



International health Service of Minnesota

Dear Friends,

In February of 2007, IHS will make its 25th annual trip to Honduras... a notable milestone!! During the past 24 years, IHS has made a significant impact on the lives of both the patients and the volunteers who served them. In just the past 15 years, IHS medical teams have seen over 169,000 people, filled over 404,000 prescriptions, performed 1,752 surgeries, and distributed in excess of 15,000 pairs of eye-glasses. The dental teams have extracted over 41,000 teeth, made over 200 sets of dentures and performed over 10,000 other procedures. In addition, IHS has contributed around \$500,000 in medicines and shipped several million dollars worth of medical equipment to Honduras.

IHS wishes to thank each of you for your past contributions; your support is what enabled IHS to be able to do all these things.



We invite you to be a part of our 25th year of Honduras Medical Missions...

Won't you PLEASE help to make this special year IHS's best yet?

P.S. Please enjoy your copy of News Break 2006

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Eden Prairie, MN 55347

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SOS Village
Dancers

These delightful young
ladies and gentlemen
entertained IHS at their
opening Banquet in La Ceiba





News Break 2006

Newsletter of International Health Service of Minnesota

Esquipulas del Norte A Peaceful Little Village in the Valley



11th grader, Alexa Pflaum presents Esquipulas del Norte's newest citizen... Alex Ricardo Leon. Alexa, a prospective doctor, assisted her father, Dr. Doug Pflaum, in delivering baby Alex.

When I tell my 11th grade classmates where I'm going, they usually reply with the same question, "Why?" It's a question that I try to answer for them, but the answer is too hard to put into words. My usual reply is that I love helping people, but as time goes by I've realized that the reason is much more complex than that. The experience of Honduras itself is hard to describe—the people, colors, smells, and even sounds are on a magnitude much like that of an alien planet—you'll never really know until you experience them yourself.

This year my team and I went to Esquipulas del Norte, a remote village in the center of Honduras. However, due to a change in plans, we spent the first two days of our trip in the valley town of Olanchito, two hours bus ride from La Ceiba. While there, we stayed in the Maternity House behind the hospital which expectant women can stay at for a dollar a month. The facilities were awesome and the ladies that ran it were very gracious, cooking great dinners for us every night. Dick Nelson even had his own private "suite" with adjoining bathroom. The local television

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Esquipulas del Norte...

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station interviewed a few of us also, which was a new experience for me and also a shock that the town even had a news studio.

After two days, we re-packed and made the long bus ride on a road carved right into the side of the mountain. As treacherous as it was, after a couple hours the sun broke through the clouds and we arrived at Esquipulas del Norte. The town was a picturesque sight with mountains on all sides, beautiful plants, and colorful clothing drying on the fences. The people in town greeted us graciously and helped us to unpack the bus. My team and I stayed at the community center in town which we transformed into the medical center. There was a kitchen, several rooms which we converted into examining rooms and a dental/pharmacy room, showers, actual toilets, and (gasp!) electricity which was a welcome change from the Kruta last year.

The next morning we already had a line of patients staring through the iron-bar door. On average, we saw around 200 patients a day. Most mothers would come in with their children and occasionally the father would make an appearance. I did notice this year that we didn't really see any middle-aged men, just the elderly men and young boys. My day usually consisted of running the parasite medicine line, painting kids' teeth with fluoride, chatting with Deb, the nurse on our team, socializing in Spanish with the kids, and helping my dad to translate with my limited Spanish. Occasionally, I would help my dad with minor surgeries which was probably one of the best things to do during the day. Included in these was a man who walked from 2 hours away with a partially severed finger from his machete. For me, a prospective doctor, it was very interesting to learn the different suture techniques. However, the best part of my trip this year came during one of the last days when a woman went into labor. I helped my dad to deliver the new baby boy and afterwards when I asked my dad how it went he said that it added about five years onto his life because it was so stressful. It amazed me, however, that he was so calm throughout it all. I'll never forget the look on the

mother's face when she saw her son's face for the first time. It was, as the MasterCard commercials say, "priceless". This baby was the mother's eighth child. When I went back a few days later to continue to reign gifts from our team on the new baby, the parents asked for name suggestions and decided on Alex Ricardo Leon.

Usually, work was done by 5:00 and then we had free time. From our exploration of the town, we found that there was a school, a huge soccer field, a couple little stores, and many interesting people. And of course there were the kids in town...many of them. I made friends with almost everyone by going to the park next door to spray them with water from the 60cc syringes. It wasn't until a couple of days later that they finally got it together and started drenching me back. Later at night, they would come to the windows when everyone was trying to go to bed and they would shout my name and ask me to come and play. One of the best things about these kids was conversing in Spanish with them because they were such patient teachers.

(Continued on page 5)



After an hour of winding mountain roads you will find Esquipulas, a small village nestled at the bottom of the mountains in a beautiful valley. A river runs through the valley along side of the village.

International Health Service of Minnesota—Mission Statement

It is the stated mission of the International Health Service to improve the quality of life among the people of Central America.

International Health Service will bring technology, skill, and energy to this task in such a way as to complement the resources that are already in place.

International Health Service will respect the culture of those whose lives it touches.

International Health Service will foster international understanding and mutual respect through its missions and projects in foreign countries.

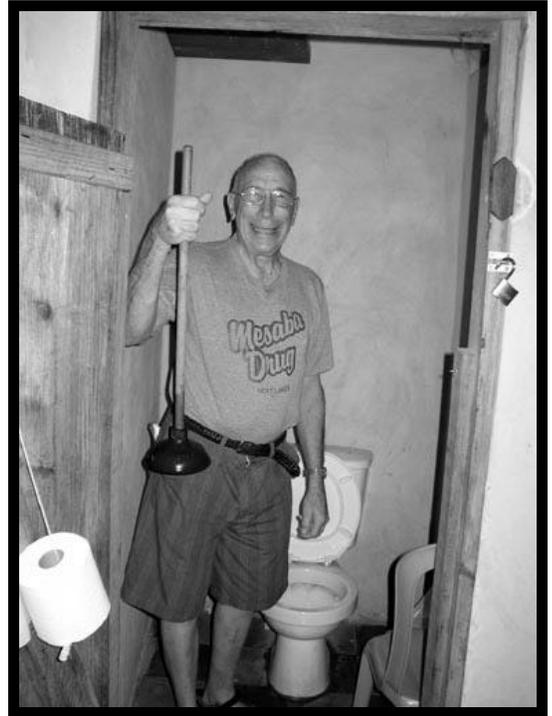
Esquipulas del Norte...



Above: Dr. Ken Hodges and translator Patricia Ross during a consultation with patient from the village.

Below: Breakfast of pecan pancakes—Steve Rice was a real pro when it came to flipping... pancakes that is.

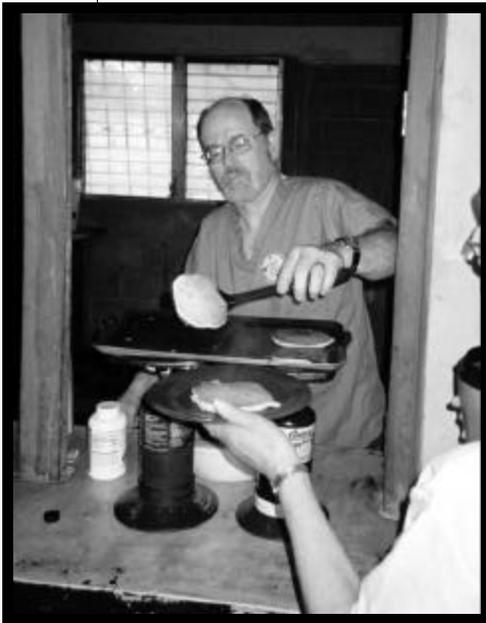
Right: One of our older patients.



Everyone on the team had jobs... I am not sure how Pharmacist Jim Welch ended up with latrine duty. Check out the fancy paper holder.



Lunch break... looks like a lunch "line-up". Time out for a quick cup of soup.



(Continued from page 4)

As my trip came to a close this year, I reflected on all the people that I had seen and realized this—the greatest happiness in life for these people comes from family and good health. Many people had next to nothing, yet were happy with their lives. Material possessions, I realized, are not everything and I think that it's a very valuable lesson. I now know that the reason that I enjoy traveling to Honduras with IHS is, not only do I love helping people, but I love the cultural experience, learning to communicate in a different way, and spending time with my dad. I would like to thank all of the people on my team for an awesome experience. I can't say enough good things about them. They were the definition of hard work, dedication, and kindness. I would also like to thank the people of Honduras for their graciousness and smiling faces, and also my dad who has introduced me to a different world.

☞☞☞ Alexa Pflaum, General Helper

Here's how you can contact International Health Service...

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Eden Prairie, MN 55344

IHS Web Site
www.ihsofmn.org

On the Rio Kruta in October

Well, it's already almost time for the February trip and I am just now reporting on the October trip. My name is Steve Fisher and this was my first trip with IHS. I'm a dentist and my wife Laurie is a family practice doctor.

We had been looking for an organization that didn't have a great emphasis on religion; one whose participants wouldn't mind having a well deserved beer or two after hours. We not only found that in IHS, but we found some of the most dedicated and hard working people we have ever had the pleasure of being with.

First and foremost was our straw-boss, Marianne Serkland. She's a hard driver but she has a big heart.



The little girl (10 years old) in the flowered dress (sitting on mama's lap) was diagnosed by Dr. Serkland as having a heart valve problem. Dr. Serkland took her to SPS for an echo and made arrangements to get the test results sent to Mayo Clinic in Rochester, MN.

Kurt, Dennis, Jack, and Dan were our technicians who were always ready, willing, and able to do literally anything, from setting up clinic to assisting the docs.

John was in charge of the dental clinic. With his planning and equipment, we were able to perform hundreds of fillings, sealants, and cleanings in addition to the usual extractions.

Laurie and Marianne were in charge of the medical clinic. They took care of whole families at a time.

Finally, Karen and Jenny were in charge of the pharmacy. This was undoubtedly the most difficult job. They were always the last to finish at the end of the day. We always had to string lights in this area for them to work because the sun had gone down.

Our first village was Kruta, located near the mouth of the Kruta River. Most of the villagers knew some Spanish, so communication was less difficult than our next village, Kury, where very few people knew anything but their native tongue—Moskito. In the dental clinic, we said “belam kwak” for “open” and “sumph” for “close”. John complained that he never could remember which was which, so he just said one and waited to see what happened.

Kury was a couple of hours up river and was more isolated.

The bathroom facilities were better, though. (They were abysmal in Kruta—traveler's diarrhea paradise) The European Union had placed a modern port-o-potty and a rain cistern at every residence in Kury. Towards the end of the last two days it rained a lot. During one particularly dramatic downpour, Dennis came into the clinic and yelled “it's starting to rain out there—everybody got their windows rolled up?” (as in cars) Dennis could always be counted on for stuff like this.

Our ride back to Puerto Limpera was touch and go. Swamping seemed a possibility in some rather impressive swells on the last leg of our trip, but our boatmen got us back safely. (One boat ran out of gas a minute or two after unloading us at the dock, though). We celebrated big time that night.

The rain kept up the next day. We were supposed to fly to La Ceiba for our final night together before going home. But it didn't look like there was going to be a flight, with the reduced visibility. We wouldn't have been able to leave the next day because they don't schedule flights on Sunday. Luckily the conditions improved just enough and the plane picked us up and got us back for our final dinner

in Ceiba with Cheryl.

Laurie and I left Honduras the next day knowing we had rubbed elbows with some of the finest people we have ever met. We are looking forward to working with them again.

✂✂✂ Laurie Fisher, MD and Steve Fisher, DDS



Dentist Steve Fisher doing an extraction on patient... nice office Steve



A lovely older lady patient that came to the clinic



The Kruta team and medical supplies travel to their village by boats.

October Rio Kruta—Photos



These are photos of the water systems and latrines that were put in by GVC, a group from Italy. Every home in the village has a system for collecting rain water and a latrine. The system consists of a huge tank for collecting rain water and the water in the tank can be treated with chlorine bleach to kill bacteria.

This group has finished working Kuri and Tuburus (two villages along the Rio Kruta) and will be working in other nearby villages.

The old and new way of doing laundry... the old way was taking the laundry down to the river and washing the clothes on the rocks... the new way is to wash the clothes at home using water from the new water system and a wash board. The greatest thing about this is that they are no longer polluting the rivers with laundry soaps.

MISSION WORK IN UHI

There are many stories to be told about our mission work in Uhi. Just getting there was a challenge. Our initial plan was to have our entire Uhi team into the village by Monday noon by bush plane. The weather turned bad and we had to wait until Tuesday to take the plane to Uhi. The Mocoron team did not want to chance the weather so they hired an old truck to take them and all their supplies to their village on Tuesday morning.

Loring is doing radio ops here in Uhi this year and he also got his radio gear going by Tuesday afternoon. The transport of our team and gear was uneventful as the weather was fairly good. It took 5 trips via the plane. Jarle, the pilot, is very exceptional and handled it all safely in spite of the constant crosswind across the Uhi "airstrip" and a little "hop" near the village end of the strip. Cows, horses, and other animals are a constant nuisance when trying to land or take off.

The rest of Tuesday was spent unpacking gear and getting the medical supplies in order. Loring set up his radio gear in no time and then helped the others. We did start to see a few patients that day, too.

After several days, we got our work into a routine. We had a few adjustments in personnel but things went smoothly. Jama started out helping in many places as we got our routine going. Katie, Karen, Mary, and Jamus were a lot of help in the clinic and pharmacy. Brenda did great as our pharmacist. John's forte was getting a lot of support work done. Hey guys, how were those sun showers every day?

We were very busy in the clinic, seeing close to a hundred patients a day with some days a lot more. Not bad for having one doc and one RN on our team. Thanks go to Dr Gerard and Mary our nurse for all their hard work.

We saw a lot of the usual types of cases... lots of aches and pains, especially for people over 30. When you

consider the hard work they have to do, it is no surprise. The kids run around outside a lot so we see lots of parasites, lice, and such things that happen when kids and animals occupy the same places. A lot of people (especially the women) come in with respiratory problems. They still do a lot of cooking in their house on an earthen fire. Since they do not want to have rain come in their thatch roof, they do not have a chimney or hole for the smoke to go out.

Something unusual was we saw several cases of malaria and chicken pox. We learned to handle whatever came in the door. Many people had walked in from other villages to be seen in the clinic. Walking the beach is the only way for many to get here since there are no roads or vehicles in this village. Some

walked for 4 or more hours. Fortunately, we had no major emergencies, just a house call for a little baby girl born at 2AM on Saturday morning.

Several people have come to the door of the church



Dr. Gerard Rudy is consulting with a young patient... he does get down to their level. Dr. Rudy lives in Ahuas and works at the hospital there. This is Dr. Rudy's 2nd year working with IHS.

October 2005 & February 2006 - 10,539 Patients Served - 44,354 Patient Contacts

| MEDICAL TEAMS | | | | | | |
|---------------|-------------|------------------|---------------|---------------|----------------|---------|
| Adults | Children | Surgeries | Referrals | Pharmacy RX's | Vitamins | PIP |
| 3,854 | 3,089 | 18 | 48 | 21,992 | 6,088 | 414 |
| DENTAL TEAMS | | | SURGERY TEAMS | | EYEGLOSS TEAMS | |
| Patients | Extractions | Other Procedures | Patients | Surgeries | Patients | Glasses |
| 985 | 1,159 | 1,022 | 93 | 26 | 2,518 | 3,048 |

MISSION WORK IN HI

where we stayed asking for the dentist but we did not have one this year. It is sad that they will have to wait another year or make the long (for them) journey to PLP.

It rained a couple times while we were there. So we did a sun dance to keep things dry. There was a lot of standing water and puddles. We had not seen so much water since Feb 1999 when we arrived right after Hurricane Mitch.

Loring and John replaced the village well pump. Several years ago John had installed the same type hand pump and it was totally worn out since several families pump water from it every day. So, we carefully removed the old pump and put the new one on. The new pump (purchased at Menards for \$40) now has water pouring out its spout whenever used. The local people are so thankful.

We sure had another great trip !!!

✂✂✂ John Kirckof, Uhi Team Leader



ABOVE: Nurse Mary doing a lab test on a patient.

BELOW: Some of the children from the village... can you find Katie among them.



In Memory Of IHS Participants Who have passed away in the past year.

Palmer peterson...

Palmer joined IHS in 2002 and worked with the Yocon, Olancho team. Palmer was also very generous in giving to IHS and in helping the people in the Yocon area. He helped in the building of a dormitory for visiting medical teams and helped to provide a library (filled with books) for the community.

Judi Smith...

Judi worked with IHS in 2004 on the Tacoa, Colon Surgery Team and in 2005 on the La Esperanza, Intibuca Surgery Team. Judi was a real team player and an excellent nurse; she played a very important role on the teams.

Sallie McKemie...

Sallie was to be on the Hortensia, Intibuca Medical Team with her mother (Jennie McKemie, RN) in 2006. Sallie passed away just a few weeks before the Medical Mission was to take place. Sallie's two older sisters had gone with their mother on previous Medical Mission trips to Honduras.



Miss Sallie
McKemie

Need a Speaker for your Group?

IHS would love the opportunity to speak to your group, club, church, organization, etc. about who we are and what we do.

For more information please call: (952) 996-0977

ESQUIAS EYE GLASS TEAM

Packing for Honduras this year, I was disappointed not to be returning to Las Hortensia where I had been assigned the year before. It had been my first experience with IHS and I assumed my placement would be the same as last year. To my surprise, I was assigned to the Esquias Eye Team.

Like Hortensia, Esquias is in the mountains so I readied myself with fleece and thermal socks remembering how cold I had been the year before when I had slept on a concrete floor with temperatures in the low 40's. I had little experience for this assignment and thought I would miss a larger team. In Hortensia we were a team of 11 dealing with many health issues, but in Esquias, as a team of four, we would only be fitting eye glasses. I couldn't imagine functioning with such a small group. Irene Schaper, Charlie Zupfer, Kerry Beckenbach, and Jane Hackenburg made up our motley crew. But, as usually happens with IHS, our team blended well and our differences became attributes to the team's success.

Esquias is a small beautiful town of 3,000 plopped in the middle of Honduras 3 1/2 hours northwest of Tegucigalpa. As we bounced and bumped four hours along the rutted roads in a small Toyota pick-up truck, we laughed with Tacha, the Honduran worker who organized our clinic on the grounds of the Catholic Church overlooking Esquias. We actually had beds this year and didn't use a sleeping bag. I can't say I minded the luxury.

We set up clinic the day of our arrival with the help of Tacha and Sister Fatima. The next morning we opened the clinic at 8am and I quickly discovered there is nothing more rewarding than giving someone the gift of sight. To make an individual's world sharp once



Tacha, whose home is Esquias, helped the team with logistics of setting up the eye clinic, team housing and meals. Here Tacha is working with a patient in reading the eye-chart.

again so that they could sew, cook, plant, or distinguish faces was a thrilling experience.

In order to find the correct glasses for a patient we learned to use an auto-refractor, which measures eye strength. This was no easy task. The machine was tricky and we had to distinguish between a high-pitched, fast ... beep... beep....

beep... tone, a slower, low-pitched ...beep... beep... beep... tone, or a steady tone which measured the eye correctly. Finally, when we held the refractor steady long enough, we would hear "ta daaa" which meant the eye measurement was done.

This technology allowed us to measure the vision of an individual so that glasses could be fit correctly. Even though the auto-refractor was not always accurate, it did identify positive or negative readings and some idea of the correction. After we measured the patient's eyes Irene would sort through and select an appropriate range of glasses donated by the Lions' Club and hope that something would fit. Kerry, Charlie and I would then try to discern which glasses were the best. Once that was accomplished, we would adjust, tighten and clean the glasses for each patient.

Pterigium is an eye disease that affects many people in this area because of the smoke caused by burning coffee fields, long term-exposure to sun, and dryness. Sun glasses are an important deterrent to the disease so "anteojos de sol" were given to all until we ran out. Although they do help prevent the disease, the youth of Esquias were more interested in the coolness factor... certainly not any different than our young people.

When 87 year old Pablo Correa arrived at the clinic for glasses, he could not walk to a chair by himself or see the eye chart. Because his sight was so limited, it was impossible to get a reading from the auto-refractor. Irene presented me with a mix of the donated glasses from the Lions' Club that potentially could be a match for Pablo's eyes. Sure enough, we found numerous glasses that were coke bottle thick and by the time we finished experiment-



ABOVE: Jane is using the auto-refractor to measure this lady's eyes to get the readings needed to find the correct eye-glasses for her. BELOW: Once an eye-glass prescription has been determined, Irene searches through boxes of eye-glasses to find just the right pair.



Esquias Eyeglass Team



Charlie Zupfer with a very happy Pablo Correa... with his new glasses Pablo will be able to see well enough to get around on his own... no help needed from a family member or friend to guide him!!

ing, he could see the eye chart. He broke into a wide grin...the sign of success. His son met him outside the clinic and plopped his orange baseball cap on his head as he shuffled away. The immediacy of our work is so rewarding.

Maria Garcia was a beautiful 14 year old girl who was near-sighted and couldn't see the chalk board in

school. The teacher would not move her closer to the board because she was tall and "blocked the view of other students". Not having any ready made glasses that were a fit, Kerry was assigned the task of making a pair by finding the correct lenses and a frame to match. As a detective for the Law enforcement Center in St. Cloud, MN this was not a skill that Kerry had developed, but his small motor coordination was excellent and he quickly became our craftsman.



Jane and Kerry with 14 year old Maria who has just been fitted with glasses made by Kerry.

After Kerry painstakingly crafted glasses that allowed Maria to see, her reaction was immediate. She walked out of the clinic beaming with her new view of the world.

Another success story was 88 year-old Rosa who had not been able to read for years. She could hardly believe her luck when she tried on a brand new pair of reading glasses. She began looking at the newspaper and was shocked that she was able



88 year-old Rosa can read again!!



Edna and Cristobal with their new eye-glasses... Miro, Miro! I can see, I can see!

to read the words. She popped up out of her chair and hugged me as if I were a long lost relative.

And finally there was Edna Romero. When the correct glasses were found for her, she could not contain her joy from crying out, "Miro, miro!" I can see, I can see!

The final day of our clinic I fit glasses for Cristobal Garcia whose eyes were covered with the membrane caused by Ptergium. He seemed so sad. We searched for another pair of those strong prescription glasses like the coke bottles we found for Pablo Correa and found a match. The moment he tried them on he broke into a smile.

When I arrived home in New York, I picked myself up a glass repair kit because I had so much fun learning how to tighten, adjust, and perform simple repairs. Whatever eye correction we were able to perform for the villagers (at times it was hit or miss), they were grateful for our help.

Thinking of that last day in February, I remember



Kerry and Charlie relaxing and enjoying a game of dominos after a day of clinic work.

my early morning walk before we left Esquias. I saw Cristobal sitting in front of his house making a fire. I noticed he had on the large, black glasses with the thick lenses he had received at the clinic. He recognized me, raised his arm, and waved. For

people who never expect to see again, the value of glasses is an incalculable gift and a thrill for us to watch their joy.

Glasses for the Esquias team were donated by the Lions Club. Anyone can donate their old glasses to any their local Lions' Club; one of the largest sources of donated glasses for non-profit groups like IHS.

✂✂✂ Jane Hackenburg, General Helper

Yocón 2006

Our real adventure began after we dropped the Esquipulas del Norte team at the Hogar Materno in Olanchito. Not bad digs, thought we, sleeping in a dorm on cots. Not bad. We retraced our route, then turned off onto what we later learned was the "Corridor of Death". That may have referred to the road itself that wound up the rain-drenched mountain, skirting and dodging washouts and rockslides. Or it may have referred to bandidos or drogueros in the hills. Who knows?



Looking through the windshield of the bus... this is on the road that turns off the highway and is between the highway and the turnoff that goes to Esquipulas del Norte. And yes, it does get worse.

We arrived in Yocón in the throes of their celebrating the town's patron saint, St. John the Baptist, a celebration that extended well into the wee hours of our baptism of loud music and the ubiquitous roosters. With the help of a mob of kids, we unloaded our goods in the Centro Comunal: one room for our sleeping quarters and one for the pharmacy. We received a gift from Chico Reyes, the new mayor of Yocón, new plastic-coated foam mattresses, a true luxury. We also hauled our food supplies to the house of the mayor's mom, Amanda, who did our cooking for us. During our stay, we owed much gratitude and affection to Amanda, who could write a cookbook of how many ways to prepare beans, rice, bananas and eggs. Oh, yes, we considered every egg eaten a potential matter of birth control for roosters. And we'd not have survived without the mayor's help, particularly anytime we needed a truck for transporting goods, people or ourselves.

Each day, we walked the 1/3-mile to the clinic, amid calls of "hola", "hello", or "foto, foto". Thank goodness for digital cameras with which we immediately could show people, especially the kids, the images that we had captured. In the clinic, our general helpers, Chris Scott and Rosalie Eckoff (who would have been the dental assistant had we had a dentist) managed the crowd control and checked blood pressures. Matt Shuster, son of Doctor Dave Shuster, doled out eyeglasses. My wife, Trudy and Sylvia Reimer, the RNs of our team, managed the medicine and any special medical operations. Trudy also assisted Doctor Bill McGuire with minor surgery procedures. Translators Freya Tripp and I helped the doctors with the patients.

Back at the Centro, our pharmacist Jenny King and her able assistant Idalia Maldonado filled the doctors' prescriptions and explained basic usage to the patients. Later in the week, Santos Matute and Jeffery Maldonado arrived with our emergency box and stayed to help with general procedures. We also had the added professional help and pleasure of working with the Cuban doctor assigned to the town, Idenia xxx, who helped to lighten the case load and who particularly helped with disseminating information concerning birth control and prenatal care.

Jerry Reimer, our team leader, engineer, radio operator and general do-anything guy, kept up our moral and supplied any amenities that he could. Among other things, every day, he would fill our sun showers. (We never inquired where he got the water during the two or so days when we had no running water at our compound.) He wired up a light for our "veranda", the tiled patio out back by the bathroom facilities. He fixed broken hinges and window locks. And, in a desperate moment, scrounged up an old door that we could use for a backboard for a little boy who had gotten trampled by an ox.

Most patients came to refill their home medicine cabinets, such as they were. They had the basic "package requests": stomach and bowel pains, head and neck aches, sore backs, shins, bones. Some presented their requests most dramatically; some recited the basic "laundry lists". One young girl stood and recited her list as though reciting a class assignment. When she finished, her mother whispered, "... and don't forget the cough and cold!" But some did require more specific care. One young pregnant girl came in rather dehydrated. Doc Dave had Sylvia start an IV, and later Chico arranged for a truck to take her to a maternity clinic in Salamá, about



Dr. David Shuster with the paralyzed boy in his wheelchair, donated by Rosalie Eckoff.

45 minutes away. Doc Bill opened his first day with a young boy who had taken a really nasty spill on his bicycle. After three days, he still had dirt and gravel in the wound, which occupied the left side of his face. Bill and

(Continued on page 13)

(Continued from page 12)

Trudy cleansed the wound. They could do nothing for the suspected broken cheek bones. They requested that he return for further treatment. He never returned. Maybe he lived too far away and they had had to walk many hours to get to Yocón. Who knows?

Besides having the water and electricity cut off periodically, we had many other "surprises". One of our greatest supporters in Yocón were Juanina and her husband Ken, the Baptist missionaries who had lived for the past 26 years in the town. She helped Rosalie and Chris daily to screen patients and to communicate with them. Ken had, for many years, served as the dental care provider in town, crafting dentures and extracting teeth. Since so many people really needed dental care and he lacked the physical ability to continue, he asked Bill if he could help extract some teeth. With Bill and Ken to instruct and administer local anesthetic, Matt, our high school senior, learned to pull teeth. One day, after we had closed the clinic and prepared to leave, Bill and Matt came from their dental afternoon and reported that they

had been held up by a "bull fight" in one of the intersections. Two oxen had gotten into a scuffle. A young boy had gotten trampled. Bill, Trudy, Sylvia and Idenia, the Cuban doctor, and I ran up the street to the boy's house. Sylvia had her cell phone so we could contact Jerry in case we needed transportation to a hospital in La Unión or Juticalpa. Unable to get a response from the ambulance in La Unión, one of the neighbors drove his pickup to La Unión, just down the road. As the ambulance arrived, Jerry ran down the road with the backboard that he had scrounged up. Bill and Idenia feared that he might have suffered internal injuries along with a possible broken clavicle. The report that we got the following day said that they had hauled him to at least two hospitals and that he had only the broken collar bone.

During our second week in Yocón, with the always available help of the mayor, we split our teams in order to expand our outreach. On Monday, team 1, Doctor Dave, Freya, Sylvia, Rosalie and Matt climbed into the

pickup and went to the village of San Antonio. On Tuesday, team 2, Doctor Bill, Trudy, Chris, Santos, Jeffery and I boarded the pickup and headed to the village of Cuábano.

We pretty well secured our safety in town and on the road. The local police occupied a room that abutted our dwelling and that opened onto our "veranda". One morning, we stitched up one of the police, who had severely lacerated his finger while cutting some sugar cane. And on the road home, at the one baño stop, Bill looked out and saw that a man had just whacked his finger with a machete. He grabbed a bottle of drinking water and some sterile pads. We washed the finger as best we could, but any suture materials were buried somewhere out of sight. Bill bandaged as best he could and wrapped the dressing with, what else, duct tape. Maybe the word spread and we had an uneventful ride back to La Ceiba.

All in all, the adventure went well. On the drive back to La Ceiba, between bumps and wash-outs, we ruminated about the trip. What could we have done more effectively? Had we perhaps stayed in one place too long? Did we do any lasting good in Yocón and surroundings?

With some instruction, we certainly could have done a more effective job of dispensing eyeglasses. With the limited supplies that we had, we might have made some of the medicines stretch a bit. We ran out of children's Tylenol and aspirin. Our staying in one place is a two-sided coin. Maybe we did what we could and ran short of patients on the last day. On the other hand, by staying in a central location, we had the opportunity for continuity of care. The lady who had practically cut off her thumb with a machete, returned twice. Thanks to that, she will probably retain the use of her digit. And we could see some of the effects of our care. Thanks to the wheelchairs that Rosalie obtained, one went to a little boy who, through some accident, was paralyzed from the waist down. His mother had had to carry him wherever she went. We learned that, with the chair, he spent a whole day wheeling himself up and down the

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A second wheel chair went to this little boy whose arms and legs are backwards.

Yocón 2006

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cobblestone streets to visit all his friends. So, in retrospect, our staying in Yocón provided further help to the people and also gave us a chance for some feedback.

Two metaphors may answer the question of lasting good. Did we save any grains of sand from washing out to sea? Yes, we did. Did we provide any lasting light in the wilderness? Probably. We may not have provided a street-light, but we did provide some sparks to kindle a candle or two. The welcoming attitudes of the citizens of Yocón give testimony to the presence of IHS in the area.

On our last day, we had a reminder of the stark conditions of the people in Yocón. One little boy, Oscarcito, one of the kids who hung around our Centro Salud, who played games with Jenny, Idalia, Matt and Bill, was perhaps that last of the kids that we hugged as we left. His father had left them some time before. We learned that last day that his mother, for whatever reason, had abandoned him. His beautiful smile and lilting laugh will continue to haunt us. What will become of Oscarcito?

David Staubitz, Translator

HELPING PEOPLE SEE IN LA ESPERANZA

I often wondered what happened to the old glasses I stuffed into the Lions Eye Bank Donation Box at the eye doctor's office. Now I know. As part of a 4 member team who dispensed over 1100 pairs of glasses to needy Hondurans, I am happy to report that those used glasses get put to very good use.

My team made the approximately seven-hour drive from La Ceiba to La Esperanza on a cloudy Sunday. We shared the large yellow school bus with the Hortensia medical team and all our gear including more than 2000 pairs of Lions Eye Bank glasses, 1000 pairs of sunglasses and 1000 pairs of reading glasses.



Paula using the auto-refractor to examine this man's eyes and find the readings for his eyeglass prescription

We set up our clinic in the 1000 square foot meeting room on the ground floor of the Mayor's Building in the heart of La Esperanza, directly across from Parque Centro (Central Park). I'm not sure how they knew we would be there but children and adults were lined up outside the building when we arrived at 8:00 am Monday morning.

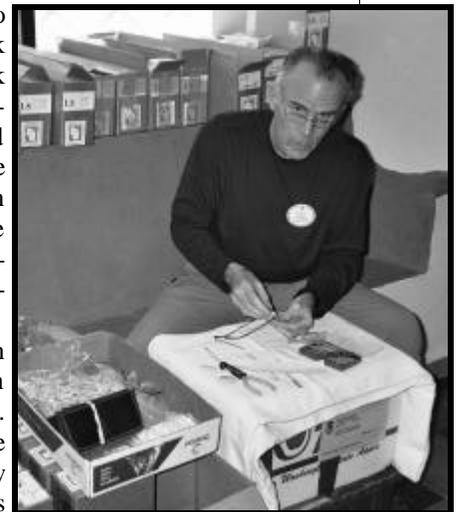
Kurt Roberts, our able team leader and Karla Harriman, our assigned translator, had worked on an eye glasses team during a prior IHS trip. For John Pope, our radio operator and unassigned translator, and I this was

our first experience with the eye glasses team. I have the benefit of 25 years as an ophthalmic technologist and John was a quick learner. We also got some much appreciated direction from Ann Nemenich who provided not only her extensive knowledge but her auto-refractor and eye charts, as well. She was definitely with us in spirit.

Our first task was to divide our huge work space into separate work areas. The Honduran volunteers from the local Red Cross, including Odise Consucopa and Hedman Mezo, organized the crowds and created information sheets for each patient.

Karla Harriman then tested each patient's vision at distance and near. Given that many people didn't read or even know the names of letters, this job was more difficult than you'd expect. Karla's most important skill, though, was her ability to put the Honduran people at ease. She loved the children and photographed most. She had the adults laughing and relaxed throughout the entire process.

I was at the next station with the auto-refractor. Although I don't speak Spanish I quickly learned the Spanish equivalents of "next please", "have a seat here, please", "look at the red light, please" and "come with me". My initial worries about not speaking Spanish turned out to be groundless as the adults and children had no trouble cooperating with the exam.



Kurt (above) busy making a pair of eye-glasses so that 12-year old Erica (below) can see.



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HELPIN PEOPLE SEE IN LA ESPERANZA

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Once I found the spectacle prescription I sent the patient to our dispensers, John and Kurt. Although only John spoke Spanish, I saw nodding heads and smiling faces leaving both dispensing tables with glasses. Kurt Roberts said “Bingo” so often that our Spanish speaking volunteers took up the phrase. Kurt also had the tools to make kids’ glasses fitted to their tiny faces.

One small for her age 12 year old girl came in with her mother but didn’t want her own eyes tested. Karla encouraged the child to attempt to read the chart and found the girl could not even see the large E. After I checked her prescription Kurt built her a pair of glasses that brought her vision to near 20/20. She was smiling, we were crying. It really brought home the importance of our mission.

By the end of our time in La Esperanza, we were out of sunglasses, out of most of our readers and definitely out of energy. We enjoyed the patients we served, the Honduran volunteers who helped us and the family who housed us. Who could ask for more from a mission?

✂✂✂ Paula Parker



TOP, ACROSS & DOWN: (1) Mother and daughter with their new glasses (2) Manuel with his new glasses (3) 99 year old lady with large tumor on right eye (4) Karla and Lenca man (5) 91 year old man with a white eye (6) Medera, a 25 year old man with a bad eye
BELOW: The La Esperanza team with a couple of new little friends trying on some glasses from an older era.



TOP: Ambrosio—86 years old
MIDDLE: 4 year-old Elvis
BOTTOM: Marta Meija 70 years old
RIGHT: Brother Santos 80 years old and Sister Maria is 76 years old



OCTOBER—RIO KRUTA TEAM

STANDING: John Steichen, Dennis Tuchalski, Steve Fisher

BACK: Kurt Ulrich, Jennie McKemie, Dan Walker, Laurie Fisher

FRONT: Marianne Serkland, Wayne Zimmerman, Char Zimmerman

ESQUIPULAS DEL NORTE TEAM

STANDING: Jack Trumm, Buzz Schraeder, Ken Hodges

TOP: Jennifer Edwards, Jenny Trumm, Alexa Pflaum, Jim Welch

MIDDLE: Patricia Ross, Teresa Vollbrecht, Dick Nelson, Deb Fischer, Steve Rice

FRONT: Cheryl Schraeder, Doug Pflaum

*Who cut off those heads...
Gee, I hope I got the heads and bodies
matched up correctly!!*



YOCON TEAM

BACK: Dr. Bill McGuire, Jerry Reimer, Trudy Staubitz, Freya Tripp

FRONT: Sylvia Reimer, Idalia Maldonado, Christine Scott, Chico Reyes (mayor of Yocon) Rosalie Eckhoff

NOT PICTURED: Dave Shuster, Jenny King, David Staubitz, Matt Shuster, Santos Matute, Jeff Maldonado

MOCORON TEAM

*BACK: Dan Walker,
David Houser,
Barb Hamilton,
Leyla Lopez*

*FRONT: Dr. Joe Tombers,
Alice Houser,
Teresa Tombers,
Susan Biernot*



LA ESPERANZA TEAM

*John Pope
Kurt Roberts
Karla Harriman
Paula Parker*

OLANCHITO TEAM

*James Prater
JoAnn Prater
Denis Roussel
William Roussel
Deb Henderson*

*NOT PICTURED
Dr. Irv Thorne*



MO ORON—A NEW VILLA E

Mocoron is a new village to IHS in 2006. In the past it has been a refugee camp with 10,000 refugees from Nicaragua here for seven months, during the Sandinista business. The village population now is about 285 families. Mocoron is on the banks of the Rio Durzuna, which is their water supply, laundry, and bathing facility. Our team is Joe Tombers, Teresa Tombers, Barb Hamilton, Susan Beirnot, Leyla Lopez, Alice and Dave Houser, Dan Walker, and Hilario Nixon, a local Honduran. On the second day, we were joined by a Cuban, Dr. Eduardo Ojeda. He was great to work with, and was pleased to have access to a pharmacy. He is in Honduras on a two year assignment, along with 10 other Cuban medical staff, based in Puerto Lempira.

Our team traveled to Mocoron, part by plane and part by truck, due to the weather. The road trip took over four hours on clay rutted roads that have not been maintained for ~15 years. The recent rains made huge wallows to navigate, and fortunately, we did not get stuck six times on the way. Two times, the driver and assistant stopped the truck and walked ahead to determine which "rut" to take. In the low spots, there were several choices, where folks had made new trails around wet areas.



The clinic is at the intersection of two runways. We operated the clinic for five days, closing early because the patient load dropped off toward the end. Families would come from the local village, and others would walk several hours, to be seen. The local residents of Mocoron usually understood a bit of Spanish, but we also had a Mosquitia dictionary, for those who did not. The local clinic has a nurse, and a student - both served as interpreters. We saw patients that ranged in age from 20 days, to 117 years. A few referrals were flown to Puerto Lempira, for surgery or consultation. One family had two sons, ages 19 and 21, who were severely malnourished. They were about the size of elementary school kids, and one had to be carried (2 hours). The situation seemed to be more than just lack of food - perhaps a condition of not absorbing nutrients. They

were going to be seen by a Canadian doctor in town for a short time. Two referrals for surgery had to wait in town, because there was no diesel fuel for the generator at the hospital. Only emergency surgeries were done. Most all patients were treated for lice and worms. This year we did not have a dentist, so did not pull any teeth. Among our clients was Pastora Flores, a 117 year old who still fishes, and strings her own beans. On Saturday, we held a dental hygiene clinic and condom demonstration. We returned to Puerto Lempira early and provided medical care in the local jail.



Alice Houser busy registering people that have come to see the doctor... IHS keeps records of all patients.

Our lodging is the hostel offered by Norma Love. She is a native of Honduras, with 16 years teaching experience in Texas. She provided some meals, laundry service, and lots of buckets of water from the river for our bathroom. We actually had real toilets. However, it took a bucket of water to flush, rather than running water. Sun showers provided a bath, or the river was a cooling option. The hostel is two story, with three sleeping rooms up, and a kitchen and community room with bathrooms down. There is also an internet satellite system with wireless access, powered by solar panels and a battery bank. But no working radio in the village. Jarle says he never flies to Mocoron because no one ever calls by radio. Norma is working on bringing in organizations and grants to help improve the life here. She runs the internet cafe, and uses a software program to make internet phone calls to her family and contacts in Texas.

Our cook, Chorel, made wonderful rice and beans, beans and rice, rice and refried beans, roasted pork, fried fish. We alternated between her cooking and fixing meals ourselves. On Saturday we asked her to make



Local young girls and boys from the village carrying water from the river to be used at the clinic... The team will filter the water before it is used.

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MO ORON

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some coconut rolls for Sunday. The next morning, she and another girl moved a 40 foot extension ladder to a coconut tree, to have a boy knock down some coconuts. Then she had some kids chop some wood for the wood fire. Then they macheted the coconuts, offered us the water to drink, and cut them in half. She was sitting in her cook house near our residence, scooping out coconut meat and looking serious. Alice asked her if she were going to church. She said no, she had to make the bread. Alice pulled over our translator and we convinced her that we didn't mean for her to miss church to make us bread. We wanted her to go, and fix it later. That worked out fine. Chores would often wash our dishes for us in the evening after dinner. One evening, we played music and were having fun dancing. Chores couldn't be convinced to join us. However, a couple of nights later, she joined the locals as they played Mosquitia music on a CD player, and she led them in some folk dancing.

We were shown some local crafts one evening -- folk art pictures that were made from a fabric that is actually



A generous supply of toothbrushes go with each of the IHS teams... here a group of villagers has just received their very own toothbrush and are about to receive a lesson on just how they should use it.

pounded out bark from the Tunu tree. Some of the fabric is dyed, then cut up to create pictures of local scenery. Alice bought several pieces of this Tunu fabric, for her own collage and kaleidoscope work. Two pieces were made by the oldest lady in the village - 117 years old. The bark is

soaked into water, then pounded with a ribbed wooden mallet, to soften and thin it out.

A first impression of the town is that it is pretty upscale, because there are potted plants on the front porches! The local folks were very polite and gracious. They would routinely allow the outlying villagers to be seen ahead of them, and come back the next day. One lady did let Alice know that she had come for two days straight, only to go home again. Alice told her she would be number one the next morning. When Alice kept her promise, she came over to our residence that evening with gifts for her new "friend": some yucca cake, a root to fry up like potato chips, and two eggs. Alice was so surprised! She returned her container the next day with a small package of cinnamon that she had brought along to cook with. The day before we left, she brought by a sun hat for Alice. Alice shared a couple of beach towels with her, that we were going to

be leaving in the village. One of the teammates took a Polaroid picture of us, for her to have. She is a mother of 9, ages 4 to 20. She came out to the plane the morning we left for one last Adios. We also worshiped together at the Moravian Church in the village.

The town hosts several churches, Moravian, Baptist, Catholic, Church of God. Some of us attended Sunday services, and even participated by singing in Spanish. Sunday afternoon, we hiked up-stream and floated 45 minutes down the fast flowing stream to the village.

One of the attractions of Mocroron for David is the Wood-Mizer portable sawmill located there. David operates a Wood-Mizer in North Carolina, and came prepared to help with maintenance and training. They have little experience with machinery, so it's not easy for them to figure out which way to turn a nut to loosen from a bolt. And they are all strong enough to break a wrench trying to loosen it the wrong way. There had been no sawing of legal lumber for the past 18 months. Permits are required to harvest any timber.

The Amateur Radio communications we brought were 2 meter equipment to reach the repeater 35 miles away in Puerto Lempira, and our HF station for voice and Winlink e-mail communications to other team and to family and friends back home.

About five miles away is a Honduran military base with 250 soldiers and a runway. Five soldiers showed up late one afternoon, offering any help and looking for meds for malaria. They had ~30 malaria patients. We were able to provide them with that, plus analgesics, from the excess meds we had on hand. They had such an energetic presence when they were hanging around the clinic, compared to the tired mothers with their children. Since they had a pickup truck, they were able to help us transport baggage from the clinic to the residence. Other times, we relied on the strong villagers to help carry. Apparently, there will be a US military outpost built near here soon to help with drug traffic interdiction.



Jarle Hofstad (lives in Ahuas, Honduras) and his plane provided the team with transportation... clinic is in the background... as you can see the presence of an airplane draws a crowd of villagers.

One evening Norma was talking on her internet Skype connection to the President of the Arlington TX Rotary Club who intends to bring bio-sand water filters to each household in Mocroron. She ended up bringing in Dave and Dr. Joe and Barb into the phone conversation to consider coordinating efforts, tracking health, and water purification results. The bio-sand filters require very little maintenance, and quickly provide potable water from river water, with a natural taste.

✂ ✂ David Houser, Radio & Alice Houser, General Helper

MY TRIP TO HONDRUAS

Today is February 11, 2006, the first day of our trip, arriving at La Ceiba yesterday about 5:00 PM. We had the group dinner in the Grand Hotel Paris and the room was wonderful. This morning we had the first meeting at 7:30 AM with breakfast followed by all the orientation meetings including the team meeting of Esquipulas del Norte (EDN). Saturday evening we had a wonderful dinner at Ricardo's, one of the famous restaurants in the world. Owner, Ricardo Irias, is also a man who supports International Health Service helped us in regard to having proper food and water at EDN. He is a very delightful man and has a wonderful restaurant. I had fish almandine, which was done wonderfully and tasted as good as Pierre's Bis-tro.

At 5 AM we leave for EDN area which is a 6-7 hour drive over rough roads and hopefully it will not be raining. It is EDN where we will be for the next 10 days. It is now February 12, 2006, about 1 PM. We spent the morning loading a 40 foot truck with supplies for EDN and Yocon as we were sharing the truck and bus. At our rest stop we found out that we would not be going to EDN but to Olanchito... due to some lack of communications between the people in EDN, Olanchito and La Ceiba. When we arrived at Olanchito, we unloaded supplies and got our clinic organized... both the clinic and our housing were in a newly constructed maternity home that was just across the street from the Olanchito Hospital. Just as we got the clinic setup the EDN contact showed up wondering what happened to us. He did say that the roads were very bad but he would get the road to EDN graded so we could make it down the mountain safely. As a team we decided to work in Olanchito two days and then pack up and move to our assigned village of EDN.

Sunday evening after dinner, a group of us went to television station STO Channel 32 and was interviewed about International Health Service. We did not know how many patients we would be seeing since our group being in Olanchito had not been announced ahead of time. The man who is arranging the move to EDN came in today and saw me about his prostate trouble. When getting undressed to do the exam he laid down a beautiful revolver which said Brasil; he said it was much better than a Colt and Wesson.

The next two days we worked in Olanchito. At the end of the day we packed up and was ready to leave for EDN the next morning. We left about 10 or 10:30 Wednesday

morning, and it took us until after 1 PM to get to EDN. A bulldozer had just gone through yesterday to straighten out the road and needless to say it was in very bad shape. We were a little concerned about having a bus loaded with all of our luggage and supplies, except a few that went into a pickup truck.

We were housed in the dormitory of a Catholic Church, which looks fairly new. It has ceramic floors, a very large room where most of the tents are set up with kitchen where they prepare the food and a dining area right beside it. We used the bunk rooms for the pharmacy as well as for a doctor's clinic setup. We have shower stalls and toilets. However, the water is available only from 5-8 in the morning and I believe 5-8 at night. We got everything set up and had a wonderful dinner of rice and beans and fruit salad and a tortilla. We had a guitar and accordion entertainment volunteered from the area.

February 16th, 2006. We saw over 200 patients today between Doug and I. The sun came out and was shining all day and it was a beautiful day.

It is Friday, February 17th. The first patient this morning had a blood sugar of 593. Had one pill one this morning but that was her last pill. We are almost out of diabetic medication so we are going to send out for more Glyburide. An 85-year-old man in apparently good health was seen later in the morning. Couldn't

understand why he had a pack of cigarettes since he said he did not smoke. He explained in Spanish, of course, that he sells one cigarette at a time to children but he didn't smoke himself and did not sell marijuana.

Doug and I went out just before supper to see a patient who is potentially in labor. This was probably the equivalent of a couple blocks away but it was down a rugged path. There was a street light, however. We determined that she may not be in labor but if she is, we would be glad to come down and assist.

It is now February 18th. I had a fairly busy day again. I did my first excision, about a 7 mm papilloma from a 70-year-old lady's nose. I was able to use the battery powered electro coagulation and it worked out quite well. She had good enough anesthesia with Xylocaine so that it did not bother her and the bleeding was controlled. The OB patient still has not gone into labor, however, I did have one patient today, 58-year-



Dr. Ken and Ulyses Reyes.

Ulyses was our main go-to person in Esquipulas del Norte.

MY TRIP TO HONDRUAS

old woman, who is a mid-wife. I asked her how much she charged for deliveries and she said sometimes people pay me and sometimes they don't; so, she didn't state an amount.

We went across the street upon invitation by one of our patients, a mother and her 17-year-old daughter. They had pigs and chickens in their yard and they were actually grinding up corn for cornmeal to make tortillas. This is fresh corn.

Tomorrow is Sunday and we are likely going to work in the morning and then go out to Ulysses' ranch for dinner, a man who looks like Juan Valdez (the man with the big pistol). I had no idea what time we were expected but finally left about 1:15 or so. The ranch is quite large with beautiful flowers and a view of the city.

February 20th, another full day. In the middle of the day Doug did have a delivery, a baby boy, probably about 8 pounds. People have come from all around here walking up to 6 hours to get here. Some have driven but most have walked. That evening Jack Trumm and I



One of the 'garbage pick-up' teams... the kids in the village had a great time doing this and the area looked just great when they were through. Each of the participants received a small prize or a treat for their efforts.

The village leaders wanted to know...

How were you able to accomplish this?

It is a project that they would like to repeat in the future.

discovered that we were in the Viking Chorus back in 1947 to 1948 so he sang a couple songs and then we sang High on M a n i t o u Heights as well as Um Ya Ya. People seemed to appreciate it.

February 21, 2006, 5:30 PM. I just got back from going up a hill to take a few pictures.

When I was coming back down the hill, I saw many children in their yards, picking up garbage along the streets, picking up garbage in big black bags and I thought it must be garbage day but it turns out that IHS had decided to have a contest to see who could collect the most garbage. They have all the children gathered around now to see who won the prize. We will be having a celebration at the Church at 6:00 tonight honoring us for being here and then we will have supper after that. I made a recording of the going home ceremony at EDN in the church. It was very emotional, went on for about an hour and a half.

It is now February 23rd. We had a somewhat uneventful trip from Esquipulas del Norte to Olanchito. As we neared the edge of town two national policemen with submachine guns got on and sat in two seats in the

middle of the bus, apparently riding with us as protection. We met another bus on the way back from Olanchito. They stopped to talk and after awhile realized that we were having trouble with our bus overheating so we had to go up another ½ mile or so, turned the bus around in a wide spot and headed back down again. The other bus came back after unloading the passengers and we transferred all of our luggage and materials again. Only took about ½ an hour. The national military policeman was there but happened to be the commander and happened to be a patient who I had seen the day before.

It is 1:45 on Friday, February 24th. This morning Buzz, Cheryl and I went out to Sambo Creek for the canopy tours. Price was only \$45 US including transportation out and back and we went with a group of Canadians from Vancouver. There was a big crowd of people when we first got there so we thought we were going to have to wait awhile. Instead they took us on up to the mineral waters where we went from one pool on up to the next; there were actually five different levels of hot water pools to swim in. Following that we dried off, put our clothes back on after putting swimming suits on and went to the canopy tour. There were 13 cables strung between trees. To get up to the top we rode horses and they really struggled up the slope but thank goodness we didn't have to struggle, except for the last 50 feet or so, which was stairway. It was really delightful.

February 25th, Saturday. Again a beautiful day. This morning I arranged a possible tennis match at Old Buccaneer's Tennis Club, which is out near the Bonatillo Airport. I do not know where that is but the driver said it would only take about 20 minutes and he arranged that I should be there at 4 or 4:30 pm. I Played tennis at Old Buccaneer's Tennis Club with Mariano Martinez, one of the three brothers who run the camp. Found that tennis courts are only about 1½ years old. Probably started 2½ years ago and could come and stay in an eight person house for \$120 a night for the house with special charges for the others. If you stay there, tennis is free but the lesson charge is the same, probably \$30 or \$40 an hour. He gave me some good pointers on my backhand as well as the forehand about following on through and found them to be somewhat effective, if I can only continue it now.

February 25th, my last night in La Ceiba. I went out to dinner with Cheryl, Buzz and a couple of others. Found out reluctantly that I did not have an airline ticket for tomorrow so we had to wake up Frances and she wrote out a ticket, gave \$58 cash. I will have to have at least \$32 for exit tax in San Pedro so kept that handy. Will have to pack all my luggage and have it ready for in the morning since we will leave here at 7:30 am. Cheryl and Buzz and others will pick me up at that point and then we go to San Pedro Sula Airport and wait around for 6 or 8 hours for our next plane to leave. I will keep a book handy... so good night.

✍ ✍ Kenneth V. Hodges, M.D.

OLAN HITO S R I A L TEAM

Our team consisted of Dr. Irving Thorne – Surgeon, Debbie Henderson - Nurse Anesthetist, Jo-Ann Prater-Registered Surgical Nurse, Denis Roussel – Translator, Bill Roussel – Radio and Translator, and Jim Prater – General Helper. We were joined in Olanchito by Teresa Vollbrecht who became our Recovery Room Nurse.

All the team except Irv Thorne, a urological specialist, arrived in La Ceiba on Friday, February 10. We had some Salva Vidas and began to regale Debbie Henderson, our rookie, with tales of our past IHS experiences while waited by the pool for our kick-off meeting in the upper room. It was good to be back at the Hotel Gran Paris and to see old friends once more. The student dancers from S.O.S. who entertained us after the dinner set just the right tone for the opening ceremonies.

Sat. Feb 11. Breakfast and the general meeting in the upper room were followed by medical and surgical team meetings where we heard about personal health and safety issues. Several of us volunteered to go to the Red Cross Building (La Cruz Roja) to help load trucks. It was hot work, but it went fast. We had a lot of help. Later we all went to dinner at “Ex Pats”, one of our favorite restaurants in La Ceiba. There were lots of members from other teams there too, all getting to know one another better.



Loading supplies at the Red Cross... two layers of boxes on the roof rack, covered by a tarp and tied down with yards and yards of rope.

S u n .
Feb.12. We slept in. We didn't have to be there until 7 A.M. Upon our arrival, we found a very small van to take us and our equipment and supplies to Olanchito. At least half our things had

to be left behind to be brought by truck later. The five of us, along with our luggage, was piled into the van with the driver. Everyone, possibly excepting the driver, had some piece(s) of luggage or a box on his or her lap. The van scraped the road every time it hit the smallest bump... there were a lot of bumps.

The hospital was on a rutted road near the edge of town. We were to stay at a maternity compound, Hogar Materno. We crossed the street to the hospital to check out our work situation, but couldn't find out much, it being Sunday. Back at the maternity compound, we were joined by Dr. Guerramo Valledares, a general surgeon at the hospital. He told us that the hospital was well staffed, but had practically no surgical or medical supplies. We were told that if we didn't have our own supplies, especially fluids, we shouldn't even operate.

Mon. Feb. 13. We met Luis Serrano, the “go to guy” around the hospital who speaks excellent English. Luis quickly got us a large room in the hospital for our supplies. We quickly moved our supplies over to the hospital and started sorting, an ongoing process that continued right up to the end of our stay in Olanchito. Irv Thorne arrived in mid-morning along with the rest



Hogar Materno, located just across the road from the hospital.

of our supplies. Arrangements were quickly made for our team meet the hospital staff and look over their facilities. There were two operating rooms and two dressing rooms. The men's dressing room, which could also be locked, was given over to our team for storage. Unfortunately it was small, so most things were moved in on an as needed. We found that the operating rooms were quite large and generally well equipped. The hospital had been built by the Japanese in 1993 and little appeared to have been updated since then. One example, the operating room light had so many bulbs burned out that we sometimes had use a flashlight to see inside the surgical incision. Debbie Henderson checked out the anesthesia machine and pronounced it workable. Dr. Thorne and Debbie, with the help of Denis and Luis start interviewing a hundred or so surgical candidates who had been waiting since early morning. Fifty-five were eventually screened over a five hour period that ended around 7:30 P.M. Those that make the cut, no pun intended, were scheduled for surgery on Tuesday or later in the week.

Tues. Feb. 14. We had breakfast from our IHS goodie boxes and than went across the street to the hospital for our first surgery. It was scheduled for 7 AM. We did five cases, one of which was a redo at the end of the day. Most were open prostatectomies on very old and very sick patients, some of whom have been wearing a catheter for years. And it quickly became apparent that we didn't have enough Lactated Ringers and Normal Saline solutions, to get us through the next day, much less the week. Bill radioed Gary Ernst to see if he could find more solutions and get them to us, along with a whole lot of other things we needed. After seeing how desperately we needed a recovery room nurse, Teresa volunteered to stay with us rather than go on to Esquipulas del Norte with her team on Wednesday.

OLAN HITO S R I A L TEAM

Wed. Feb. 15. We woke to find no running water in the maternity compound. There was no running water at the hospital either, since both were supplied by the same system. Fortunately, the water came back on in about an hour, but turning the tap was always an adventure during our stay in Olanchito. Lots of water had to be carried for washing and to make the toilets flush. Surgery



Teresa, Debbie and Jo-Ann in front of the Hospital

didn't begin until 7:30 A.M. because of the water problem. We started with the patients that had been selected on Monday, but more candidates for surgery had shown. There was no time for additional screening until the end of the day. Gary Ernst showed up around 11 A.M. with a truckload of much needed fluids and other assorted surgical supplies that he had managed to get from La Cruz Roja.

Thurs. Feb 16. Our first case started around 7:30 AM and our last ended around 8:00 PM., well after dark. Except for passing through the outskirts of town on our way to the hospital, and Bill's brief forays into town to pick up some things, none of the other team members have even seen Olanchito. But always when the day is over, a delicious dinner waits back at the maternity. Also waiting were comfortable bed, clean scrubs and our other necessities, courtesy of the laundry lady. And we'd figured how to use water warmed by the sun to make our cold showers more bearable.

Fri. Feb.17. Debbie and Jo-Ann departed for the hospital at 5 A.M. They had decided the night before that if they got everything set up earlier, patients wouldn't have to wait for so long. It helped. Things went faster. Even so, it was another long day filled with difficult moments. Among other things, one patient had a staghorn kidney stone that ended up costing her that organ. We were again getting low on fluids and running out of the female bladder suspension kits. There was some discussion of what we'd be able to do on Saturday. There were more patients waiting for surgery than supplies and the time to do them. We decided to identify the most critical cases and just keep working. Once again, we finished well after dark.

Sat. Feb.18. Surgery starts at 7 AM. We ran out of fluids in the early afternoon, so our last case was finished by 3:30 PM. Most of our other supplies have been used up as well. The one remaining bladder suspension sling kit was given to the Cuban doctor who had assisted Dr. Thorne.

Sun. Feb 19. Ahh, a day of rest. Teresa went to church. Denis, Bill and Debbie went into town to shop. Jim and Jo-Ann behaved like slugs and lay around the compound. When everybody got back, we walked into town with Luis for dinner at the Hotel Olanchito, We were joined there by Luis' fiancée, Diane, who also worked at the hospital, but who most of us had never had time to meet. Dinner was on the patio and there was a three-piece band and dancing.

Mon. Feb 20. Theresa left us at 6:15 A.M. She got a ride in a truck to Esquipulas del Norte to rejoin her team. We were lucky to have had her with us. Jo-Ann and Debbie went to the hospital to check out the post-op patients. Most of the day was spent repacking instruments, surgical supplies and drugs that can be used by the surgical team in 2007. By our count we had performed 14 open prostatectomies, 9 slings, 1 nephrectomy, 1 D&C and 1 exploratory laparotomy and bladder repair. We used about 280 liters of fluid and had only 1 ¼ liters of sterile saline left by the time we finished.

Tues. Feb. 21. We made one last trip to the hospital to see a patient who had been readmitted with an infection. He had been treated by the Cuban doctor and was in good spirits. He had an IV going with one of our last bags of sterile saline. We heard later that he was recovering. They're tough people. While we were there, we also received a general certificate of appreciation from the hospital administrator for the work of the entire IHS team.



Luis, Bill, Dr. Irv, Debbie, Teresa, James, Denis and Jo-Ann

Wed. Feb 22. We had the good fortune to meet Dr. Knute Panuska, one of the original founders of IHS who was there to do some electrical work at the orphanage. Bill and Jim got into reworking the lighting system in the pavilion, while Denis, Debbie and Jo-Ann painted the walls of one of the campus building. Everyone had help from some of the older students.

Thurs. Feb 24. Bill and Jim continued to run electrical wire. Debbie and Jo-Ann helped clean a large storage room attached to the pavilion. We all got rides back to the Gran Hotel Paris in the afternoon to our waiting Salva Vidas and the closing banquet in that order. Debbie; as the rookie, was made to give our report at the banquet. Teresa received a special reward for her outstanding service in joining us at Olanchito. The closing banquet was over to soon. There's never enough time to say goodbye. We'll just wait to say hello next year.

✍️ Jo-Ann Prater, Registered Surgical Nurse



Joel Pedrit and his dad, they are from the village of Usan in La Moskitia. Dr. Serkland plans to have surgery done for his webbed fingers on both hands sometime this year.



Char giving a layette to a mother of a newborn. These layettes were donated by the church women in Glenwood.



Nesserina Sambola from Tiki Raya with a cleft lip. Tiki Raya is along the Kruta River in La Moskitia. She will go to Tegucigalpa next year to have this repaired by Operation Smile

Please consider International Health Service in your planned giving. There are a number of ways you can do this.

Monthly pledge - IHS Endowment Fund - Gifts of Stock - Lump Sum Give in Memory of a Loved One — Give a gift to Honor Someone Special

All gifts to IHS are tax-deductable !!

In the 2005 issue of the IHS Newbreak, there was an article about a fatal accident with the Red Cross ambulance from La Esperanza. The ambulance below was donated by North Memorial Health Care. Buzz drove it to Miami where it went to Roatan on a Hyde Shipping container ship. From there it was shipped on another boat to La Ceiba and then picked up by the Red Cross from La Esperanza. The donated ambulance did not have any of the inside equipment... some items were salvaged from the wrecked ambulance and other items were provided by the Honduran government.



Above supplies are being gathered and warehoused in Minneapolis. To the right is Buzz with the many boxes for Esquipulas del Norte. Each of the IHS teams has a similar stack of boxes. Boxes have color-coded labels so each teams cargo can be easily identified.



Medical Mission Opportunities . . .

October 19-29, 2006 (11 days – 8-10 open positions)

In the past we have taken a medical/dental team and a surgery team depending on participant applications. On the medical team we need a doctor, nurse, pharmacist, dentist, translator and one or two general helpers. For the surgery team we need a surgeon, CRNA, scrub and circulating nurses, and translator. This year we will have a medical/dental team and they will be working in villages along the Kruta River.

During this week or the following week a small group of 3-4 people are needed to travel to Honduras and lay the groundwork for the much longer Winter medical mission. Among the many tasks on the Fall planning list the most important are determining the Winter team sites, team logistics, housing and meals.

February 19–March 4, 2007 (17 days – 85-95 open positions)

This trip is the highlight of the year for IHS. IHS will take 85-95 participants from all parts of the U.S. and beyond to work at different villages in remote parts of Honduras. There will be six medical/dental teams, 1-2 surgery teams and 2 administration teams. The exact number of teams depends on applications received.

The combination medical/dental and surgery teams have the same make-up as the October teams but may have multiple people for each position (2 doctors, 2 nurses, etc); there is also the addition of a radio operator who doubles as the team engineer. The administration teams each need a radio operator and general helpers.

All participants must be flexible, innovative, be able to deal with change, have a sense of humor and have lots of patience... and the teams will have lots of patients.

Format of this trip is two days of orientation upon arrival in the city of La Ceiba, a travel day to the work site, ten days working in the village, a travel day back to La Ceiba and several days to explore and relax before returning home.

For the medical personnel, your jobs are fairly self-explanatory... adapted of course, to a remote area of a 3rd world country. It is the job of the general helpers to do anything that needs to be done, from triage, to bagging pills in the pharmacy, to filtering water, to cleaning dental instruments. The translator is the one who is most in demand... you will be summoned by everyone on the team and half the villagers. And, it is everyone's job to carry boxes, load boxes, unload boxes, weigh boxes, count boxes, inventory boxes, etc.

For those who will be participating in the Winter 2007 Medical Mission... put this date on your calendar... Saturday, December 9, 2006. This is when orientation for the trip takes place. Travel, schedule, safety, expectations, workflow, job functions, needs, expectations (yes, it's here twice) etc will be discussed. You will meet some of your team members for the first time, others you will not meet until you are in Honduras.

If you would like to join us – please fill out the application and don't forget to include requested documents (listed on application) and your deposit (non-refundable).

For more information contact:

Gary Ernst– gary_ernst@us.ibm.com

Cheryl Schraeder– cschraeder@earthlink.net

10th Annual Fundraising Campaign

A big “**THANKS**” to all of you who so generously supported any past annual Honduran Hops.

Your financial support enables volunteers to continue their medical work with the underserved people of Honduras, the poorest of the Central American countries.

This year IHS will not have a Honduran Hop...

However, we will have a “Mail Fundraising Campaign”.

Won't you please consider to continue to support IHS.

The IHS budget for next year (includes medicines, medical/dental/surgical supplies, shipping, in-country transportation and team food) is **\$95,000**. Part of these dollars come from the participants project fee and the remainder from the IHS Fundraising Campaign. **Please say “YES, I can help”!!**

International Health Service Officers, Board of Directors, participants and, most of all, the people of Honduras wish to extend heartfelt thanks to each of you that have contributed to the success of our work in Honduras.

Your gifts are truly appreciated.

We hope to have listed all that have donated over the past year and sincerely apologize for any names we may have missed.

Thank You so much !!

Muchas Gracias !!

Tengki !!

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*Together we have done much...
there is much more to do...
together we can do it.*

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If a man be gracious and courteous to strangers, it shows he is a citizen of the world, and that his heart is not isolated and cut off from other lands, but a continent that joins to them. *-Francis Bacon, Essays, Of Goodness and Goodness of Nature, 1625*

Let your heart feel for the afflictions and distress of everyone, and let your hand give in proportion to your purse. *-George Washington*

"Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can." *-John Wesley*

"The true meaning of life is to plant trees, under whose shade you do not expect to sit." *-Nelson Henderson*

2006 2007
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International Health Service of Minnesota is a corporation organized under the non-profit organization provisions of the laws of the State of Minnesota and is recognized by the Internal Revenue Service under section 501c.

Contributions can be mailed to:

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| | |
|-----------------------------------|---|
| Tuesday, August 15, 2006 | Applications due for Fall 2006 Trip |
| September 2006 | Fund Raising Campaign |
| Sunday, October 1, 2006 | Applications due for Winter 2007 Trip |
| Sunday, October 1, 2006 | Fall 2006 Trip Project Fees due |
| Thursday, October 20, 2006 | Fall 2006 Trip Starts |
| Sunday, October 30, 2006 | Fall 2006 Trip Ends |
| Saturday, November 11, 2006 | Team Selection for Winter 2007 Trip |
| Friday, December 1, 2006 | Mail Winter 2007 Trip Information Packets |
| Saturday, December 9, 2006 | Orientation for Winter 2007 Trip |
| Thursday, December 21, 2006 | Shipping Deadline for Winter 2007 Trip |
| Monday, January 1, 2007 | Winter 2007 Trip Project Fees & Airfare Due |
| Saturday, January 13, 2007 | Load Trucks |
| Friday, February 16, 2007 | Winter 2007 Trip Starts |
| Sunday, March 4, 2007 | Winter 2007 Trip Ends |
| TBD | Picture party |
| Tuesday, May 1, 2007 | Newsbreak 2007 Article Deadline |

**IHS
FUTURE
EVENT
DATES**

IHS Needs

IHS contact information can be found on page 3

Desperately Needed !!

Warehouse Space

Each year IHS collects, sorts, packs and manifests 50-60,000 pounds of equipment, supplies and medicines to ship to Honduras in January for use during the February medical mission.

IHS is in need of 1200 sq ft of heated warehouse space; preferably in the south or southwest part of the Minneapolis area. Year round space would be wonderful; space during October through January is essential.

IHS can provide a great tax deduction for a donation of warehouse space!!

Volunteers Wanted

Translators – Pharmacists – Dentists – Doctors
Nurses – Operating Room Nurses – Surgeons

If you are looking for a rewarding experience...
Come with IHS to Honduras giving help to some of the poorest people in remote villages.

"Vacation with a Purpose"

Surgical Supplies Needed

Contact: Mary Bauer, RN
mkbauer@astound.net

Medical Supplies Needed

Contact:

Dr. Marianne Serkland
Mtserkland@charter.net

Volunteer Needed For the IHS Newsbreak publication

This version of the Newsbreak is published in June and a very short version of the newsletter is published in December.

If interested in this opportunity to serve...
Please contact Cheryl Schraeder (952) 996-0977



Above the local people of Esquipulas del Norte are having a church service in honor of the team that worked there. The service was to thank God for bringing the team to Esquipulas del Norte because the village had no medical care. Any church in the USA would love to have these four ladies sing... their voices more than filled the entire church... their singing was absolutely beautiful.



Above is the typical Honduran "alarm clock".
Below the La Esperanza team 'stepping it out' with the local youth performing a traditional Honduran dance.

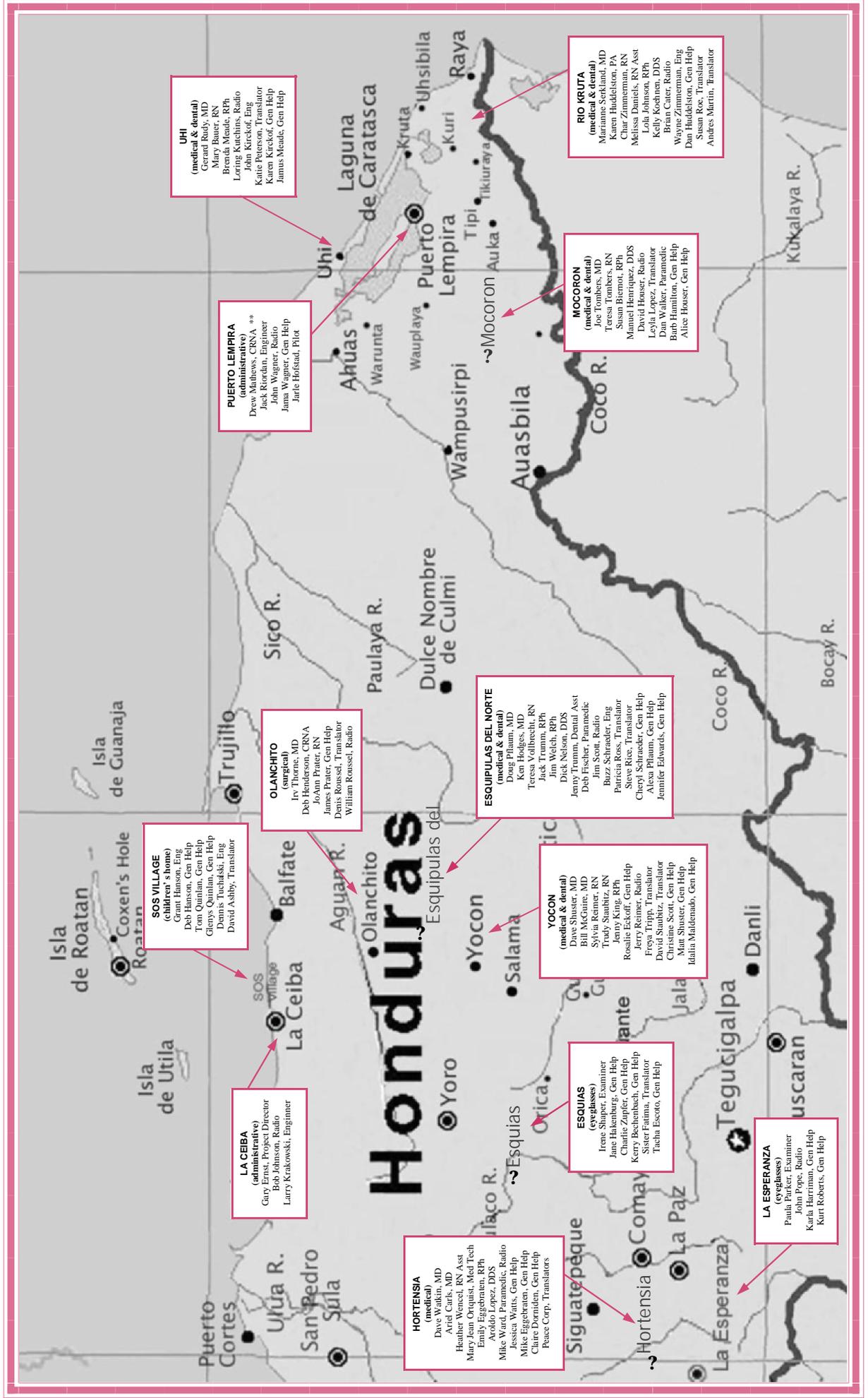


Above is a scene from Mocerón in la Moskitia. This is where the team's meals were cooked... then carried to where the team lived. This is a very typical setup where the kitchen is a small room (sometimes just a roof with no walls) away from the rest of the house. The house may be only one other room and is generally larger than the room used for cooking. This is to keep the heat and smoke from the living quarters.





INTERNATIONAL HEALTH SERVICE HONDURAS - February 2006 Team Sites





INTERNATIONAL HEALTH SERVICE HONDURAS PARTICIPANT APPLICATION FORM

FALL 2006
October 19 - 29

? circle one ?

WINTER 2007
February 16 – March 4

Please use a separate application for each project - do not apply for both projects on same application.

Name: _____ Home Phone: (____) _____
 Address: _____ Work Phone: (____) _____
 City: _____ State: _____ Zip: _____ Cell Phone: (____) _____
 Date of Birth: _____ E-Mail: _____

Specialty (one or more, send copies of diploma and license) _____ CRNA _____ DDS _____ Translator
 _____ MD (specialty) _____ PA _____ EMT _____ RDH _____ Engineer
 _____ RN (specialty) _____ LPN _____ RPh _____ Dental Asst. _____ Radio Oper.
 _____ Other specialty (please specify) _____ Gen. Helper

Where are you currently working? _____ If no, last year of work? _____

Briefly describe your past work experience: _____

Physical/medical limitations: _____ How did you hear about IHS? _____

How many years with IHS? _____ ONE person you would like to be on a team with _____

Would you be willing to be a team leader? _____ Assignments you would not accept: _____

What kind of team would you prefer (check all that apply): _____ Admin. Team _____ Eyeglasses _____ River (ie. Kruta)
 _____ Remote (ie. Mosquitia) _____ Inland (ie. Mountains) _____ City (ie. La Ceiba) _____ SOS _____ Any Assignment is OK

Do you speak Spanish? _____ None _____ Words _____ Phrases _____ Conversational _____ Fluent

T-SHIRTS & CAPS – Each participant will receive a t-shirt and 1st-timers will also receive a cap. T-Shirt Size: _____ (S M L XL 2XL 3XL)

Additional IHS t-shirts & caps can be purchased. T-shirts & Caps \$8 for each. Include no money at this time - you will be billed for these items.

_____ T-shirts / size _____ and _____ Caps

HOUSING - While in La Ceiba, IHS participants have traditionally stayed with a local family. You may choose either to stay with a local family (included with your project fee) or as an option, rent a room at the IHS headquarters hotel. IHS will make the reservations for these two options only. I'd like to stay:

- _____ With a family.
- _____ At IHS headquarters hotel at my expense (approx. \$35/night)
- _____ Other on my own at my expense.

APPLICATION DEADLINES & PROJECT FEES

FALL 2006

WINTER 2007

| | | | | |
|---------------------------|-------|-------------|-------|-------------|
| Application with Deposit: | \$100 | Due 8-15-06 | \$100 | Due 10-1-06 |
| Balance of Project Fee: | \$250 | Due 10-1-06 | \$400 | Due 1-1-07 |
| Total Project Fee | \$350 | | \$500 | |

Applications and Balances received after the above due dates will be charged a LATE FEE of \$50 (if application is late and balance is late... late fees are \$100)

In order for your application to be considered, the following must be enclosed:

Completed Application * Deposit * Copy of Radio License (Radio Operators only)
 Copy of Professional Licenses * Copy of Diploma (Doctors only)

Note: The \$100 deposit is non-refundable and due with a completed application.

Make checks payable to:
International Health Service

Mail applications to:
International Health Service
PO Box 44339
Eden Prairie, MN 55344

(please complete the reverse side of this application)

International Health Service - Waiver of Responsibility & Photo Release

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

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

I hereby authorize International Health Service to use photographs and narrative descriptions of me and my work with their programs for the purpose of public relations, advertising, promotions, and fund raising. This authorization will remain in effect until expressly withdrawn by me with written notification.

Signed: _____

Date: _____

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

EMERGENCY CONTACT: In case of emergency, please notify: _____

Relationship: _____ Daytime phone: (____) _____ Evening phone: (____) _____

SUITABILITY DISCLOSURE: IHS Projects are not for everyone. To assist you in determining the suitability of a Honduras Project for yourself, please answer the following: *Required for 1st year participants... Optional for others.*

Frustration is a constant companion on IHS Missions. Things don't happen when they are supposed to, the wrong things happen, and some planned things never happen. How do you respond to protracted frustration?

IHS teams often encounter crude and uncomfortable conditions. Much of Honduras has no electricity, modern transportation, or telephone. How do you respond to a basic outdoor environment?

Most IHS teams endure periods of isolation and experience culture shock. Language, currency, health habits, and social norms are very different in the field. How do you think you will respond to being out of touch with your culture?

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

IHS teams survive on interdependence where each team member contributes a vital service to the group's function. This requires your doing your job well and trusting others to do theirs. To what extent are you a team player?

What are your expectations during this Honduras Project? _____

What do you expect to contribute to this Honduras Project? _____
