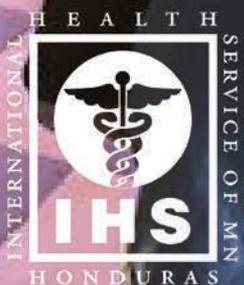


NewsBreak

Annual Newsletter of International Health Service of Minnesota

2025



President's Letter

As the new President of International Health Service of Minnesota, I have gained more admiration for the work accomplished by the Officers, Board of Directors, Committees, Consultants and Advisors who sustain the operation each year. Things don't happen without someone taking the lead. IHS is an all-volunteer organization, so the board members' time is juggled with their work and personal schedules.

Recruitment is always a challenge for staffing the February and October Medical Brigades. IHS appreciates the many volunteers and especially the volunteers that return year after year. IHS volunteers, please keep sending applications and network with co-workers, family and friends encouraging them to participate in the heartfelt work that you personally enjoy.

Fundraising is important to sustain our two missions each year so everyone who has participated with IHS submitting Application Fees, and many other friends of IHS who make donations, we "thank you" for your fees and donations. Medical Brigades to Honduras will not happen without the many donations received.

To keep the International Health Service of Minnesota viable, we need to bring in new board members to support our day-to-day operations. The work is minimal most of the year but there are deadlines for ordering medical, dental, surgical, pharmaceutical and engineering supplies. And we have monthly board meetings using Zoom to discuss and organize our work. IHS is in the process of changing a major process from shipping supplies in a container to Honduras to buying supplies in Honduras. If supplies are not available in Honduras, we will ship them using existing shipping organizations. Hopefully, this will make the board's work easier once fully implemented. We are actively looking for more board members as Directors, Co-Directors, Assistants and Consultants. Please reach out to the IHS team if you have any questions about participating.

Dale Watson

President



"IHS is changing the process from shipping supplies in a container to Honduras to buying supplies in Honduras."

Project Directors Report

In reflecting on this past year, I realized it was the 43rd year that IHS as an entity has been going to Honduras. There have been a lot of changes since that time. Twenty years ago, when I first started coming with IHS, it was common to have over 100 volunteers come to Honduras and work in teams around Honduras. It seems that number of volunteers may be a thing of the past. We had 48 volunteers in February of 2024 and 44 volunteers in February of 2025. I believe we will have a better February 2026. Already interest is coming in.

I want to thank Dr Garrick Olsen again for the continuing effort around the cervical cancer screening and the training of local nurses to do the screening. It was another successful year for that effort. We look forward to it continuing next year.

Over the past two February missions, we have had delays in getting our container released through Customs. In both cases it was released and unloaded after the La Mosquitia teams departed. The Gracias team was able to get their supplies before they left but it took tremendous effort to do so. With that said, there are supplies in La Mosquitia to cover most of what is needed. To fill in the gaps, we plan to buy more in Honduras. If we do need to send supplies from the US, we have found a shipper in the US that will get our cargo to Honduras. In the grand scheme, we are hoping we will not have to ship much from the US. We shall see how this February goes to determine if we need to go back to shipping a large container.

A special thanks to our Honduran friends and consultants. Without their help, our missions would really be difficult. I am looking forward to seeing them in October 2025.

Another special thank you goes out to our volunteers. Without you, there would be no mission. Finally, our Board of Directors needs to be thanked for keeping the mission alive that our founders worked so hard to start. It is my wish that we will be able to celebrate our 50th year in 2032

John Dape
Project Director

Those we've Served.



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

Contact fundraising@ihsmn.org

2024 Kruta River Team

The Kruta River Team worked in the village of Tikiraya. This is a village that is only accessible by boat (or rarely a combination of boat and horseback). For this reason, the only medical care most of the villagers get is from IHS teams. For the team to get to the village, it means a 56 mile, 8 hour boat ride, broken up with one bathroom break. The team had some very experienced volunteers but was especially grateful for new volunteers: Honduras dentists Drs. Eduardo Rivera and Ismael Cárcamo; a skilled and energetic nurse Andrew Hagmann; and General Helper Gustaf Kupetz who ran our kitchen and supplemented the cooking of our local cooks with imaginative dishes. A big thank you to Dr. Marianne Serkland who supports the IHS Kruta River team with the use of her boat, logistics, and food purchase. This is in addition to her service as the senior IHS tropical medicine specialist and continual assistance to IHS in coordination and logistics.



Many of the people come in for routine services: well baby checks, minor wounds, fevers, headaches, vitamins, etc. but occasionally our medical providers see someone with a more severe and complicated problem. Such was the case on this trip when a man came in with his urinary tract completely blocked and his bladder enlarged well beyond normal capacity. The normal procedure is to insert a catheter, but this was impossible due to the severity of the blockage. This was a problem that could have quickly resulted in kidney damage without treatment. Our very experienced Emergency Room/Air Ambulance/Travel nurse Doug Schlangen was able to insert a large needle through the skin into the bladder and drain it thus averting further damage and allowing time for the patient to be evacuated by boat to the hospital in Puerto Lempira.

The team recorded a first for IHS in the area of communications. IHS teams in locations without cell phone service have long relied on ham radio operators to provide communications. This has worked well but the ability to communicate depends on such things as atmospheric conditions and time of day. Thanks to a generous grant from the Amateur Radio Safety Foundation IHS was able to purchase three Starlink satellite communication sets which can provide 24/7 high speed internet communications. The first of these sets was available for the Kruta team's use. The villagers provide an 18-foot bamboo pole to elevate the antenna and cables to avoid animals and unsuspecting walkers at night. The set worked perfectly and was used by all team members to communicate by voice and email with loved ones at home and as needed to consult with colleagues in the US.

Bill Roussel



ParaElla in IHS

IHS has allowed me to tag along on their trips as a separate brigade to teach local doctors and nurses how to do a simple, inexpensive, and accurate cervical cancer screening test. We call this subdivision "Para Ella" which means "For Her." This had been very popular in Puerto Lempira February 2024, so we thought we might attract another crowd. We did! Cervical cancer is the number one cancer killer of women in Honduras.

There is general frustration that, even when women get the traditional Pap Smear, their results may be delayed months or never delivered. There is the HPV vaccine since 2016, but it is only for girls. There is still a large segment of the population at high risk for a fatal disease that is really no longer heard of in Minnesota. We had planned to expand our offerings by having a Thermocoagulator to treat abnormal findings, but, despite planning 6 months ahead, they only arrived in San Pedro Sula a week before our trip and were hung up indefinitely in Customs.

We should have them by next trip.

This excursion brought Dr Lesley Atwood with me as another teacher. She was more than up to the task as she taught me this skill set when I was in residency 26 years ago. We had a helper to get through the days in the form of Tessa Cheng. She completed her 4 year degree in Genetics at Madison in 3 years and was applying to medical school. Again, I was not the smartest person in the room.

We started by traveling to Mocoron. Their well-stocked clinic is run by Dra Marissa Cordoba. She had taken our training in February 2024 and oversees the local population health care in a clinic that had been built with the assistance of Taiwan. She is a star. Norma Love was our host for lodging, food, and mountains of kindness. This Texas native fell in love with the town 30+ years ago and felt a calling to stay and help the local people any way she could. After work, we all jumped in the river to cool off and Tessa played splashing games with the children that had become her new friends. Planning travel back to Puerto Lempira, we decided to take two women who really needed more care than even Dr Cordoba could offer. One had clearly a cervical cancer that had been misdiag-



Left to Right: Dr Garrick Olsen, Dr Lesley Atwood, Tessa Chen

nosed, and the other had heavy bleeding from a fibroid that was bad enough to give her anemia. We could only take one the same day and pay the cab driver to come back the next day for the other. On return to Puerto Lempira, we approached the hospital with our concerns. The patient with us could not be seen until the next day and the hospital very graciously offered to house and feed her until her consultation. The following day, the other patient arrived and also had to wait a day as the gynecologist was occupied with surgeries including some emergency operations. As a side note, this same gynecologist had taken the course from us last year.

Our next project was training at the Puerto Lempira Hospital. Old friends and new greeted us with Nurse Betty leading the charge! We prepared the conference room for the Power Point presentation and then readied the exam rooms for teaching the gathered students. One had taken the course last year, and, in the interval, had found 8 abnormal that she referred to gynecology for treatment or biopsy. We had a rousing three days and learned much about how the Hospital has improved its services. For example, they have a Thermocoagulator for the cervix. We found that they can do conization for more advanced cervical abnormalities. The pharmacy, two weeks before, through a government mandate and funding, had just started dispensing medication for free—and we could write the prescriptions!

This was an exhausting three days, but we weren't done yet. Well, some of us weren't. I abandoned the other 2 as I had to return to work. Dr Atwood and Tessa continued on to Rus Rus where we had last year trained their mission nurse, Candice, to perform the exam. They had a very productive day. 3 patients with abnormal findings from last year screening had returned to recheck. Two had healed and were normal. The third was about the same so could be observed for another year.

I am looking forward to next February when we plan to return to the region but extend our reach to more remote areas. I am hoping by then we might have the Thermocoagulators released from customs.

Dr. Rik Olsen

025 Para Ella stats

Mocarón

5 students certified
1 certified to teach
23 normal
2 acetowhite
1 Cancer

Puerto Lempira

10 students certified
128 normal
18 acetowhite
4 abnormal to GYN including
one high grade lesion

RusRus

5 students certified
18 normal
2 acetowhite
0 cancer
3 abnormal last year
and got recheck:
2 normalized; 1 about
the same

Grand Totals:

196 patients tested
21 students certified

PLP Eye Team (Oct. 2024)

*From Curiosity to Commitment:
My Journey to Fundraising Director with IHS of MN*



Jodi Eiesland

For more than a decade, I heard about International Health Service of Minnesota (IHS) from my neighbor, Dale Watson. I knew he was deeply committed, traveling to Honduras as a volunteer twice a year but it wasn't until a few years ago that I asked him to share more about the organization. The stories and photos he showed me captured my attention and sparked my curiosity.

I've spent most of my career in the nonprofit/governmental public health space, working to address the needs of diverse communities across Minnesota. Over time, I became very interested

in the work of IHS, especially the mission: to improve the quality of life for people in Honduras. In many of the remote villages IHS serves, access to health care is extremely limited. In fact, one of the regions IHS serves, around Puerto Lempira, has the highest poverty rate in Honduras (84.9%) according to the Rockefeller Center. Many of the people living in rural areas of Honduras simply do not have access to basic health care services or supplies such as glasses and toothbrushes. As I began shifting my professional focus toward fundraising and development work, Dale approached me with an invitation to join the IHS Board in a fundraising role. The timing and the mission felt right. I joined the IHS Board knowing that this was an organization I wanted to support in a meaningful way.

From Behind the Scenes to On the Ground

As I got more involved in fundraising for IHS, I knew that at some point, I needed to see the work firsthand. In October 2024, I signed on to volunteer with the PLP Eye Team, heading to Puerto Lempira, a small town on Honduras' eastern coast. I began preparing to travel with a team of volunteers and interpreters for a week-long mission. Typically, IHS volunteer teams meet in La Ceiba the weekend before the mission to debrief and prepare. I was thrilled to meet the rest of our PLP Eye Team: Dale Watson, John Pope, Julia Rodriguez, and Meredith Johnson. We were later joined in PLP by two local volunteers, Morfy and Hilario, who provided invaluable interpreter services because most people in the area speak Miskito, with some also speaking Spanish.

Our early morning flight to PLP, through rain clouds and over fields of lush green jungle, landed us on a small dirt strip. Puerto Lempira's only access is by air. Children and teens greeted us at the landing strip, eager to help us with our bags. We walked under the warm Honduran sun to our new home for the week: the Catholic Compound.

Journal Excerpts:

Day 1:

We arrived at the Catholic Compound where men and women bunked in separate dorms, the women near the "pila," where we washed our hands and clothes, and the men closer to the bathrooms and two rainwater shower stalls. Little did I know how refreshing those cold rainwater showers would feel each day! After settling in and setting

up our mosquito netting, we went to a local restaurant and met up with the Kruta River team. They were heading out early the next morning to travel up the river to provide services in remote areas along the river. Over chicken, rice, and beans, we shared our plans for setting up the eye clinic and laughs before heading back to rest.

Day 2:

After a quick breakfast of oatmeal and tea, we packed up the clinic supplies in a borrowed truck and walked to the hospital—first on the only paved road, then along muddy gravel streets filled with puddles from the daily rains. Locals smiled and waved, and we passed chickens, goats, and pigs roaming the streets. Once at the hospital, we set up the eye clinic in a thankfully air-conditioned room. We'd start seeing patients the next morning.



**Day 3:
First Day of Clinic**

We arrived at the Hospital to a packed waiting room. Every seat was filled with patients hoping to receive glasses. Thanks to our prep the day before, we were ready. One of our first patients had traveled over an hour by taxi after hearing about the clinic by word of mouth. She told us, "Without these glasses, everything is blurry. I am a sewer, and I cannot see." With a simple pair of readers, she was able to resume her work again and read.

Throughout the day, we were supported by local hospital staff who not only helped with logistics and lunch, but also with managing the ever-growing crowd. Exhausted but energized, we returned to the Compound for a warm meal provided by a local family and much-needed rest.

Days 4–6:

Each day brought more patients. On one of the longest days, we didn't leave the hospital until 6 p.m. One memorable patient, Jose, came with a friend who drove him four hours after hearing about the clinic on the radio. He plants rice and beans in the mountains and thanked us over and over for the glasses that would help him continue his work.

We handed out hundreds of pairs of glasses, readers and sunglasses. The sunglasses were in especially high demand. Cataracts were common, even among people in their 30s. It really hit me how debilitating it would be to have conditions such as pink eye, dry eyes, cataracts and simply aging, in a place with limited access to basic eye care or even a simple pair of readers.

Day 7: Although we had planned for a half-day, we still had people waiting. So we kept going. We counted the number of people we served



overall: 732 patients received 1486 pairs of prescription glasses, readers or sunglasses. When the clinic closed, we boxed up our supplies, loaded the truck in the rain, and made our way back to the Compound. That evening, we reunited with the Kruta River team to share stories, reflect, and celebrate a successful mission.

Coming Home—and Looking Ahead

Now that I've had time to reflect, what stays with me most is the strength of the community we served. Despite extreme poverty and minimal infrastructure, what I saw was hope, resilience, and gratitude. People in the community support one another with such sincerity. It was a joy to witness and be part of that spirit.

As I continue my role as Director of Fundraising for IHS, I carry this experience with me every day. My time in Honduras wasn't just an opportunity to serve, it was a reminder of why this work matters and how deeply it changes lives.

To anyone considering a volunteer mission with IHS: Do it! You don't need to be a medical expert, just someone with the heart to help. It truly is the experience of a lifetime.



PLP Eye Team Left to Right: Hilario Nixon, Morfy Sambola Horacio, Dale Watson, Julia Rodríguez, Jodi Eiesland, John Pope, Meredith Johnson

Gracias 2025

Gracias is a city nestled in the mountainous region of western Honduras. Surrounding this city are many small communities and villages where many impoverished people live day by day to make ends meet. These are hardworking people; mostly farmers, that work through extreme conditions. Aside from the struggles of daily life, there is also the challenge of having access to basic healthcare. The presence and talent of doctors, nurses, and dentists is rarely available, and there is a scarcity of materials and supplies to provide basic healthcare to these communities. The group "International Health Service" has for many years, with their volunteer force, provided medical and dental support to these communities in need. It has done so as a means to fill in the large gap left by the country's poor medical infrastructure.

With much anticipation, Nikki and I were delighted to embark on a new journey with an amazing team. The "Gracias team" was comprised of one MD; Dr. Haus; two Nurse Practitioners, Lori and Rick; three Registered Nurses, Nikki, Bryan, and Rafael; Three General Helpers, Masha (a hospital administrator), Karen (schoolteacher), and Molly (a social worker); one pharmacist, Emily; and finally, our fantastic Respiratory Therapist Maggie.

As an organization we come to these missions with an inherited understanding that there are many challenges that must be overcome to meet the needs of these communities. Our motto for this year was "one team one fight" implying that we must come together to overcome any challenge possible to succeed in any endeavor. Coming from all over the United States, we packed our bags and part of our team began to assemble in La Ceiba, where we instantly became more than just a team; we became a family. We gathered at the Hotel Paris, who graciously provided us with a beautiful accommodating place to rest our heads after our long ventures. Over the next couple of days, we gathered and assembled medical supplies and groceries for the upcoming



weeks. We came together like a well-oiled machine and came up with a solid plan for our future time in the villages.

Although we were having so much fun building our amazing and cohesive team, it did not go without some hurdles. Before we could head to our next stop to pick up the rest of our team and head to the villages, we waited for the release of our shipping container, which held everything we needed to set up our clinics in the villages. The shipping container was being held by customs and was not released to us, which was very disruptive to our plans. Fortunately, late afternoon the night before we were needing to venture towards the mountains of Honduras to set up clinic, the containers were released. When I say this team came together and did so with poise, grace, and positivity, it is an understatement. We rushed as fast as we possibly could from inner city La Ceiba to the shipping docks where our container would meet us. It was dark by the time we arrived, and we waited, and waited, and waited.

By the time it came into the dock, we persevered. We were strategic in unloading this massive container of goods. Boxes were heavy and awkward, and there were so many. This container held supplies for five teams to set up clinics, as well as boxes and boxes of life rice to feed families in need. We came together and we did it. We unloaded all these supplies in under 2 hours into buses and trucks, only to have to unload them



all again where they would be housed for the night and reloaded back up in the morning before heading towards Gracias. We got back to the hotel around 11 pm and we were completely exhausted. Nobody had eaten and we were starving. We ate quickly, headed to bed to sleep quickly, as our bus was coming to get us by 5am, which means we had to be up by at least 4:30 to get packed for the trip. 5 am came quick, and Oscar, our bus driver picked us up, drove us back to his house in the city; we packed up all our supplies onto the bus, and we headed to San Pedro Sula finally!

Once we arrived at San Pedro Sula on the way to Gracias, we were able to pick up the rest of our team, Thomas, Karen, Molly and Brian; although the ride is very long, it lends us time to continue to connect and create team cohesion prior to our arrival in Gracias. After San Pedro Sula, we continued to Gracias where we received a lovely welcome. Like previous years, we collaborated with Men and Women of the Full Gospel Businessmen's fellowship international (FGBFWI). In previous years, FGBFWI coordinated and provided transport, logistical support, organized translators to facilitate assessment and treatment of patients, provided food, water, and were the liaisons to our respective communities. One example of this partnership was when coordinating a donation of a specialty wheelchair to a child that had Cerebral Palsy. FGBFWI worked together with a physical and occupational therapist from Gracias who requested this chair. It was a beautiful and magical moment for us to be able to assist this child in need, us knowing that his quality of life would improve dramatically.

This year, instead of reaching out to three different villages, we decided to find two gathering towns as "Hubs" that were surrounded by several small villages. This made more sense as it allowed our team to be more stationary while



providing access to more than just three villages. Both towns lent us suitable working areas in the form of their schools which they loved and value for the education of their children.

Village 1: Our first town was Mescalillo; it's about 1.5 hours from Gracias. This small town was surrounded by many small villages located in the mountains at the level of the Honduran clouds. The main occupation of the population is working coffee fields, where they are exposed to different pesticides that could pose health risks.

Village 2: our second town was La Iguala, it is about 2 hours from Gracias. It is lower in elevation compared to Mescalillo but the medical needs were similar. The number one source of income for this population was construction and farming beans and corn: again, being exposed to pesticides.

We had the opportunity to treat several unexpected clinical problems which included acute and chronic conditions. There were many pediatric patients compared to previous missions. Malnutrition and low appetite were the most prevalent complaints, as well as children with congenital problems. We placed a lot of emphasis on cervical screening and education with the intent of reducing morbidity and mortality secondary to cervical cancer. We were able to evaluate and refer women and children



struggling with mental health issues. We also newly diagnosed several chronic conditions such as HTN and helped manage others like diabetes. We also evaluated many dermatological and ophthalmological conditions that required short term and long-term treatments. Lastly, our Honduran dentist was able to assist with dental exams and tooth extractions.

Impactful Anecdotes and beautiful memories:

1. Getting serenaded by our host Roberto in Mesca-lillo; demonstrating grace for our team to serve his village and pride for his humble and loving community.
2. Witnessing a 15-year-old girl administrate a vil-lage's health clinic. Allowing us to admire courage, grace and perseverance.
3. Attending to the emotional and psychological struggle of young mothers in the villages; knowing that even though they are expected to be strong and untouched by their circumstances, that they too bleed internally.
4. Learning to understand the stigmas that affect young women in the villages in respect to receiving a cervical exam. Allowing us to build empathy and to find creative ways to motivate them.

5. Team building exercise for further human connection; each team member telling the his-tory and origin of our last names and how they help us have a sense of identity.

6. Impressed how an 83-year-old woman has walked without shoes her entire life and she lives with joy despite not having the resources to meet her basic human needs.

7. Understanding that every intervention counts; seeing the impact of how two wound dressing changes can improve the potential for healing in a woman with peripheral vascular disease.

8. Small early morning human connections: how Molly and Nikki loved to share life at 3am

9. Sharing tears of joy with Nikki, Thomas, Brian, and Darling after sharing all these beau-tiful moments in our last team supper.

10. First, seeing the struggle of a young fam-ily, doing everything they possibly can to make ends meet; the 20-year-old barber that works three jobs, while his young 18-year-old wife manages two small toddlers and sells food.

A unique conversation that Nikki and I shared towards the end of this journey reflected that, like most awesome things in life, serving is better together. When we intentionally seek to serve in community, our impact can be multi-plied, and our relationship with our team and with those we serve is deepened. Our relation-ship deepens in ethical and cultural under-standing, and this understanding deepens our ability to better serve these communities. Nikki and I have cherished this experience more than words can say. One thing we can say with hu-mility is that we truly appreciate all of those we shared these moments with.

Rafael Pichardo

Letter to Blighty – Guanaja 2025



Left to Right: Bill Roussel, Paul Farley, Claudia Flores, Mary Bierman, Elinor Japp, Jonelle Tempesta, Deborah Hayden, Doug Schlangen, Doug Pflaum, Teri Houle, Claudia Melgar

My dear friends

Thank you for your unstinting support for my exploits in Honduras and the adventures I have had. This is my tenth trip with IHS, but first one not as a dentist. So, it was weird not to have that role and be the general helper and wannabe pharmacist – to feel inexperienced again.

New friends to make and old teammates to catch up with... always with the unknown, the challenges and delightful, unexpected encounters on the horizon. And not in the latter category - of course the container!!

In the pitch dark of night, in the back end of nowhere in La Ceiba, next to the unstably stacked gasoline containers, the teams disgorged the contents of the container. Repacking and re situating the supplies on to trucks and boats, the mosquitoes feasted on their tender foreign flesh. Exhausted, they got back to Hotel Paris a little before midnight with the prospect of our six am departure looming large.

Ferry to Roatan, ferry to Bonacca.. then as darkness fell our final leg on the tiny fishing boat. Bouncing unceremoni-

ously across choppy waters and wondering where on earth we were going, after a 15 hour travel marathon, we finally ended up in someone's back garden. We were greeted by some very sleepy dogs who were as confused as we were. After several phone calls, some rickety trucks arrived to take us along the only road on the island to our clinic.

The clinic was large and modern – certainly not the facilities we are used to as a river team!! But this was an exploratory trip to assess need and opportunities as much as to treat, so we would make the most of the facilities available. Working alongside the local Honduran team, the IHS team expanded the availability of care and opportunities for patients. In addition to the usual medical and dental care, a cervical screening programme was introduced.

Our accommodation was lush! Some people had beds and there was a bathroom with a shower...no bucket baths and tarpaulins on this trip. The initial excitement of a large cooker was premature when realised it was not actually functional. But, we had a fridge so that was a very pleasant and convenient novelty. I felt my contribution as cook and kitchen manager was a little wanting - everyone else seemed to be working so hard!! But an apple coleslaw seemed to save the day and as no one got sick or died from my culinary exploits my son says I should view it as highly successful.

After four days we moved onto our second venue on Bonacca, the Florence of Honduras. A tiny Cay built on a coral atoll, it was a veritable maze of tiny walkways and crammed-in wooden houses and shops, criss-crossed by canals. The clinic was partially burned out with smoke stained rooms and a leaking roof but we received such a welcome from the clinic staff and had, in fact, plenty of room to set up and get going.

Due to religious observances we were not able to work the weekend so opportunity knocks! It meant a trip to the far side of Guanaja and the chance to snorkel. The corals were vibrant, vivid and healthy, and wildlife abounded. It was beautiful. A salve for sore backs and a reward for the hard work and commitment of the team.

The Guanajans who looked after us could not have been

more helpful and hospitable. In particular Daphne who organised the water taxis, transport and a wonderful celebration meal for us.

It was not like any other IHS trip I have been on. It was exploratory. It was good to see a modern clinic and gain greater understanding of the local healthcare needs and challenges. It was good to see comparatively well-cared for populations with access to healthcare and mainland facilities. It was good to provide additional services and access to appointments and assessments. IHS made a real contribution to the people of Guanaja and it was deeply appreciated. They would love to have us back!

For me, being honest, I missed the river and the villages on the Patuca, the hordes of people and the intensity of need. Unexpectedly, I missed my anger management problems of dealing with my suitcase in a tent. I missed the freedom of being unable to use my phone. I even missed the variety of latrines and their inhabitants – be they ants, spiders, toads and/or cockroaches. I missed the sense of profound gratitude on my return home from a river trip. Going to Honduras reframes my understanding of people, of need and of the luxury we take so easily for granted. Working in those teams regifts me my faith in humanity.

Will I be back? oh you know me! I am innately feral and enjoy the remote and the unpredictable.

I may have a semi functional arm, but I will work on that so that next year I can carry boxes again, do even better coleslaw and pack pills as fast as the next person!

Toodlepip Amigos
Elinor Japp

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/>

Lisangnipura 2025



The closer we were to the Lisangnipura clinic, the longer each mile seemed to take. While our team came together from many places, we all shared the final leg of the journey to our clinic. We started this part of our journey in Puerto Lempira, a small town in the eastern Honduran plains. Riding in the back of some very experienced pickup trucks, the ruts and gravel surface of the road made traveling at 20-30 miles per hour seem like a breakneck pace. After a few hours, the ride became an arduous crawl as the trucks struggled over the wooden bridges and through the treacherous mud. We passed occasional clusters of houses that were built on stilts to survive the annual floods and drove over bridges that left us wondering if we'd make it to the other side. About the time that the road became difficult to distinguish from the pastures it crossed, we arrived in the grassy field with the clinic. We unpacked our gear and prepared the



clinic so we could spend the next 10 days helping the people from Lisangnipura and the surrounding hamlets (or aldeas, in Spanish).

The next day, we opened the clinic. However, before the team had started breakfast, members of the medical staff were called to a local woman's house to help her deliver her fourth baby. Less than an hour later, the mother and her newborn son were resting well. The medical staff finally got their hard-earned breakfast, and the clinic was soon crowded with the first patients of this year's medical brigade. To finish off the first day, another local woman gave birth to a son. Those were the only child-births on this trip and the days that followed saw a steady flow of patients, most needing only routine medical attention. Daily life in Lisangnipura started with the roosters crowing to wake the sun and reveal the cows and horses grazing in the



Team Lisangnipura 2025

Front Row: Dale Watson, Anna Dreyfus, Laura Postigo, Robert Watson

Middle Row: Lynn Baarnes, Mike Adams

Back Row: Kyle Ames, Griffin Koerner, Morfy Sambola Horacio, Joe Tombers, Cathy Koerner, Beth Adams

pasture in front of the clinic. Their owner herded them back to their fields shortly after sunrise. As the sun brightened the day, more life emerged, including our team members. Our clinic typically saw patients from not long after sunrise to just before sunset.

Lisangnipura sits by a brook, which provides water for the people of Lisangnipura as well as for us. Throughout each day, the people of Lisangnipura took water from the river in 5-gallon buckets to use for cooking, washing, and drinking. At the beginning and end of each day, team members bathed in the refreshingly clear river water. In the evening, children of the village jumped from the riverbanks to play in the river and cool off. Ten busy days, and over 1,000 patients later, we packed up our portable clinic and living accommodations. We tossed all the gear in the back of the trucks that came to pick us up and started making our way back to a more familiar world. Along with our camping and medical gear, we each took back many fond memories from the friendships we made and the experiences we had while in Lisangnipura.
Bob Watson

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 Norma Love had established a medical facility after her arrival from the Dallas area circa 1987. Over the ensuing years numerous upgrades have been made. IHS contacted Ms. Love, and she was indeed enthusiastic about the opportunity to have an IHS medical team there. 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 Feb. trips in 2021 and 2022 due to the Covid pandemic. Having been in Lisangnipura since 2009, the IHS board considered a return to Lisangni, but 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 had 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 4 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. Dra. 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, Dra. Marisa Cordova (Family practice) as well as Rotli Bendles Vasquez, another Honduran (Graduate of a Cuban medical school). Dr. Bendles

is a trained ultra sonographer who arrived in Mocoron with his "State of the Art" portable 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 several people that had worked with her 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. We are welcome to return to this wonderful village at any time.

Joe Tombers and Dale Watson



Mocoron Team First Row: Josselyn Moya, Elena Marley, Claudia Melgar, Norma Love, Marisa Cordova Second Row: Hitler, Joe Tombers, Dale Watson, Roberto Garcia Paton

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

IHS Projects October 2024 & February 2025



H O N D U R A S

Simplified location map of IHS Honduran projects

October 2024



February 2025



PLP Administrative
PLP Eyeglass Team
(October)

Lisangnipura
Medical/Dental
Team

February 2025
ParaElla

October 2024
Kruta River
Medical/Dental Team



International Health Service Donations

July 1, 2024 to June, 2025

Endowment Fund Donors

Janet & Robert Fenson

Donations \$10,000 and up

Nick & Teri Houle

Donations \$5,000 and up

Rick Muething

Louise Plank

Donations \$1,000 and up

Lee Miller

Joe & Deb Tombers

Bill & Denis Roussel

Richard & Mary Schmitz

Dale & Jeanne James

Dale Watson

St Peter Lutheran Church

Women

Nancy & Mervin Kiryluik

Cathy Sindelir

Donations \$500 and up

Leslie Koehnen

First Lutheran Church

Endowment

Peter & Carol Harris

Stuart & Kippy Stuhr

Margaret Boothby

John Dickhudt

David Goodall

Andrea Johnson

Irene Schaper

Vernon & Lucy Ussatis

Nancy Zupan

Jean Yunker

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Harry Steinhauer

Anonymous

Julia Rodriguez

Michele Bevis

Richard Kucinski

Joe Collins

John Pope

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Caroline Cochran

Steve Daniel

Maryesther Fournier

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Pamela Hallahan

Kris Indahl

Amanda Keating

Kathy Lepp

Steven Mannis

Amy Phee

Ruth Schaffer

Perry Severence

Donations up to \$100

Jodi Eiesland

Mike Stapp

Judith Alessio

Debra Fischer

Barbara Fleming

Tom Haus

Kim Koehnen

Wendy Nelson

Jerome & Marlene Stein

Bethene & Jon Trexel-Tenny

Kathleen Trueman

William & Teresa Wimmer

Lisa Bigaouette

Diane Greiwe

Maree Hampton

Patrice Tetta

Gary Stephen

Jean Page

Donations in-Kind

- Dan Lachmiller at Alpha Plastics for allowing IHS to use some of their warehouse space.

- Dole Fruit Company for over-the-water shipping of the IHS Medical Supplies.

- D'Antoni Hospital of La Ceiba for extensive Urological Surgery supplies.

- The Municipality of Gracias, Honduras for hosting and supporting the February team

- De. 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.

- King's 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.

- Tourist Options Honduras for personal and cargo travel arrangements.

- Steve Bakke and Tom Roper for the Newsbreak creation.

- Gran Hotel Paris, La Ceiba for discounted room rates.



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IHS Board for 2025-2026

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 Mary Bierman
 Teri Houle
 Lori Jackson
 Kris Budke

UPCOMING EVENTS

Fall Project:
 October 24 – November 2
 2025
 Planning Trip –
 October 2025
 February Project:
 February 20 – March 6 2026

October 2024 & February 2025 Team Statistics

Total Patients Served - 6,022

 Dental Teams Patients – 987 Extractions – 1,235

 Medical Teams Adults – 2,167 Children – 1,887
 Surgeries – 2 Glasses – 247

 Pharmacy RX's 7,238 Vitamin Packets – 1,837

 Eye Care Teams Patients – 732
 Prescription / Reading / Sunglasses – 1486

DATES TO REMEMBER

Application and deposit due for October Project August 1
 Balance of October Project Fee due September 1
 Application and Deposit due for February Project September 1
 Fall Project: October 24 – November 2
 October Planning team heads to Honduras October
 Team Selection for February project and team information is sent out
 December 1
 Project Fee due December 15
 February Project February 20 – March 6
 IHS Newsbreak articles and pictures due May 1

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Your contributions insure their future and our ability to continue our work. Help us continue to serve Honduran medical needs.



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