, Andres Martin

ParaElla Team Feb 2024

Nurses Training For Cervical Cancer Screening (Puerto Lempira & Rus Rus)



Who are the most important people in our lives? Our mothers, wives, daughters, aunts, grandmothers... The WOMEN! What is the number 1 cancer killer of women in Honduras? Cervical Cancer! Screening for cervical cancer seemed to be a natural next service line for IHS.

While volunteering in Tanzania, I had learned this screening technique that modified my already known skill in performing colposcopy. In 2022, I had a chance to volunteer in Senegal with a group that trains hospital staff to perform the test and then treat abnormal results. The materials are simple, cheap, and easy to find. The procedure can be taught to any medical professional in about 45 minutes. This seemed perfect for IHS to add.

In October 2023, we met with the Puerto Lempira based county health department to talk about what was already in place for cancer screening and care. We then toured the Puerto Lempira hospital with staff and got a feel for how we might be able to train local nurses and doctors in this highly portable and effective screening method. It turns out, there is an HPV vaccine, and it has been in use in teenage girls since about 2016. The HPV is a virus that causes

about 98% of cervical cancers, and the vaccine is highly effective in preventing cancer. It is also something the county distributes to even remote villages. That's great, but it leaves out the women who were over 18 in 2016, and that is a lot of people who continue to have the cancer risk. Pap smear is done in the traditional way and takes 1-3 months to get results. During our training sessions when we returned in February 2024, we met patients who were in their late 30's and early 40's who had never been screened. We also found one cancer.



Most of the local nurses we trained (more than 30) were in Puerto Lempira but we also trained 4 nurses in the Rus Rus area. All these nurses worked hard and did cervical cancer screenings for over 130 patients.

We plan to return in February 2025 to do more training of the doctors and nurses. They were overwhelmingly interested when we were last in Puerto Lempira, so I am trying to bring more doctors to instruct the locals. If you know someone who has performed colposcopy as part of their practice and would be interested in going, please let me know! We will also be shipping supplies to give to the students and to use in the care of the patients. It has already been very rewarding, and we look forward to being able to bring this education to more remote places in a way that can sustain the practice and care for these most important patients!

Garrick (Rik) Olsen

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

T Tocoa



The Tocoa surgical team has long been an integral part of the International Health Services of Minnesota.

The high demand and need for their services is reflected in the type of surgical procedures performed and the number of prospective patients that attend the clinics.



*Tocoa Team members: Left to Right around the table
Dr Dan Jaffurs, Dr Melissa Kanack, Kim Stevens (RN),
Dawn Flynn (RN), Dr Jeff Sarmiento, Frank Mercuri (RN),
Dr Coby Velasquez, Steve Baker (Scrub Tech)*

PLP Eye Team (Oct. 2023)

When I first learned I was heading to Puerto Lempira (PLP) as part of the IHS eye team, the only thing I knew for sure was how to locate that town on a map and that the team's clinic would be set up there. And once there, I knew where I was staying and in general the overall responsibilities of the eye team. Otherwise everything was pretty much unknown to me as a first time IHS volunteer. I was excited yet a wee bit nervous too.

I began my trip on a Saturday morning with several other IHS volunteers, including folks from the Kruta River team, on a flight from La Ceiba to PLP. Easy flight, approximately an hour long. After deplaning, my team had to set up our living quarters. We were staying at the local Catholic Church compound in dorm-like rooms with multiple bunk beds. Men and women had separate rooms. Sheets, pillows and pillow cases were provided. My luggage unfortunately didn't arrive with me (it did the next day), so basically I only had to make up my bed. We spent the rest of the day meeting with other volunteers, discussing logistics, food shopping and in general getting to know the town. That night volunteers from both the eye and river teams met for dinner. The Kruta River team would leave PLP early the next morning, so we wouldn't see them for at least another week or so.

Sunday my team spent the morning inventorying, sorting and packing supplies, then transporting multiple boxes from the IHS storage room at the church to the clinic, which was located in a building attached to the local hospital. Once at the hospital, we coordinated set-up with hospital staff, as well as discussed how the clinic would operate. That afternoon we practiced using a portable auto refractor on one other. I had no idea what an auto refractor measured, much less how to operate one, but over the next several days I would become very familiar with that little machine.

We were a small team of five (plus an interpreter), but in less than a week we managed to examine and distribute glasses to over 600 people, ranging in ages from 10 to 90 years old. Clinic hours ran from 8am to 5pm, Monday through Friday, and half a day on Saturday ending at noon. Each morning upon our arrival, the waiting room was filled with what looked like an endless amount of

people. We were definitely going to be busy and thankful we had additional help from hospital staff.

The daily process for patient intake, eye exams and glasses distribution went something like this:

- Initial examination using the Snellen eye chart (hospital nursing staff)
- Auto refractor measurements (IHS volunteers)
- Fitting and distribution of glasses based on the data from the Snellen chart and auto refractor, as well as trial and error (IHS volunteers)
- Sunglasses were also handed out by IHS to those in most need and while supplies lasted (we didn't have nearly enough!)

Straightforward, right? Not exactly. Many patients had cataracts or a condition known as pterygium, which I had never heard of before. Pterygium is a thin, fleshy overgrowth of the conjunctiva, the clear membrane that covers the white part of the eye and primarily caused by environmental conditions due to long, unprotected exposure to sun, wind, dust and smoke, all very common in PLP. In some instances, we saw advanced cases of cataract disease and/or pterygium, making it very hard to get an accurate reading from the auto refractor. Sometimes we got no reading at all. So determining which pair of glasses worked best for someone with one or both of those conditions, and possibly combined with either near-sightedness or far-sightedness (or sometimes both), was difficult to say the least.

We also had to sort through boxes and boxes of donated old prescription glasses with varying degrees of correction, which made finding the perfect fit even more challenging. However, all of my team members were not only previous IHS volunteers but also regulars on the eye team.

Plus our team's interpreter, who speaks Miskito, Spanish and English, had also worked with IHS in the past. Consequently our days in the clinic, though long, ran fairly smoothly.

I should also mention we were supported by a dedicated group of nurses and hospital administrators. Not only did they provide us with a place to set up the clinic, crowd control, registration of patients and initial eye exams, they arranged lunch for us each day. And if that wasn't enough, at the end of the week, they presented us with certificates of appreciation and fed us the most delicious cake. Then we were treated to a

fabulous lunch at the hospital director's house. Wow! We could not have accomplished all that we did if not for their enthusiasm and willingness to help us succeed, but more importantly their commitment to serving the people of their community, unconditionally and wholeheartedly.

Oftentimes I am asked why I would travel all the way to Honduras when there are so many people in my own country who need help and would benefit from my volunteer efforts back home. Certainly a valid question and not easily put into words. And quite frankly, I don't know just yet how to fully answer this question because my reasons are complex, profound and continue to evolve.

However, one small example that may help explain why I go out of country to volunteer, has to do with what I witnessed repeatedly during my time as part of the eye team...and that is the sheer joy or even look of surprise on someone's face when I gave them a pair of reading glasses that actually worked for them, that allowed them to clearly see words on a page, possibly for the first time in quite a while. In the U.S. on the other hand, there are reading glasses everywhere (grocery stores, department stores, convenience stores, the "Dollar" stores, etc.) compared to Honduras, especially in the more remote parts of the country. So bringing to a population something as simple as a pair of readers that may help improve life on a daily basis seems impactful to me.



Can I do more, can we do more?

Absolutely! As an IHS volunteer, I discovered in myself that I love the Honduran people, their resourcefulness, generosity and culture. Honduras is a beautiful country and of course the coffee is wonderful! But what I am truly grateful for is the opportunity to support IHS, its volunteers and its mission. My hope is IHS continues well into the future and that I am a part of these efforts.

Tina Thaxton



PLP Eye Team Left to Right: PLP Doctor, Meredith Johnson, Irene Schaper, John Pope, Tina Thaxton, Dale Watson, Hilario Nixon



Reflection of 2024 Team Gracias

“International Health Service is an all-volunteer organization that provides medical and dental care to the impoverished people of Honduras. Each February a group of people from all over the world head out on teams to various regions of Honduras and spend two weeks helping the people.” - Ihsmn.org. Our Gracias team was no different- We came from California, Texas, Minnesota, New Mexico, Alaska, Alberta/Ontario, and British Columbia.

Upon our first meeting in person, together we knew this team was one that could handle any situation right with spirit and strength. The team motto was “Everything always works out in the end”. For this team that was true from the beginning to the end and typically it always worked out for the better. Language was our greatest barrier. Thankful for Rafael and his fluent Spanish. However, I am pretty sure he heard people calling his name in his sleep as he was needed in four or five places at once.

This February I was fortunate to be on the Gracias 2024 Team. We started out on a Saturday from La Ceiba bright and early in the morning for a place called Gracias over into the western mountains of Honduras. In previous years the trip was an eight hour bus ride. However, this year 8 hrs. came and went, and we still had a long way to go. When we finally made it after 12 hours we got to meet the rest of the team that would help us make our journey further into the mountains.

This year our team visited three villages within the Honduran mountains. Each village came at a higher altitude and much cooler temperatures, which you would not guess seeing as we are in Honduras. Our coolest night was 8 degrees Celsius (46.4 degrees Fahrenheit). At each village we were given a classroom for our team to sleep in, and another classroom to set up our clinic in. In our personal classroom we were able to set up our individual sleeping tents, mobile kitchen, and sometimes a sitting area for us. Within our clinic we usually had a minimum of four consultation stations; small pharmacy, triage desk, mini lab which included the blood glucometer, urinalysis supplies, fetal doppler, etc. Each village had outdoor washrooms for us to use, but because we were staying at schools, we brought our own pop-up showers to use. Most of the illnesses we tended to were a result of their geographical location. Respiratory and ophthalmic issues due to the dryness, dust, and economy of coffee farming.

Village #1 La Laguna

After four hours on a bush road, we all made it to La Laguna. The views were beautiful as this was the highest of all the villages we tended to. We provided three days of clinic here. We were open eight am-five pm, with a small lunch break in the middle. Of the three villages this one had the most need for care, given how isolated they were from the closest town. They provided us with an old beautiful clinic that had just been sitting empty because they do not have providers that will work there. Our most interesting case here was a middle-aged gentleman with very high blood pressure. We gave him an ACE inhibitor and re-assessed. Upon re-assessment he complained of chest pain. We gave him sublingual nitroglycerin and sent him for the long four hour trek to the nearest hospital, as we couldn't do much more. In this gentleman's case, it didn't help that he had been walking all morning to ensure he made it to our clinic. One of our team members followed him to the hospital and stayed with him until family arrived. He had an elevated troponin and suspected he would have passed away within hours if we didn't bring him in when we did. This case made the whole trip to the village worth it. Over three days we saw around 600 patients.

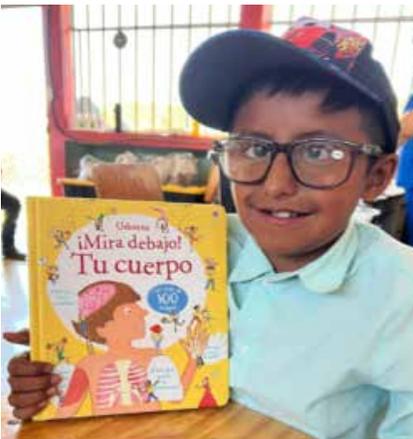
Village #2 - San Manuel Colohete

We lost our pharmacist during this village because she had to go home. We had four students daily from the local high school come and be our interpreters, which was super helpful. During this stay our most amusing case was a 14-year-old girl with very bad depression, suicidal ideation, and an awful social support system at home. Thankfully we ended up finding this girl the help she needed before something terrible happened to her.

Village #3 - Juan Ramon Molina

By our last village we were exhausted. Luckily it wasn't far from the village before, so our transporters took us for a nice lunch in town as a break. We had a hard time during the first day in this village. The people were not very nice, and didn't listen well. There were some troublemakers you had to watch, and keep our personal doors locked because they were snooping around. Overall, they kept us on our feet. Although, the next day (our last day) was amazing! Each day of the clinic, certain villages further out would travel to the village our clinic was set up in. During this day our most interesting case was an acute hypertensive crisis. A lady came in with a blood pressure of 235/110. We immediately medicated her, and it continued to rise. Once it got to 250/115 we immediately sent her to Gracias (the closest town with a hospital). While we were loading up, she informed us about a tooth abscess she was dealing with. This could have been part of the reason, although she needed more advanced care from people with more resources.





Overall, we saw around 1800 patients. I was very fortunate to be invited along this adventure and found it very eye opening. I LOVED providing care to those who needed it the most. Even if it was giving out simple things like toothbrushes, Tylenol or vitamins. Each person that attended the clinic got anti-parasite medication (albendazole), and vitamins. I would go back in a heartbeat and do it all over again! We couldn't have done it without our amazing team of seven people.

Carlee Beazley



Gracias Team , Left to Right: Steve Posner, Marynell Jelinek, Lori Jackson, Anya Dharmasetia, Carlee-Rae Beazley, Tina Thaxton, Rafael Pichardo

Lisangnipura



According to their mission, International Health Service of Minnesota (I.H.S.) is a non-profit, all-volunteer, non-sectarian, non-political charitable organization that sends support to the poorest areas of Honduras by establishing medical, dental and eye glass clinics in twice-a-year missions. In February of 2024, I was honored and blessed to be a part of advancing this mission by becoming a “General Helper” member of I.H.S. team when they traveled to Lisangnipura.

My journey with the team to Lisangnipura involved a few plane rides, a bus ride and a three hour long, 20 mile ride in the back of a pickup along rugged dirt roads. As the team made the final trek from Puerto Lempira to Lisangnipura, I could not help but notice the vastness of the land and its lack of vegetation. The soil, not capable of sustaining viable growth, is in stark contrast to my experiences traveling through mid-western states where there are acres and acres of corn and soybeans growing in rich black soil. Nonetheless, the village of Lisangnipura has great beauty, with sunrises and sunsets that are awe-inspiring. The village is in a very impoverished area where the villagers and people of the surrounding area do not have access to what one would consider the necessities of everyday life. As I emailed my family shortly after arrival, it was just like home without the electricity, running water, safe drinking water, flush toilets, television, internet, transportation and educational support. Taxis come to town once a day and delivery trucks every few days. Second to on foot, motorcycles are a main means of transportation. Living in these conditions for just one week took a toll on my body, while it is a part of everyday life for the people living here.

The villagers were welcoming and eager to assist in



any way they could. The children were very excited and curious. Soccer is the game of choice for these young people. My initiation to Lisangnipura included chugging the water from a fresh coconut. With the assistance of people of the community, we were able to get the clinics set up and ready to serve in a relatively short period of time.

The volunteers from the local community were indispensable and vital to the mission.

- Hillario was our go to person. He is known and respected in the community and was able to ensure things ran smoothly and needs were met.
- Osny provided critical care services with the IHS dentists. Osny expresses a desire to become a nurse. It appears to me that he has the skill set and demeanor to become an excellent nurse.
- Amanis provided strong arms and commitment to the mission. Among other things he always ensured we had an adequate water supply to meet our day to day needs. As I stated there is no running water and it all needs to be hand carried from the nearby creek.
- Vida quickly and efficiently registered the high number of patients. She made sure the team had the necessary information to make patients visits effective and efficient.
- Cipriano worked closely with Nurse Alana in setting up and running the pharmacy. It ran very smoothly and patients were able to receive the medications and education they needed.
- Teo helped receive and direct the patients. He watched over the team and ensured the people coming to the clinic were safe and their needs met.

There were many others who helped translate, cook, do laundry and provide safety and security.

Several of the I.H.S. team members are currently living in Honduras and/or are native Hondurans. This included our two dentists, Claudia and Mercedes. Their mastery of the language and knowledge of the culture increased the comfort of their patients. Dental services were provided effectively and efficiently, meeting the needs of a large number of patients.

Nurse Elana, from Puerto Lempira shows a deep caring for and commitment to the people of her community. Her wisdom, warmth and genuine personality quickly endears others to her. She took control of the pharmacy, efficiently meeting the needs of the patients.

Ibrahim, too, joined us from Honduras. He provided interpreter service, communicating fluently in Spanish and English. His communication skills, understanding of the culture, along with his kind and gentle approach, helped ensure the valuable information was communicated correctly and effectively between the medical providers and patients.

The rest of us were from the U.S. Dr Beth was one of two medical doctors seeing patients in the clinic. It turns out that Beth and I have a shared connection to the Coulee region of Wisconsin and Minnesota. This precipitated many stories about our shared experiences living in that area.

Dr. Joe, the other medical doctor, invited me to this adventure for which I owe him a great deal of gratitude. For many years he has shown 1000% commitment to I.H.S. and their mission. He has a true interest in everyone he meets. He is a great doctor and friend.

Nurse Laura's smile is infectious. Her vibrant personality quickly brought a sense of comfort to her patients and all who met her. Her nursing skills, along with her fluency in Spanish and English, were remarkable and crucial to the success of this mission.

Cathy, another one of the nurses, returned for her second year. It appears she is following in the footsteps of her dad, Dr. Joe. Cathy is passionate about her work and meeting the needs of the families. A friend of Cathy's, Gail Anderson, of Project Lemonade, provided 14 boxes of shoes to the I.H.S. project (Many of the people seen at the clinic travel by foot and a great number do not own shoes. This donation brought smiles to many faces.

It was a great learning experience working alongside our team leader, Dale. He has a great picture of the overall

functioning of the mission. He was able to procure numerous water filtering devices that are a simple design, easy to use, inexpensive, and last a lifetime. We quickly and easily created numerous filtering systems utilizing five gallon buckets which were handed out to the school and families in the community. This filtering system is what was utilized for the clinics and IHS team.

Lynn provided us tasty meals, cleaned up after our messes, and still had time to go around and ensure the needs of the clinics were met. Her great sense of humor and candor makes her fun to be around.

Larry has been and indicated he will continue to be the communication link for the mission and team. His skills utilizing the ham radio are hard to find. He shared many interesting stories of his experiences as a pilot and diver.

With the assistance of some of the young folk, I was able to construct a



hand railing leading up to the kitchen and some storage shelving. These youngsters were eager to assist me and they proved to be quick learners, showing care and precision in their work. I usually watch one or more YouTube videos before attempting these types of projects but that is not an option here.

I and a few other team members had the opportunity to talk with the teachers and visit with the students of the village school. Construction has been started on several school buildings, however, much additional construction needs to be completed to make these buildings habitable. The one "completed" building was in great disrepair. The school's kitchen, located in the backyard of the school, consists of two rows of cinder blocks with a firepit in the middle. We were shown the garden the students planted. We watched and conversed with the students as they tended to this grand garden, one that would rival any community garden I have seen. They were growing bananas, chiles, avocados, plantains, and more, all in the same soil I saw as I was traveling to the village.

As stated, I.H.S. is a non-sectarian, non-political organization, as it should be. I however believe that through the work of this team, God's will is being done.

Don Scheckel



Lisangnipura Team, Left to Right: Dale Watson, Beth Adams, Ibrahim Hilsaca, Mercedes Medina, Lynn Barnes, Cathy Koerner, Don Scheckel, Elena Marley, Joe Tombers, Claudia Melgar, Larry Foster, Laura Postigo,

Rus Rus

First Week Report - Wed – Sat, work days (21 – 24 Feb)

This report is about the work we did in the village of Rus Rus arriving by plane on Tuesday, 20 Feb. I have led IHS teams to this village since 2011. In the past, as we are doing now, we gave good medical and dental care. In addition, we always did a few things to promote sustainable health care that continues throughout the year, not just the week or two that we have a team here. This includes training local nurses and others to do more types of care. Most years we bring fluoride bottles, toothbrushes, and many reading glasses... enough to do a couple hundred people. Often, we leave most of the left-over items with trained local workers. Another big asset they have here in Rus Rus to promote good health is a water purification system in their hospital. It has an outside faucet that the villagers use to get all their drinking water.

During our first few days here Gilma, our dentist noticed she was mostly seeing just patients from here in Rus Rus plus Mahbita, the next village to the east. It is obvious that they get some regular care during the year because, besides a few extractions, she has time to do fillings and teeth cleanings where needed. She also did some teaching to (mostly) the children as she uses a flip chart showing large pictures of basic dental hygiene. She also showed several of us how to administer the fluoride that she brought. For these first four days she has been able to take care of all the dental patients that we saw this week.

Brad, our local pilot, is advertising on the local radio station, stating a medical/dental brigade will start full care next week, starting on Monday morning. Because of that, I know the rate of dental and other care will increase as other village patients start to arrive on Monday. Advertising is also what we did for IHS teams in the past so I know many of the patients from further away will come from tiny Honduran & Nicaraguan villages that have NO medical or dental care near them. So, we will have a flood of needy people with more serious medical problems.

Yesterday (Friday), I did some detailed training with about five people on how to test people for reading glasses. Knowing this would happen, I brought along extra reading charts plus several sets of training guides that describe each step of the testing process. Some of them were printed in English and some in Spanish. After teaching the basics, I had each trainee test several patients, so they had a good idea on what to do. We all knew that Monday was going to be busy for the team, so they were ready to do most of the testing & fitting of glasses.



Second Week Report – written on Mon. (Feb 26) Brad has a busy flying schedule tomorrow (Tuesday) morning. He is taking some patients from the Puerto Lempira (PLP) hospital to Tegucigalpa for medical care. So today was the last workday for the IHS team. We will be the first flight leaving here in the morning at 6:00am, landing in PLP about 6:30. After Brad gets to Tegucigalpa with the patients, he will pick up two doctors and bring them to Rus Rus to join their Honduran medical brigade for the rest of the week. Yesterday he also brought in two Honduran dentists to work for the rest of the week. Gilma is working with them today as they are VERY busy with a large crowd waiting at the door.

We have had a good trip here in Rus Rus with Gilma, our dentist, seeing many patients. Last week and today we also saw many people who received fluoride treatments from us plus a large group getting their first ever reading glasses.

As expected, we now are seeing many patients from further away. Well over half of them came from Nicaragua which is a six mile walk from the border river of the Rio Coco plus some traveled from their villages up or down river. This group was very different from the local patients we saw last week. Many more needed reading glasses plus their dental health was very bad. The two other dentists worked with Gilma today and the three of them only had time to mostly do extractions all day long. It is obvious that groups of patients were from more remote villages who receive little or no medical or dental care during the year -plus- it shows the continuing need for IHS to have teams come here. It is also obvious the year 'round care in Rus Rus has made a big step forward due to what we and the local nurses plus Brad's leadership has done in the village.



Tomorrow, after we get back to Puerto Lempira, I will start a few days of packing and sorting supplies in our PLP storage room prior to our departure home.

Gilma will be back to her day job doing dental work at the Puerto Lempira hospital, then she will do an afternoon shift of dental work at her private clinic in town.

This year we had a great mission but different. I am so glad I came. With all the amazing things we saw it felt like we had some divine help during this mission!

John Kirckof

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/>

Patuca

The International Health Services conducted a medical and dental brigade in the La Mosquitia region of Honduras in four villages along the Patuca River from February 16 to February 27, 2024. The team was made up of two Medical Doctors, two Registered Nurses, one Dentist, two pharmacy assistants, three general helpers (cook, engineer, and radio operator), and three Honduran translators that were fluent in English, Spanish and Miskito.

We ran clinics in four villages along the Patuca River, conducting eight total clinic days. The doctors and one RN saw a bit over 30 patients each per clinic day treating about 720 patients total. The dentist saw a bit under 30 patients per clinic day treating about 240 patients. The cook prepared about thirty campout style meals. Lunches and dinners were often supplemented by beans, rice, and tortillas prepared by local village cooks. For some mysterious reason, we brought a double ration of Spam – often served as a fried side dish at breakfast, lunch, and dinner. Also, we ate an astonishing number of eggs, 270 total, along with two large bottles of hot sauce. The engineer purified about forty gallons of water per day, for a total of approximately four hundred gallons purified by filtration five gallons at a time. For arrivals and departures from each village, we had to unpack/pack about 150 bins of medical, dental, kitchen, and personal items. We went through this exercise six times, each taking about two hours. We were fortunate that the village school kids turned out to help us mule our cargo to and from the boat up to our site in the villages – sometimes a quarter mile or so up a steep muddy bank.

Our team this year was excellent. All members had been on previous river trips. Almost without being told, everyone understood their roles and responsibilities. We quickly fell into smooth seamless routines on travel and clinic days. Daily, we faced challenges great and small with no clear



solution and an unknown outcome. We invariably pulled together and resolved the issue. In my life outside of IHS, I rarely ever experience consistent teamwork of this quality, much less several times a day. I am sure this is one of the many reasons that most of us volunteer again and again.

Our medical, dental, and pharmacy teams worked constantly on clinic days from about 8AM to 4PM with hardly a break except for lunch. There was no break between patients.

Our staff had three medical providers: Paul Farley MD (California), Tom Haus MD (Minnesota), Doug Schlagen RN (Minnesota). They were supported by two of our locals, Walter Tatallon, and Noel Marley (Puerto Lempira, Honduras). As part of the doctor-patient communication, Noel and Walter translated symptoms and treatment with all the patients. They were translating from Miskito all day. We were especially fortunate that Tom and Paul speak Spanish and that enhances the patient interaction for those villagers that speak even a little Spanish.

We had a pharmacy stocked with drugs anticipated for our patient population, along with vitamins and internal parasite medication for all patients. Pills were counted and distributed all day by our pharmacy staff, Karen Gausman-Haus, and Sean Traux (both from Minnesota). The dentist this year was Elinor Japp DDS (England) who ran the dental clinic alone with translation help from our boatman, Gustavo Cardenas. Elinor set two personal records for tooth extraction during our mission– the highest being eighty-four teeth extracted in one day.

The kitchen was run by Jim Lavoie (Minnesota). The kitchen ran from dawn to dark, so Jim was the first to rise in the morning and the last to go to bed at night. The kitchen is responsible for sanitation, so cleaning is an almost constant activity. Jim was also our bursar and shops for groceries in all the villages.

Bill Roussel (Florida and Panama) spent the day filtering water, and performing many general engineering tasks like generator, power distribution and lighting, the outhouse, security (locks and hinges on our doors), etc. I was the short-wave communications operator, electrician, and general mechanic (David Bruce, New Mexico).

Our co-leaders were Teri Houle (Minnesota) and Bill Roussel. Teri kept the clinics running smoothly and Bill was our executive Spanish translator – taking care of our team commutations with the village elders, clothes washer, local cooks, and shopkeepers. Besides keeping everything running like clockwork, Teri's expertise was telling us to wash our hands, making sure we drink enough water, and gauging our mental health. The main reason the Patuca River team ran smoothly, sanely, and efficiently were our leaders Teri and Bill.

We absolutely could not accomplish our mission without our local help: Gustavo, Walter, and Noel.





Gustavo Cardenas (Wampusirpi) is our boatman, and the primary communicator with all the villages while on the trip. He knows the river, so he is invaluable piloting the boat up and down the Patuca. He has friends and family all along the river, so he is a valuable resource for village communications and relationships. Walter Tatallon, and Noel Marley live in Puerto Lempira, Honduras. They both speak English, Spanish, and Miskito. Walter has been on many brigades with IHS. He really understands our mission and he is a valuable team member. This mission is the first mission Noel has been on. He is a quick study, and he will be a high performer in the future.

I would like to call out one of our unsung team members, N5TW, Tom Whiteside. He owns and runs one of many shortwave Winlink email stations that radio operators worldwide utilize. Tom's station is the primary station that the IHS radio operators utilize. He is in Georgetown Texas. Especially valuable is his antenna farm – through which he gives IHS radio operators special access.

IHS radio operators set up their shortwave radios in the mountains and jungles of Honduras, where often there is no cellphone access, no wireless available – our only link to the outside world is our shortwave radios. When we tune up our radios to N5TW, press the “connect” button, and Tom's email server comes through quick, clear, and strong – we operators get a burst of relief and comfort – instantly we are no longer alone and isolated from the other IHS teams and family and friends. We were well received by the villages we visited this year. All the villagers helped us load and unload our boat – a big effort on the villagers' part and highly appreciated by the team. At each of the villages, they gave us some sort of gift during our stay. Gifts were often coconuts, sugar cane at one village, hot local cacao drink at another. The most surprising was fresh hot doughnuts in Kurpah. And the final treat was Dr. Karen Calderon, the provincial health director living in Wampusirpi. She hosted a dinner at her house on our last night. It was the best dinner we had while on the river.

She prepared Honduran lobster, scrambled eggs with peppers and onions, ubiquitous red beans and rice, farmers cheese, excellent corn tortillas, and fresh cantaloupe and pineapple juices. A most excellent meal topping off our trip.

The Patuca River villages we served are in the La Mosquitia region in the lowlands of north-eastern Honduras on the Caribbean side near the Nicaraguan border. The Patuca runs through dense jungle and is a remote and lightly populated area in Honduras. Much of the population lives in small villages near the river. The villagers survive by slash and burn jungle farming, farming near the river, and raising chickens, pigs, and cattle. Exported crops are plantains, bananas, coconuts, and melons. Apparently, cassava, corn, rice, and beans are grown in the region, but I did not see these crops. The local teachers and some of the younger people speak Spanish, but the main language is Miskito, a native language. There is school through the equivalent of sixth grade. The few that get further education must travel to Wampusirpi, and then even further to Puerto Lempira for high school. Housing and board are major impediments to education beyond elementary school.

Outside limited roads in the villages, the only transportation is boats on the river. The main boat style that goes up and down the river is basically a huge 50' long 6' wide freight hauling and bus style people hauling squared off canoe driven by an outboard motor. Everything is brought in and out by the big, motorized canoes. Local river transportation is a much smaller squared off dugout canoe carved by chainsaws and

hand from the trunks of Mahogany trees. They move the boats by poling and paddling - it is amazing how much stuff they can haul in those dugout canoes, and that a family of four or five, plus dogs, can ride in the dugout. The big boats are basically a gigantic outboard motor driven version of the dugouts built from planks and fiberglass. Our big, motorized boat was borrowed from the local government in Wampusirpi.

The villages we visited along the river were Wampusirpi (largest at about 5,000 people), Bil Almuk, and Pimienta, I could not find population statistics for Bil Almuk, Pimienta, or Kurpah, but I guess the population of these villages is much less than 1,000 people. The villages are about a two hour boat ride apart on the river. The basic layout of all the villages is similar. They are located next to the river with a primitive boat landing area. The village is typically up on a small bluff. Most of the houses are single room houses elevated on stilts maybe eight feet off the ground. There is a soccer field with a schoolhouse and single room church nearby. Our clinics, kitchen, and sleeping areas were either a single room church with open windows, or open windowed school rooms. Oftentimes there are dogs, chickens, pigs, cattle, and horses wandering around everywhere. Watch where you step, for sure.

Of course, all of us have stories about the trip. One day, a few of us saw a couple of men motoring down the river - hauling a big Brahman cow that was swimming in the river alongside the boat. The guy in front was pulling the cow along by the halter, and the guy in back was hauling the

cow along by her tail. She seemed to be handling the whole operation pretty well. When Jim and I went out to shop without an interpreter, hilarity ensued. One shop keeper decided that the reason we could not understand her Spanish was because we could not hear her. So, to increase our comprehension, she incrementally raised her voice after each failed communication and ended up pretty much screaming at us. I will say, she was very friendly and helpful, but very loud by the time we worked everything out.

One evening, Karen shared a Ralph Waldo Emerson poem that captured our Patuca River team experience well.

*Best regards and 73,
David Bruce KI5RWK
Radio Operator,
Patuca River 2024*

What Is Success

Ralph Waldo Emerson

- To laugh often and much.
- To win the respect of intelligent people and the affection of children.
- To earn the approbation of honest critics and endure the betrayal of false friends.
- To appreciate beauty.
- To find the best in others.
- To give of oneself.
- To leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition.
- To have played and laughed with enthusiasm and sung with exultation.
- To know even one life has breathed easier because you have lived -
- This is to have succeeded.



*Patuca Team Left to Right
Back Row: Jim Lavoie, Bill Roussel, Walter Tatallon, David Bruce,
Tom Haus, Gustavo, Noel Marley, Doug Schlangen, Paul Farley
Front Row: Sean Truax, Elinor Japp, Teri Houle, Karen Gausman-Haus*

Those we've Served.



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

Contact: fundraising@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: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Email: _____

Home Phone: _____
 Cell Phone: _____
 Date of birth (M/D/Y): _____
 Name to put on nametag: _____
 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			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.
February Trip			
Due October 15	Application/Deposit/Licenses	\$150	
Due December 30	Project fee balance/Paperwork	<u>\$675</u>	
	Total February project fee	\$825	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
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)			

*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 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

from July 1, 2023 to June 20, 2024

Endowment Fund Donors

Dr Robert Rosenberg

Donations \$10,000 and up

Meitz, David & Suzanne
Zavadil, Larry & Diane

Donations \$5,000 and up

Burgau, Rocky and Maren
Houle, Nick & Teri
Mathews, Drew
Plank, Louise
Sindelir, Cathy

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Living Word Lutheran
Church
Lost Dutchman Chapel
Olson, Aubrey
Peterson, David & Joanne
Pflaum, Douglas & Anne
Roussel, Bill & Denis
Spiro, Mark & Barbara
Tombers, Joe & Deb

Donations \$500 and up

First Lutheran Church
Endowment
Goodall, David
Harris, Peter & Carol
Koehnen, Leslie
Olson, Arleen
Rice, Steve & Marietta
Rosenberg, Robert
Schaper, Irene

St Peter Lutheran Church
Women
Stuhr, Stuart & Kippy
Watson, Dale

Donations \$100 and up

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Boyle, Mary
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Donations up to \$100

Alessio, Judith
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Gronewold, Jim & Marsha
Hamilton, Barb
Stapp, Mike
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Weiler, James
Yunker, Jean
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McKinley, Mary (Molly)
Stephen, Gary



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.



In-Kind Donations

- Dole Fruit Company for over-the-water shipping of the IHS Medical Supplies.
- D'Antoni Hospital of La Ceiba, Honduras for extensive Urology Surgery supplies.
- The Municipality of Gracias, Honduras for hosting and supporting the February team.
- Dr Marianne Serkland for service too diverse to catalogue in receiving, sorting and storing supplies in advance of volunteer arrival.
- Rosario de Arisa and the Sponsorship of The UMHA organization and her organizational help.
- Liberty Carton Company for supplying shipping boxes.
- Kings Place Bar and Grill for plastic buckets used for shipping supplies and used for creating potable water filtration systems.
- Jan Brown for letting IHS use her autorefractor to determine Prescriptions for the Eye Glass Team patients.
- Dr Tom Haus, Lori Armstrong and Glacial Ridge Health System for Medical Supplies.
- Kathy Walker for student school supplies, backpacks and water-bottles.
- Dave and John Potter at Anchor Scientific for allowing IHS to use some of their warehouse space.
- Tourist Options Honduras for personal and cargo travel arrangements.
- Steve Bakke and Tom Roper for the Newsbreak creation.

October 2023 & February 2024 Team Statistics

Total Patients Served - 5,940



Dental Teams

Patients – 1,1107

Extractions – 1,664



Medical Teams

Adults – 2,276 Children – 1,957

Surgeries – 3 Glasses – 212



Pharmacy RX's

7,668 Vitamin Packets – 1,957



Surgery Teams

8



Eye Care Teams

Patients – 600 Prescription / Reading / Sunglasses – 789

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Coordinator	Lori Jackson
Past President	Drew Mathews Doug Pflaum
Consultants	Marianne Serkland Drew Mathews Kris Budke (Anesthesia)

CALENDAR OF UPCOMING EVENTS

Fall Project:
Oct. 18 – Oct 27
Planning Trip –
Oct. 2024
February Project:
Feb. 14 – Feb28, 2024



DATES TO REMEMBER

Application and deposit due for October 2024 Project August 1, 2024

Balance of October Project Fee due September 1, 2024

Application and Deposit due for February 2025 Project October 1, 2024

Fall Project
October 18 – October 27, 2024

October Planning team heads to Honduras October 2024

Team Selection for February project and team information is sent out December 1, 2024

Balance of February 2025 Project Fee due December 15, 2024

Load Twin Cities container in Twin Cities January 2025
February Project February 14 – February 28

IHS Newsbreak articles and pictures due May 1, 2025

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