

Special Points of Interest

- IHS Fundraiser Saturday October 10, 2009 Eden Prairie, MN
- October 2009 Project Oct. 22-Nov. 1, 2009
- February 2010 Project Feb. 13-28, 2010

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News Break 2009

Newsletter of International Health Service of Minnesota

February 2009 Project Recap

ness, thus limiting the flights

and driving up the cost. To

avoid this problem in the

future, we are changing the

starting date of the project to

have people arrive in La Ceiba

on Saturday instead of Friday.

The February 2009 mission was a truly international effort as participants gathered from Argentina, Canada, England, and 21 different states plus the District of Columbia. They were teamed with volunteers from Honduras to provide medical/dental services at 7 different locations. In addition, we also had 2 teams fitting prescription eyeglasses that came from Lions International and 3 surgery teams working in various areas of Honduras. These various teams were supported by the Honduran committee as well as IHS administrative teams in both La Ceiba and Puerto Lempira.

Fortunately, there were no major disasters, only a number of minor problems. Our biggest challenge this year was getting all of the teams from La Ceiba to Puerto Lempira (PLP) in a timely manner. One of the two airlines that normally provide flights to PLP went out of busi-



This should result in less down time for our participants as well as one less vacation day that people will need to use to participate in the mission.

The other problem we had were boxes that did not show up, or went to the wrong place. To try and do a better job of inventory control, we could use more help at the beginning of the project. So if you are going to join us for the 2010 February mission, please consider coming down several days early to lend a hand.

Because of the political situation this summer, Honduras has been in the news a lot lately. We expect the situation will resolve itself with the coming elections in November. One result of this instability is that it has caused more hardship to the economy and this typically hurts those already on the bottom of the economic ladder. These are the people we have always tried to help and they will need us even more. Please consider supporting IHS again this year whether it be in the form of participating in our project (2/13-28, 2010) or supporting us with a donation.

Gary Ernst, Project Director & Treasurer

IHS Fundraiser 10/10/09

Biennial IHS Fundraising Dinner Saturday, October 10, 2009 Immanuel Lutheran Church Eden Prairie, MN

Social hour will begin at 6:30 pm Buffet dinner - 7:30 pm Silent auction - 6:30 - 8:45 pm Live auction - 8:45 pm

Please join us for a Latin meal, friendship, conversation, pictures and auctions.

The IHS silent auction is always a huge hit thanks to all of you who have generously donated items in the past. We hope you will consider donating items again this year.

If you cannot join us at the event, we hope you will consider making a donation to IHS so our October and February Projects can continue serving the people of Honduras.

Time is short, so please gather your items and send them and your registration right away!

Registration form & fee of \$45 due Oct. I.

Registration form for this event, address for the church, and info for sending silent auction items - see page 29





Ken Hodges & Marianne Serkland

October 2008 Project River Team - Kruta & Kanku

I have the pleasure of writing about my second experience with the October Honduran Medical mission trip to the Mosquitia with Dr. Serkland. I diligently kept a journal from both my 2007 trip and this trip and have re-read them in preparation for this article. My mind is flooded with vivid memories from each amazing experience.

Prior to October 2007, I didn't have a passport or any significant travel experience. So, last year's trip was full of true "firsts" for me (i.e.: customs, exchanging money, using an outdoor banyo, sleeping in a mosquito net on a mat, and traveling in a wooden boat on a South American river). I felt energized and embraced the inaugural Honduran experience whole-heartedly. As a Nurse Practitioner, I couldn't wait to return in 2008 to again be a contributing member of the medical team.

This year was full of more

"firsts" for the team and myself. The rain and flooding was catastrophic for the Honduran people which made land travel very challenging.



Temporary tarp homes were set up on the medians of the highways where families had moved due to the flooding of their homes and land. Engineers Without Borders was there to assist with road and bridge rebuilding from the devastation.

Despite the weather obstacles, we made it safely to our clinic destinations of Kruta and Kanku. Dr. Serkland acclimated us to our patient population and we assembled our triage, pharmacy, patient care, and dentistry clinic. We worked for $4\frac{1}{2}$ days and served over 150 patients daily at both clinic sites. The smiles were bright and welcoming and several of the children and adults remembered me from the trip last year, which was very meaningful.

I have remained close to several team members from last year and was thrilled when they returned this year. We made a team pact to return in October 2009 to again work with Dr. Serkland. Her passion for the people of the Mosquitia is truly contagious.

We met so many giving and compassionate Honduran people who took special care to ensure our safety while we were there. I thank the International Health Services for this opportunity and look forward to meeting additional health care providers next year.

∰[≈] Terre Luce



It may seem strange that IHS Eye Glass teams are handing out sunglasses. However people in Honduras suffer from many eye problems because of the lack of sunglasses.

Sunglasses shield your eyes and provide protection from harmful UV rays just like sunscreen. Cataracts can develop from excessive sun exposure, which can lead to nearsightedness and other eye problems.

Other issues that can be caused by too much direct sunlight include photokeratitis (a painful eye condition), snow blindness (a type of sunburn that occurs within the eye), and various types of eye cancers.

HONDURAS PROJECT TEAM STATISTICS

February 2009 - Patients Served - 11,852 Patient Contacts - 41,913

MEDICAL TEAMS					
Adults	Children	Surgeries	Referrals	Pharmacy RX's	Vitamins
4,439	3,344	9	133	15,662	6002

DENTAL TEAMS		SURGERY TEAMS EY			E GLASSES TEAMS	
Patients	Extractions	Other procedures	Surgeries	Patients	Glasses	Sun Glasses
1,533	3,022	167	132	2,536	2,410	1,198

Yocon 2009- IHS mission trip isn't just for the young adventurer

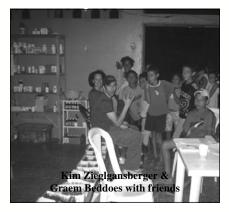
It's been a couple of months since I returned from my second trip with I.H.S. to Honduras.

WARNING ! Stop here if you are not a compassionate, caring person. I will be 76 years of age in only a few more days and I am deeply saddened to say that I only recently found out about this absolutely wonderful group of outstanding people that make up International Health Service of Minnesota. It's not only Minnesota anymore but we now have people from all over the world joining our operations every year on our annual 2 week adventure to Honduran villages scattered all over the country.



Last year (2008) I was at a jungle site on the eastern coast of Honduras in a native village called Uhi. This year I was fortunate to get assigned to the mountain village of Yocon. It is about 50 airline miles south of La Ceiba, our I.H.S. headquarters. Although Yocon is relatively close, it was several hours driving by bus up into the mountains.

Our team consisted of 2 fantastic Doctors and equally as well qualified registered Nurses. We also had a lovely young registered Pharmacist and her husband from Vancouver, British Columbia as a general helper who also turned out to be a fantastic interpreter. Along with the pharmacist were 2 senior pharmacy students from South Dakota. Another member of our great team was our Team Leader's (Linda Erdman) adopted grandson who was originally from Yocon. He just graduated from high school and was a very nice new young friend who worked as an interpreter and general helper. I was the team radio operator and sent out and received about 250 e-mails. That was in addition to my regular voice contacts via the radio.



The team divided up and went out to satellite villages two different days. Yocon is located at 2300 feet above sea level and although it was nice during the day it went down into the mid 50's at night. This I wasn't quite prepared for but survived with the help of a few extra blankets that Linda had brought and were left for the locals when we departed. My deepest gratitude goes to Linda. I didn't freeze to death.

It wasn't all work as on Sundays in Honduras things come to a stand still which is a wonderful attribute of the country. We arrived there from the States on a Friday afternoon and had a kickoff banquet and met our new fellow team members. Saturday we shopped for supplies we would need in the village. Sunday morning several mountain teams piled into busses and headed for the hills.



We arrived in Yocon late Sunday afternoon as they were having a carnival in the village. The music and dancing was right at our door step. We enjoyed it until we got tired and crashed for the night. I have no idea what time the festivities broke up for the night but after breakfast the next morning we set up and went to work. The following Sunday we locked up and 14 of us piled into two crew cab pick ups and headed off over a dusty dirt mountain road to a local town and visited a local Tilapia fish farm and had a wonderful fish dinner. We also visited a national park that has a cave that had only been discovered 16 years ago. It was where the ancients prepared and buried their dead. We were back to work the next day.

The main point I would like to bring out of all this is that an I.H.S. mission trip isn't just for the young adventurer but older retired people that don't want to give up there talents yet. Although I have been questioned a few times about my age, there are older people that keep going back year after year and truly enjoy the adventure.



To me it is a most tranquilizing trip and worth every bit of time and expense invested. I'll be among the first to submit my application for next year when the applications come out. I have to keep reminding my wife that she is doing her part by supporting my help to the less fortunate people in this world. God bless you all and thank you my dear den mother and Team Leader Linda and the entire I.H.S. team.

Ken Wood, NN4KW Radio & Engineer

Puerto Lempira Surgery Team

It is my privilege to pen a report of the IHS Puerto Lempira Surgical Team adventures in Honduras. Although this was my first medical mission with International Health Services of Minnesota, I have served on surgical teams in a number of Latin American countries.

The world financial crisis caused a shortage of commercial transportation, so half of our team was forced to endure the Paris Hotel and pool for two days while our team leader, Dr. Rod Brown and his son, Ben (4th year medical student) set up equipment for laparoscopic surgeries and our second nurse anesthetist, Gary Yurnia, set up the anesthesia gear. When our surgical team was complete, on Monday, February 16th, an amazing transition occurred. Newly supplied shelving was set up in the surgical store room and Jim Prater, our all-around assistant in surgery, organized many supplies that arrived on the cargo ship from La Ceiba.



Joann Prater, our only surgical nurse and our real "boss" in the OR, prioritized every detail and taught our helpers how to perform nursing functions. The team spirit really paid off and by early afternoon we were able to repair umbilical hernias for a 2-year-old boy, and 8-year-old girl and a 27-year-old woman.

Carlos Scheer, our Spanish language translator, has proven to be another very valuable person on the team. Originally from Argentina, Carlos is semiretired from international business. He has learned a great deal about medicine and surgery and has been instrumental in helping us care for the local population. He has been able to help us obtain a medical history and translate postoperative instructions, often through a nurse who speaks the local Miskto Indian language used by the majority of our patients.

Dan Walker, a paramedic and a veteran of Korea and WWII, has assisted in every aspect of the team, including positioning patients, circulating (nursing functions in support of the operation), and helping in the store room and recovery room.



Radio communications allowed for coordination with the many medical teams in distant villages. Carlos and Jim have manned our hospital radio and helped with the patient flow to and from surgery.



Here is a typical surgical case scenario: Jose is a 5 month old boy who was seen in the IHS medical team in the village of Uhi. His penis foreskin is so tight that it cannot be pulled back for cleaning and it is making is difficult for him to empty his bladder.

The Uhi medical team radio operator communicated with our administrative team in Puerto Lempira. Drew Mathews, CRNA, administrative leader, coordinated with the hospital and, after getting the go-ahead from Dr. Brown, let the Uhi team know we would examine and possibly operate the next morning. The Uhi team arranged for and paid for boat transportation of Jose and his mother early the next morning. The next morning, Amir Steinhour awaited their arrival at the pier and escorted them to the hospital. Jose was examined and it was determined that he should undergo a circumcision. After an appropriate fasting, a general anesthesia was administered and a circumcision was performed. When Jose recovered from anesthesia, he and his mother stayed with relatives in Puerto Lempira and were ferried back to Uhi the next morning.



Dr. Rod Brown performed many laparoscopic cholecystectomies. He removed the gallbladder using a special television camera and instruments requiring tiny surgical wounds and a rapid recovery. Dr. Kyla Rice, a 3rd year family practice and obstetric resident, and Ben Brown assisted Dr. Brown. Dr. Rice performed a number of surgeries in a second operating room. Dr. Rice and Ben performed the surgical technician duties on many of the cases. Dr. Rice assisted Honduran surgeon on a number of major surgeries including cesarean sections.

It was a pleasure to see these three surgeons work so well together. They



shared insights and information. They explained procedures, pharmacology, anatomy and physiology to the "helpers" on the team who had not worked in surgery before. It was just terrific to see

PLP surgery team continued ...

Dr. Brown's expertise and joy in his work and teaching.



The team wanted to thank Grant Hanson, our administration team engineer, for making an anesthesia "tube tree" which helps hold the anesthesia breathing tubes. His greatest contribution to the surgical team and the hospital itself was repairing the operating table in the second operating room so that it could function. It had been "frozen" in one position and could not be manipulated. Grant fixed it so we could move it into the positions that certain operations and anesthetics required. This contribution made the second operating room fully functional.

Jim, Dan and Carlos witnessed many surgeries for the first time and grew in their appreciation for the many different jobs in surgery. They were eager to learn and help. It was fun for me to explain my work in anesthesia and show them what I monitored and why.



Gary Yurina, CRNA, from the VA Hospital in Seattle, was able to borrow a Glidescope Ranger video laryngoscope for this mission. This state-of-the-art device allows the user to see the voice box and place a breathing tube in the windpipe with less stress for the user and the patient than the usual method. Gary and I were able to provide anesthesia in two operating rooms when needed, and also consult with and relieve each other. This assisted the team in accomplishing as much as possible.

In all, we performed 40 surgeries. Dr. Rice assisted on another 6 major surgeries and I provided sedation for six endoscopies by Dr. Joe Tombers and anesthesia for Dr. Gerard Rudy to care for a one-year old child. One would have to say this was a very fruitful surgical service for the patients in the Gracias a Dios region of Honduras.

John Bendele, Certified Registered Nurse Anesthetist

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"In addition, we had a daily wake-up call from a rooster (I named 'big mouth') who got up a full head of steam about 5 am. Naturally, his local entourage chimed in until the din destroyed any further thoughts of sleep."







Raya Challenge

I was part of the dental team selected to address the dental needs of the Raya community. Raya is on the Mosquito coast, approximately 2 km from the Nicaraguan border. Our team consisted of Dr. Araldo Lopez (a dentist from La Ceiba), his son, Matusalem (who served as a interpreter/general helper), Tom Olson (our team engineer and radio operator), lane Heiland (a experienced surgical dental assistant), Marlys Trettle (our general helper/dental assistant/ sterilization assistant) and Niki Hultman (our team leader/interpreter).

We arrived from Puerto Lempira by Cessna 206 (George) and Cessna 185 (Yurli) on Tuesday morning and set up our location in a building, which serves as the health director's office/ residence for the district. We had a large room for surgery and two smaller rooms for sleeping, a small kitchen (consisting of a sink, a table with a 3-burner propane camp stove and our own small propane burner), and a communication/ sleeping room. Water was provided by a cistern located outside the next building (which served the medical clinic as well). Water supply was in doubt toward the end of the week due to a lack of rain.

We shared this facility with a huge bee and termite population, assorted beetles and other 'critters', as well as a thriving bat population in the evenings. Local entertainment was provided by a local guitar group at the nearby church (starting around 8 pm, supplemented by a 'fire 'n brimstone' minister preaching to a congregation of 8 to 10 souls through 15" speakers driven by a 1000 watt amplifier). A troop of geckos (on the ceilings and walls) provided a suitable choir. In addition, we had a daily wake-up call from a rooster (I named 'big mouth') who got up a full head of steam about 5 am. Naturally, his local entourage chimed in until the din destroyed any further thoughts of sleep.

Breakfast usually consisted of tortillas, oat meal, peanut butter and coffee. We usually began treating patients around 8 am. Lunch break (black beans, rice, tortillas and a cup 'o soup) was usually between 12 and I, and then we continued treatment until 5 pm or so. Dinner varied, but usually included some combination of chicken, tortillas, black beans, and a fruit or pudding cup. By the end of our stay, I actually looked forward to black beans and oatmeal!



Sadly, we were not equipped or supplied to perform dental procedures other than extractions. During our stay, Araldo and I treated about 345 patients and performed 770 extractions. We could have done much more for the people with preventative techniques.

Jane, with her many years of surgical assistant experience as the primary

assistant, was a blessing for the team. Within 2 or 3 hours, we were functioning well as any team could under the circumstances. Early on, I suggested that anyone interested in assisting should make their wishes known. Although Marlys' background was in Accounting, her primary task with us was to keep the instruments clean and sterile (at least as sterile as possible) and interacting with the community children. She performed both tasks with enthusiasm, and, in spite of a severe shortage of forceps and syringes, she did a yeoman's task. Later, she assisted in surgery (while Jane handled instruments) and learned quickly. Tom, our engineer, also volunteered as a assistant. He gave it his best shot but decided to concentrate on the engineering/radio tasks (as well as taking his turn with instruments).

Matusalem assisted Araldo as well as interpreted. A very willing and capable 14 year old...and a credit to his parents. Niki translated from Spanish so that Matusalem could follow with the Misquito translations. In addition, she attempted to keep the team on mission target.

I believe we accomplished some good for these people. It would have been rewarding had we been able to perform the simplest of restorative and/or preventative procedures and had the time to educate them in some level of preventative care. The people seemed willing to learn.

∰[≈] Bill Riggert, DDS, MSBA

Marcovia - Medical/Dental/Eyecare - first time at this site

It was my first year with IHS despite having volunteered many times overseas individually. Our site was a first and there was not much known about Marcovia. I was traveling with my daughter, Christiane, a nurse practitioner who was also a "newbie". Jane Hackenburg had shown me her slides from three previous years but it is no substitute for the reality. Both Chrissie and I had been in Honduras before but this was different. We were meeting up with the legions of former IHS-ers and, like us, other neophytes.



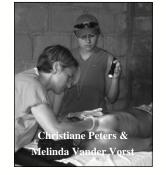
The very early a.m. departure in anticipation of the loooooooooog - but comfortable, I might add, when compared with the return bus trip, to Marcovia gave us an idea of this amazingly beautiful country. Working as a team on arrival unloading, setting up, chasing out bats from "our" rooms and scoping out our new "digs" took up our first night. The following day was the big SET UP.

The first a.m. of work came surprisingly early with the townspeople lined up and talking animatedly at 4:30 at all 4 entry gates. We were a bit like monkeys in a cage because they were all very excited by these strange insiders in our less than dressed state. We all were struck by the immensity of what lay ahead.

Cut to the real story: FABULOUS people, great shared meals prepared by "la chef-ess", tons and tons of laughs and experiences that are too numerous to recount, looooong hot days, millions of pairs of glasses - negatives, positive, male, female, single lens, bifocals which we'd sort through to find the perfect fit and you knew the moment they saw them - it would be one negative after another (esp. with anyone under 60) who would wear the Ugly Betty's (now I take a little offense at my name being used with such malice) however, there were wonderful older folks who were tremendously appreciative because now they could see!!!! Those moments were spectacular.



I rarely saw Chrissie. She saw 90 to 100 people a day under the caring tutelage of Doug. She and I would join the others in the late afternoon to relax with some wine and sharing the day's activities. The foot spa designed for all the overworked feet in the pila was a hit or the night stories - still waiting



for the anticipated end - with Deb and of course Susan's musical offerings any hour of the day plus the super warm reception when I joined Linda's "hood" to sleep after being told that I snored by Christiane in my former neighborhood. Worked alongside some lovely Hondurans who came to the rescue when my Spanish didn't work. Not to mention |an and Charlie who were always willing to come to the rescue with this klutz when it comes to glasses. We spent a super day at the beach eating fish and swimming treated by the local government.

What more could one ask from 13 shared days. New friends who shared the rewarding of experience of learning from other cultures is so important to me and it was all about that. Thanks IHS.

Betty Peters, Interpreter





Ben Cooper and patient

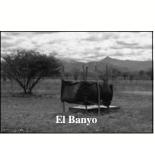
Never doubt that a small group of committed people can change the world. Indeed, it is the only thing that ever has. --Margaret Mead













Uhi - with participants from 3 continents

The Uhi team this year is from 3 continents! Francisco Bertschi, our translator, is a professional photographer from Argentina. Our dentist, Ken Wallace, and pharmacist, Janet Wallace, are from Great Britain. The rest are all from the states: Tara Russo NP from NY, Ana Rinaldini MD from KY, Ashley Mutschelknaus Pharm student, Amanda Denn Pharm student and Shannon Mutschelknaus Engr from SD, Susan Hasti MD and her son Max Friedman from MN, Jenn Klemperer RN from Wash DC, David Houser Radio operator from NC.



The travel from La Ceiba to Uhi on Monday makes for a long day - beginning at 3:30 AM from the hotel. After we arrive in PLP, we began flying to Uhi by mid afternoon, and had 8 of the 12 of us in Uhi by dusk. I flew in the first plane in with Jarle as pilot. He had not landed in Uhi for some time, so was examining the runway before landing. We circled twice, then made a very low pass to look it over.

Motorcycles are becoming a problem-they use the runway for a clear straight away, and wear ruts into the ground. The next pass we landed, to a crowd attracted by the air traffic. The second plane arrived while the first was on the ground. The rest of the day was spent setting up sleeping tents and mattresses, and getting the radio on the air. I recruited a local boy to climb two coconut palm trees to put up the wire antenna. He tied his feet together across the arch with a short rope, and inch-wormed his way straight the tree. For a quick radio installation, I have great signal reports. The sun goes down at 6:00 PM. We were able to connect into the church wiring to light the lights already there - 15 compact florescent bulbs hanging from the roof trusses. Monday night was a cacophony of sounds. Besides the chickens and dogs, we have a resident bat.





Some of us began our days with a walk around the village. One day a circle in the village around the church and clinic and to the beach. We often attracted a following of kids. At the beach, all the kids dove into the Caribbean Sea, even in their Sunday-go-tomeeting dresses. Later, at one of the brackish waters, they all dived under water to rinse off the salt water. Yuck. Another day we walked to the east through the cemetery where we found a recent grave of a 100 year old resident. Another day to the west to the runway.

The next day south to the first water barrier on the way to the lagoon. There we watched one 6 year old girl in a nice dress walking toward us with a lollipop in her mouth, and paper money in one hand. When she got to the water, she waded in, keeping the lollipop in her mouth. She began scrubbing her neck and arms with her bare hand, then dove completely underwater to rinse off, with the lollipop still in her mouth. Later she bought some cookies to eat before she got to the village of Uhi.

Dental work here is different. Ken, our dentist from the U.K. says that in the NHS (National Health System) he has to do 126 dental activity units a week. Here he is doing 180 / day. And its all the same activity-extracting teeth. Ken summarized Friday as the highlight of his career. He worked on children, which he usually avoids in his practice, and he processed all the people who showed up from a distant village, which made it a large work day. He was concerned as the day drew to a end that he would have to play God and choose some to see and the others to send home, to return tomorrow. Instead, he was able to see them all.

In the medical clinic we saw a gall bladder patient, and overdue pregnancy. There was a 3 mo old male with respiratory distress. This had been going on for 2 months! How mom dealt with it, I can't imagine. He turned out to have colic. Another women came in with a tourniquet on her wrist. She thought she had broken off a sewing needle in the palm of her hand, and quickly tied off her wrist so the needle wouldn't migrate into her heart. We freed up the wrist and told her to take a boat across the lagoon to the hospital in PLP for IHS help.



On Monday, into the clinic today comes a 36 yr old female, E.Z. from Crata with a broken arm. She was hit by a motorcycle driver. She has been to PLP and had the broken arm set in a cast, then had the cast removed. Unfortunately the arm did not heal. She was told she needs to see a specialist in Tegucigalpa. The man who injured her was on a borrowed motorcycle. He fled from Crata to Uhi to hide. Unfortunately for him, he and the girl show up at the clinic at the same time. Our translator confronted the boy, and suggested, firmly, the he pay for this further medical care. He claimed to

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Uhi continued ...

have no money. The motorcycle owner lives in the pink house just north of clinic, and offered to pay for the treatment, and the boy will repay him. So the money seems to be available.

Our meals were beans and rice, then rice and beans. Sometimes we cooked for ourselves. For lunch one day we tried out some MREs (military Meals Ready to Eat). We didn't have the heater pack or instructions, so we boiled the sealed pack. They are loaded with calories for field personnel, and not very tasty. We won't do that again. Another night was our own spaghetti with locally made coconut bread. One evening we celebrated Max's 17th birthday by singing 'Happy Birthday', and by breaking out the Dutch butter cookies.



Sunday we worshiped under a large shade tree with the Moravians, outside their church that we are staying in. We moved pews out to sit on, and joined about 40 worshipers. After church, we had invited the pastor and his 15 church elders to join us in the church building for a snack and discussion about community affairs. This is the first time they had been invited to a table with a visiting team. They were



honored. The salty pistachio nuts were a big hit. We had some serious discussions about the growing influence of vandalism, thefts, drugs, in the community and the condition of the runway destroyed by the motorcycles. Many elders spoke, offering opinions and plans. There is no community structure to address it. Its a spiritual problem, and the church is the key to solving it.

The afternoon was spent painting little girl's finger nails bright red, and blowing soap bubbles. Dr Susan became the most popular woman in the village by passing out peanut M&Ms. It's like a school picnic outside the church building with games and nail painting. Ashley and Amanda taught the kids to play Duck - Duck - Goose, but they didn't know the Misquito words for duck and goose, so it became Sit -Sit - Run. Beyond that game is a frisby throwing setup, and beyond that in front of the school is a full size soccer field. Francisco, from Argentina, had to borrow \$10 Lempira (\$.50) to get into the game. He says they play rough.

We came out of Uhi beginning at 8 AM Tuesday. Jarle and Westley came in formation, buzzed the runway at low altitude to clear the livestock, then circled and landed. It took four plane loads to move us, and we were all in to PLP before noon.

₩[≈] David Houser, Uhi Team leader & radio operator







News Break 2009

October 2008 & February 2009 Team Pictures

OCTOBER 2008 Kruta River Team

Back row: Jack DeMorett, Terre Luce, Gary Weitcamp, Mark Hodges

Front Row: Karen DeMorett, Ken Hodges, Marianne Serkland, Fred Kalinoff, Jennie McKemie





Yocon 2009 Team

Back Row: Elizabeth Sinclair, Honduran helpers, Kim Zieglgansberger, Katie Bremmon

Front Row: Idalia Muldanado, Colleen Russell, Ken Wood, Graem Beddoes, Jonathon Gonzales, Linda Erdman, Peter Russell, Ann Dickinson, Paul Dickinson

PLP Surgical Team

Back row: Rod Brown, Ben Brown

Middle row: Jo-Ann Prater, Kyla Rice, Dan Walker, Carlos Scheer

Front row: John Bendele, Gary Yurina, Jim Prater



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PLP Administrative Team

Back row: Grant Hanson, Amir Steinhauer Front row: Rick Lloyd, Drew Mathews

PLP Eye Glass Team in their funky glasses

Back row: Honduran helper, Deb Hanson, Rick Reiter, Karen Kirckof, John Kirckof

Front row: Matt Gifford, Jane Hackenberg, Harry Steinhauer, Honduran helper Harlon Macklain





Raya Dental Team

Niki Hultman, Araldo Lopez, Honduran helper, Matusalem Lopez, Jane Heiland, Marlys Trettel, Tom Olson, Bill Riggert

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February 2009 Team Pictures continued ...



Uhi Team

Back row: Janet Wallace, Ana Rinaldini, Ken Wallace, Jenn Klemperer, Dave Houser

Front row: Shannon Mutschelknaus, Ashley Mutschelknaus, Amanda Denn, Max Friedman, Susan Hasti, Tara Russo, Francisco Bertschi

La Ceiba D'Antoni Surgery Team

Left side: Julie Worden, Anne Dinsmore, Nikki Hamley, Bryan Shumaker

Right side: Margaret Budke, Kris Budke, Lynn Cook, Linda Shumaker

Not pictured: Ted Mentele





La Ceiba Atlantida Surgery Team

Back row: Polly Gill, Dan Jaffurs

Middle row: Keira Gill, Teija Gill, 2 Honduran helpers, Meredith Johnson, Trudy Staubitz

Front row: Craig Gill

Not pictured: Tony Mentele

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February 2009 Team Pictures continued ...



Lisangnipura Team

Back row: Honduran helper, Jason Caviness, Will Frieberg, Kathy Lepp, Joe Tombers, Steve Williams, Gerard Rudy, Honduran helper

Front row: Bill Handsaker, Honduran helper, Jonelle Tempesta, Kelly Koehnen, Chris Knoff, Mary Bierman

La Esperanza Team

Back row: Honduran dentist, Steve Rice, Oliver Salia, Tom Hopkins, Dennis Struve, Kelley Shelley, Dale Christensen Middle row: Alison Shelley, Nichol Wilson, Jennifer Dorsett Middle Row: Jennie McKemie, Kathryn Sutter, Barbara Joe, Virginia Wilson, Front row: Taylor Hopkins





Kruta Team

Back row: Juan Brayman, Larry Foster, Brandon Markley, William Hayes, Richard O'Day

Middle row: Christine Golnick, Lola Johnson, Eddie Morfy

Middle row: Reilly Morfy, Teresa Volbrecht, Marianne Serkland

Front row: Andy Martin, Renee Donnelly, Andres Martin, Dallas Serkland

February 2009 Team Pictures continued ...



Marcovia Team

Back row: Ben Cooper, Doug Pflaum, Charlie Brown Jr.

Middle row: Linda Cullen Weiley, Buzz Schraeder, John Pope, Jan Brown, Susan Prentice, Cheryl Schraeder

Front row: Betty Peters, Christiane Peters, Melinda Vander Vorst, Brittney Vander Pol, Helene Matzke, Deb Fischer

Wheel Chairs for a Special Needs Children's Home

Last winter my son Jeff, who was working in Honduras, told me about a great need for wheel chairs at a disabled children's home in Comayagua. I brought the request to the IHS board and Chris Knoff volunteered to begin the search for the chairs. Rosalie Eckhoff – a member of the very first IHS team that I was on in 1988, has often been our connection to getting used wheel chairs for Honduras. So I was not surprised to learn that the donation for this school came from her, but then found out they weren't used chairs, she had purchased new ones for the kids. Wheelchairs are a very important commodity in Honduras. Without a wheelchair, someone with a disability cannot get rehabilitation training, and without rehabilitation they have no way to pay for a wheel chair. It's the classic vicious circle.

The wheel chairs were donated to a specific group – the children of CasAyuga - a residential school for blind, deaf and disabled children located in Comayagua. To my knowledge, this is the only such facility in Honduras. Getting the wheel chairs from La Ceiba to Comayagua would require a 6 hour road trip, so the main question was 'How many wheel chairs can a pickup truck hold?' The answer is 16. My son Eric was with me for the 2009 IHS February mission, and with our combined packing skills, we were able to get 16 of the 20 wheel chairs loaded into the back seat and the bed of the truck. The other 4 chairs were donated to La Ceiba Hospitals and the Red Cross.



We loaded up the truck on Friday morning and headed off to Comayagua where we would meet up with Jeff who had been working at nearby Hogar Tierra Santa, a home for abandoned children, for over a year. It was an interesting twist that this donation would begin with my son Jeff and end with my son Eric helping me to complete the donation.

As with many plans in Honduras, it did not go quite as planned. We got a late start due to other duties that I had to finish up before we could head out, and arrived at CasAyuga later than we wanted to. I did not realize it, but most of their students live at the facility during the week and return home for the weekend. By the time we arrived, most of the children were gone for the weekend, however there were enough there to see the joy on their faces at receiving this much needed donation.



I want to personally thank Chris for following through with the request, and Rosalie for her generosity. It gave me one of my more memorable moments during this trip to Honduras and a good excuse for me to visit Jeff. There are numerous needs in Honduras that are not part of our primary mission in Honduras, but they offer us another opportunity to make a difference.

Gary Ernst Project Director & Treasurer

The Village of Lisangnipura

In February, I went on my third medical mission trip to Honduras. The trip was to a village named Lisangnipura. IHS selected this village due to the fact that last year, several members of this village walked for hours to a village where an IHS team had been stationed. The Lisangnipura people arrived with a signed petition pleading for IHS to come and provide medical services to their village the next year. After hearing this story, I could hardly wait to meet the people of Lisangnipura.

We arrived to the village by a single engine four 'seater' plane. Several trips were necessary in order to bring all of us and our belongings to the site. The Lisangnipura people had to create a runway for our plane to land in their village-rumor has it they spent days cutting down trees, brushes, over grown grass etc, all with a machete. It proved to be a success since every landing came with ease.



It was so wonderful to see all of the children and adults anxiously waiting for our arrival. They were all eager, and felt privileged, to carry our belongings to our living quarters and clinic. The scenery in Lisangnipura was breathtaking-beautiful flowers, plants, trees and the crystal-clear creek flowing near by. After we organized our living quarters and clinic, it quickly looked and felt like home.

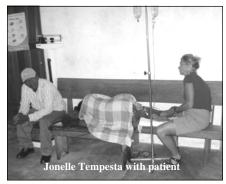


Over the next several days, we provided medical and dental care for

people from not only Lisangnipura, but several other near by villages as well. During this time, I was able to become more and more familiar with their cultural practices and spent many hours comparing it to my own, pondering the question "whose is better?"



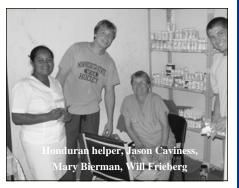
I witnessed a variety of medical situations while caring for those that came to our clinic. Most people were very healthy with the exception of head lice, scabies and intestinal parasites. I assisted with some trauma cases, septic patients, a young woman in the dying process, referrals for further medical/surgical interventions, and several wound care patients. Caring for them made me recognize at a deeper level just how stoic these patients really are. These medical experiences are priceless for me. They not only allowed me to see a variety of medical conditions/situations that I normally would not see in my own medical setting at home, but they gave me the option to view and practice medical ways differently in my own setting.



After spending ten days surrounded by the people of Lisangnipura and my team members, I knew our time together was coming to an end. I was already feeling difficulty with closure to this medical mission trip. I asked myself: "Was it all the laughs that we shared together? Was it those deep personal conversations we all had together? Was it being enriched with the beautiful essence that the Lisangnipura people had? Was it the tears of joy and/or sadness that we shared together? Was it the beautiful scenery that surrounded the village of Lisangnipura?" I believe it was all encompassing.

I left this mission trip just like every other one, thinking this was the best trip ever. Traveling home from this trip and even now five months later, I already have the feelings of excitement for the next February medical mission trip.

IHS has been a wonderful medical mission organization for me to be a part of. It has given me the opportunity to work with and become friends with an

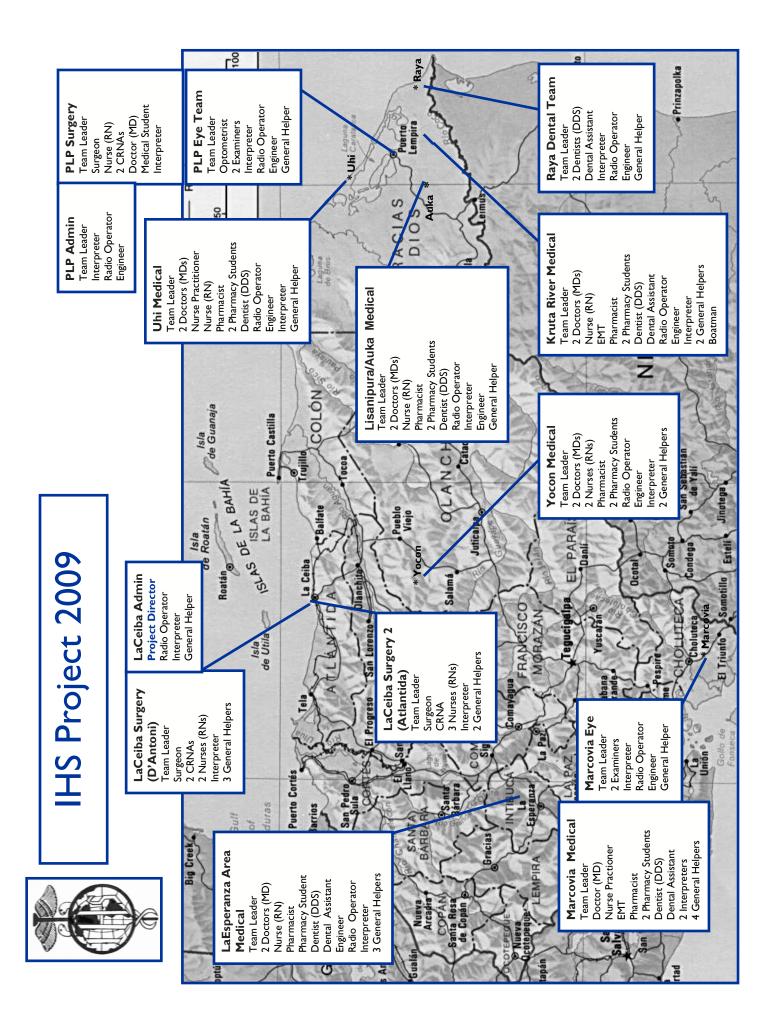


outstanding group of people. It has also allowed me to explore and experience various parts of Honduras while providing medical services to the people of Honduras.

I want to thank everyone involved in making our mission trips possible. Being a board member, I directly understand the behind the scene efforts it takes to make it all happen. I also want to thank everyone in Honduras for all of the work you do for allowing us to come into your country to help your people, thanks again.

Lastly, I want to thank all of the people on the Lisangnipura team. Thank you to Joe, Kathy, Chris, Kelly, Steve, Bill, Mary, Jason, Will, Gerard, Belinda and Herdo for all the wonderful times together. I will always cherish the priceless memories I have with all of you! See you in 2010!!!

∰≋ Jonelle L. Tempesta, RN





INTERNATIONAL HEALTH SERVICE

Honduras - February 13 – 28, 2010

Participant Application - Please print clearly!

Name:		Home Pho	ıe: ()		
Address:		Work Pho	ıe: ()		
City:	State:	Cell Phone	: ()		
Zip: Country:		Date of Birth:		MaleFemale	
E-Mail:					
Specialty (check all that apply) Send copies of license - Ph	ysicians & Dentis	ts must also send copy of diplo	na		
DDS (specialty)		Dental Assistant	RDH	Paramedic	
MD (specialty)		PA	RPh	NP	
RN (specialty)		CRNA	LPN	EMT	
	Translator	Radio Operator	Engineer	General Helper	
Other specialty (please specify)					
Where are you currently working?		If not, when did you last v	work in this field?		
Please list any physical or medical limitations					
Please list any major surgeries or serious illnesses in t	he past 5 years				
Please check type of team assignment you prefer (check	k all that apply):	·	Admin. Team	Eyeglasses	
River (i.e. Kruta) Remote (i.e.	Mosquitia)	Inland (i.e. Mountains)	City (i.e. La Ceiba)	Any assignment OK	
List any assignments you would not accept					
Name of one person you would like to be on a team	with				
Past participants - number of previous Projects have yo	ou been on?	Would you be willing	g to be a team leader	-?	
Do you speak Spanish? None	_ Few Words	Phrases C	onversational	Fluent	
APPLICATION DEADLINES & F	PROIECT F	EES	Note: \$10	00 deposit is <u>non-</u>	
				refundable and due with the	
Due October I Application with Depos	it	\$100	complet	ted application.	
Due January IPapintation with DepositDue January IBalance of Project Fee		<u>\$500</u>		ecks payable to:	
Total Project Fee	:	\$600		nal Health Service	
Applications received before October 1 will rec	eive priority w	hen teams are assigned		may also be charged www.ihsofmn.org	
Those received after October 1 will be consider	• •	-		pplications to:	
In order for your application to be considered, the following r	<u>nust be attached:</u>		-	nal Health Service	
Completed application with signed waiver & Deposit			PO Box 44339		
Copy of Amateur Radio license (Radio Operators only) Copy of Professional Licenses * Copy of Diploma (Physicians & Dentists only)			Eden Pra	iirie, MN 55344	
T-SHIRTS & CAPS – Each participant will receive or First-timers will also receive a c		Please select T-Shirt	Size: (S M L	XL 2XL 3XL)	
Additional IHS t-shirts & caps can be purchase	•	Please include a separate	check for these ite	ems at this time.	
Additional T-shirts @ \$8 - how many size	Additi	onal Caps @ \$8 - how many			

INTERNATIONAL HEALTH SERVICE

ACKNOWLEDGMENT OF RISK AND WAIVER OF RESPONSIBILITY

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

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

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

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_____ Date _____

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

PHOTO RELEASE

International Health Service requests permission to use photographs and narrative descriptions of participants and the work they do on projects for the purpose of public relations, advertising promotions and fund raising. These photos may be used in, but not limited to: slide presentations at reunions, the yearly IHS Newsbreak, and the IHS web site. This authorization will remain in effect until expressly withdrawn by me with written notification.

Yes, you n	may use my photo!	
Signed		Date
No, I wou	uld prefer you not use my photo.	
Signed		Date
	(We cannot guarantee your photo will not be used as any tea that they publish online, in a blog, etc. but IHS will do i	

INTERNATIONAL HEALTH SERVICE Suitability Disclosure

Required for 1st year participants only!

Use this form for both October and February Projects

All IHS projects begin in the bustling northern coastal city of La Ceiba, Honduras. Upon arrival participants will stay one or two nights in a hotel or with host families. Teams will return to La Ceiba at the end of the project and stay again for one or two nights. Many of our repeat participants choose to return to the same location each year. They find the people are friendly and appreciate the work they do in their village and, of course, the scenery is beautiful. For February teams only: when you arrive in La Ceiba there will be orientation meetings; when teams return to La Ceiba at the end of the project there will be debriefing, packing of supplies, and a farewell dinner.

Suitability Disclosure: IHS Projects are not for everyone! To assist you in determining if this type of project is right for you, and to assist IHS in placing you on the correct team, please answer the following questions. These are not an attempt to frighten or discourage you, instead IHS hopes they will give you a better understanding of the challenges you may face on your first IHS Project.

How did you hear about IHS?

Do you have any camping, hiking, or adventure experience?

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

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

Frustration can be a constant companion on IHS trips. You are in a foreign country, with a group of people you've never met before, communicating with clients is difficult because you don't know the language, sometimes things don't happen when they are supposed to, the wrong things can happen, and some planned things never happen. How do you personally handle on-going frustration? Does your temperament allow you to "not sweat the small stuff"?

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?

Teams that have the most enjoyable experience work interdependently, with each team member contributing their part to the group's function. This requires you doing your job well everyday and trusting others to do theirs too. To what extent are you a team player?

What are your expectations during the project and what do you expect to contribute?

**All February teams are staffed with radio operators who connect 3 times daily with our base of operations and Project Director in La Ceiba. There are also land lines in some locations and a few teams have Honduran cell phones. In the unlikely event of an emergency, all radio operators will work together to make sure the correct people are notified. Every effort will also be made to communicate, in a timely manner, important messages for participants coming from their family members back home.

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La Ceiba Atlantida Hospital Surgery Team



It is very rewarding and amazing when a group of strangers come together from different parts of the U.S., work together in the operating room and immediately become a team. The Atlantida Hospital surgery team was in a sense pioneers. This was a new experience for IHS. Atlantida is a general hospital in La Ceiba, Honduras, serving La Ceiba and the vast surrounding area.

We arrived with no patients scheduled. The hospital staff quelled our fears with "Don't worry you will have plenty of patients". They were correct. The hospital called a press conference with newspaper, radio and TV in attendance. Dr. Dan became an instant celebrity. The surgery team did hernia repairs on children and an adult, skin grafts, and removed all shapes and sizes of scars from various body areas and from all age groups. The scars were the result of burns, car accidents, etc. Their removal improved mobility, and self esteem. Our surgeon assisted by one of our nurses performed many minor outpatient procedures. The hours were often very long but rewarding.

The two daughters of our CRNA and his wife, also a nurse, had an opportunity to spend time at an orphanage and the Jungle School.

The Atlantida physicians and nurses were very friendly and helpful as were our bilingual language school students who served as interpretors. The statement that meant the most came from an Atlantida surgeon--"Thank you for helping my people".

∰≋ Trudy Staubitz, RN



La Ceiba D'Antoni Hospital Surgery Team



Volunteering at Jungle School after IHS Feb. Project

Since my work has shifted inside and out. Yesterday, how much they like them from the IHS eye team work they had a going away in Puerto Lempira to the jungle school orphanage here in LaCeiba, was from Austria and spoke there is an endless list of things sure seem different. some English and good Span-Instead of being with lots of ish. In her last class I saw her IHS team members working teaching geography about mostly with adults, now it is Europa and her country. usually just David Ashby and They had chocolate cake and me doing lots of electrical repair and/or installation work. I have taken pictures of both places. A group of

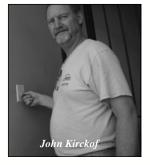


students from Vanderbilt U. are here putting together a lot of book shelves for the kids rooms plus making coverings to put on sofas, etc. for the kids to use in the main room. Later today we are going shopping again for more electrical parts to do more wiring.

Saturday, 7 March 2009 -Each day is similar in that I leave with David wherever he has to go. 90% of the time it is to the Jungle school in the morning and the orphanage in the afternoon. At the lungle school, I the cooks came over and installed a total of 5 ceiling fans with speed controls two). They were the generalso redid some previous ment. We have not lost

"party" for one of the volunsome home made chips from thinly sliced plantains... salted. It all tasted very good.

HHK (Helping Honduras Kids) orphanage, I put in 2 ceiling fans in the school rooms there. I also repaired a LOT of light switches... I think about 7 of them in the building. In the kitchen, they were without lights for several months because no one knew how to fix such things. They had put a small fluorescent fixture under a shelf for light. When I popped in a new switch and turned on the kitchen lights,



hugged me. They had been making 3 meals a day for the (Grant helped on the first kids in near darkness. At the orphanage I also installed the ous donation from the Eden 2 emergency lights I sent Prairie Rotary Club. There I down in the container ship-

Thursday, 5 March 2009 - wiring plus installed 4 outlets power yet so I do not know but I did shut off the circuit breaker once to test them and the teer school teachers. She and they work. Seems like things to wire and repair.

> Besides doing a lot of electrical and other maintenance work, I did accompany David several times when he took a bunch of kids on outings. One visit was to the ocean and the kids loved it! Many of them are only a few During my time at the miles from the water but never get to see and enjoy such things except at such outings. The fun of playing with the kids and giving them love and attention that they miss from not having parents... that alone makes it worth while being here.

> > I did not get to the Campasino village where the other school for the VERY poor is located. It was the place that had a school building under construction last year when we visited. Perhaps I will get there at a future time. Tomorrow is Sunday and my first day of rest. I am thinking that, if it works out, IHS could have a work team come to the Jungle school or the orphanage to do much needed work. When I head home, I will have done nearly 10 days of work at these two places. I did a lot but there is quite a lot more to do.







I always wondered why somebody didn't do something about that.

Then I realized I was somebody. -Lily Tomlin



WANTED: Medical, Dental & Surgical supplies for yearly Projects. If you can help, please send an e-mail to: contact@ihsmn.org

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La Ceiba, Honduras **Hotel Paris** 02/15/2009 Swimming Pool & bar at Hotel Par. anging more lin REGION Sittir otel Paris pool Gary Ernst, Project Director & son Eric taking another load of supplies out to a team rticipants All participants begin IHS trips in the city of La Mazapar Ceiba, Honduras. It is a port city located on the northern coast of Honduras and is the third largest 02/15/2009 city in the country. The city is named for the giant Ceiba trees which grew near the old dock. The climate is tropical. The Hotel Paris serves as the base of operations for International Health Service. It is centrally located in the town, providing easy access to restaurants, shopping, host families, and more. As you can see from the pictures, you will encounter many different types of transportation throughout Honduras.

Before and after the February Project, participants gather at the hotel for orientation, team meetings, gathering with friends, cooling off in the pool, or getting information from the La Ceiba administrative team. Before teams leave for the field, participants stay one-two nights with host families or at the hotel and return again for a night or two at the end of the Project.



Life-changing Experiences

"A spindly little sparrow is lying on his back in the middle of the road. A horseman comes by, dismounts and asks the sparrow what he's doing lying upside down like that. "I heard the heavens are going to fall today," said the sparrow. "Oh," said the horseman, "and I suppose your spindly little legs can hold up the heavens." "One does what one can," said the sparrow. "One does what one can!"

Source: The Effective Management of Volunteer Programs by Marlene Wilson

IHS also does what it can each year to continue serving the poor people of Honduras, Central America. We just completed our 27th year of service and are busy planning for next year.

Sometimes the struggle to get it all done is difficult and although this past year we experienced large increases in everything we needed to run our program (i.e. food, equipment, all transportation costs to get participants to their sites) and a decrease in the amount items we can purchase here and ship to Honduras ahead of our Project, IHS had another successful year. Yes, sometimes it does feel like we are holding the world at bay with our spindly little legs, but we are determined.

Participants again this year came from 3 different continents and thousands of people were served. Lifetime friendships were begun and lifechanging events were experienced. Rarely does a person go to such a remote place and not come away looking at life from a different perspective.

Thirty-seven years ago my father, Dr. Don Watson, and I traveled to a quiet little country called Honduras. Our lives changed forever on that trip. My father dedicated the rest of his life to helping the wonderful people of Honduras and 10 years later IHS was started. My family - my husband and three sons have all spent time there -Honduras is simply part of who we all are and it feels like our second home. Over the years many participants have shared the Honduras Experience with their family members too. IHS stands firmly on the many legs of the individuals and families who participant and support it!

The IHS News Break allows you a small glimpse into what the teams experience each year. Attend our fundraiser on October 10 and hear many more stories, see pictures, and enjoy the laughter.

Please consider sharing your expertise with IHS on a future trip. If you cannot physically participate, please consider a donation to help keep our costs down. Either way you will be adding your legs to help keep the foundation of IHS strong.

We are always on the lookout for new or gently used medical, dental and surgical equipment. Please tell your medical and dental professionals about IHS so when they replace and update their equipment they will know who to contact about donating their gently used items.

Thank you to all of you who help keep IHS on a solid foundation!

Our work continues...

≈ Marcia Watson Ernst Secretary & Fundraising Director

UPCOMING IHS PROJECTS

FALL TRIP - OCTOBER 22 TO NOVEMBER 1, 2009 (11 days - usually 8-10 participants)

The October Project was started years ago when IHS kept getting requests for a shorter, one week project. This Project consists of only one medical/dental team that works in villages along the Kruta River. The team consists of a physician, nurse, pharmacist, dentist, translator and a couple of general helpers. This project fills quickly.

At this time the only opening for the October 2009 Project is a dentist.

PLANNING TRIP - LATE OCTOBER

Around the same time, a small group of people head to Honduras to lay the groundwork for the February Project. Among their many tasks they determine the team sites, logistics, housing and meals. If you would be interested in getting involved with this side of the project contact IHS before June of each year.

WINTER TRIP - FEBRUARY 13 TO 28, 2010

The February trip is the largest Project. Over 100 participants from all over the world and throughout the US gather in La Ceiba and then head out to remote locations in Honduras. The Project usually consists of 6 medical/dental teams, 2 surgery teams, 2 eye glass teams and 2 administrative teams.

For the 2010 Project, IHS is trying a different schedule so participants can take off one less day from work. The project will begin on Saturday, February 13 and end on Friday, February 28. Many participants sightsee at the end of the Project

and might need to take a day or two off the following week, however for those who are heading straight home this schedule works well.

Many seasoned IHS'ers arrive early in La Ceiba to help with the many assorted tasks required to get everything set up. This time, more than ever, we will need lots of help. If your schedule allows, please contact IHS about coming down early.

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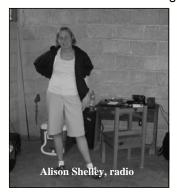
La Esperanza Team - Villages of Agua Blanca, Azacualpa, and San Jose

As we joined IHS people arriving at the San Pedro Sula airport and boarding the bus to La Ceiba, I was impressed with the warm reunions. It was obvious that positive bonds had developed over the years as so often happens when people serve together to help others.

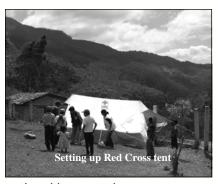
Kelley Shelley, who had come the previous two years, recruited five more of us from Susanville, California, to join him this year. Since we live in a cold, snowy part of California, it was a pleasure to leave winter behind and come to a warm climate, as is the case for others from true winter areas. The country being so green with flowers in bloom was a welcome change.



We served with Jenny McKemie, our team leader, in the remote villages of Agua Blanca, Azacualpa, and San Jose out of the La Esperanza Red Cross. The Mayor of Delores was in touch and showed up to help several times. Having close friends from our home town to share this experience made it especially memorable. I, Virginia Wilson, was a general helper, my husband, Nick Wilson, was the pharmacist, Kelley was the engineer and his wife, Alison was the radio person. Dennis Struve was the dentist and he brought



his very own assistant from his office, Jennifer Dorsett. One of our doctors, Tom Hopkins had been on an IHS trip previously, but this time was joined by his son, Taylor, who was a General Helper. Our other doctor was Kate Sutter. Dale Christensen was the pharmacy student and Steve Rice was our translator. That was the core group.



In addition to the core group, we also temporarily had Barbara Joe, and Andy (from the Peace Corps), translators, and two Honduran dentists. The Red Cross youth were always there and ready to help as well. We enjoyed getting to know each other while we accomplished our responsibilities in accordance with our commitment. We also shared some fun adventures.



Accommodations were in schools. The one at Agua Blanca had solar electricity, Azacualpa had actual electricity until it went out on Sunday evening and San lose had no electricity until the night before we came when they installed some in two of the three classrooms for us. Azacualpa was three miles from Agua Blanca, as the crow flies, but 45 minutes by pick up trucks over horrendous roads, and San lose, was just over the mountain from Azacualpa. That was verified when there was not enough seats in the pickups that were transporting us, so Kate and Steve with their native guide

walked 50 minutes (instead of the 15 they had been told), to meet us. Bathroom facilities in each place varied only a little, ranging from toilets that should



have flushed but had not been hooked up to a water supply, therefore we poured buckets of water from a nearby tank into the toilet bowls, to one toilet for all of us which flushed sometimes, to toilet bowls only. Accommodations were similar in each place with classrooms being used as medical facilities by day and sleeping dorms by night. Kelley set up a solar shower cabana in each place. That was sure nice!



The people at the first two places were all dressed up in their finest to come see us. We noticed that the parents disciplined their children with very quiet voices and that the children were well behaved. Some of our team had brought noisy balloons, a jump rope, nail polish, stickers, toys, and tattoos. All ages loved seeing their photos on our digital cameras. Food and laundry were provided by the native women as well as a yard cleaning crew at Agua Blanca. At Azacualpa the women also provided an unscheduled dinner after our ride was postponed until the next day. They provided candles for us to

La Esperanza continued ...

eat by when the electricity went out. San lose seemed to be a much poorer community. The people were not as clean and neat and the children seemed



more on their own. More begging and constantly staring in the windows occurred at San Jose. We had a group of native men who acted as vigilantes (guards) each night.

We had some disappointments when the medications we needed were not to be found when we unpacked and when we waited many hours for our transportation. Days were long... up at 5:30 am and work until the last patient left. We served over 1700 patients. One young man was delighted to be able to speak more distinctly after Dr. Tom did minor surgery under his tongue. A particular lady was excited when the words on the reading card were clear, even though she couldn't read, but wanted reading glasses so she could sew more easily. Nights were noisy with the rooster and dog choir starting about IAM, then the vigilantes would add their chorus. The wind rattled the metal roofs too. Most of the people who came were curious to see us. Some needed immediate services and others needed long term care. We had some appreciation expressed and that was gratifying. I summarize the experience as hard but good.

😥 🏁 Virginia Wilson, General Helper









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Dates to Remember

October I	Registration for IHS Fundraising Dinner Due!
October I	Applications and down payment due for February 2010 Project
October 10	IHS Fundraising Event in Eden Prairie, MN 6:30 pm
Fall 2009 Project	October 22 - November I
October	Planning Team heads to Honduras
November	Team Selection for Winter 2010 Project Team information will be sent out
December 21	Shipping Deadline for Winter 2010 Project

2009

2010

January I	Winter Project Fees Due!
January	Load Container
February 13 - 28	Winter Project
May I	News Break team articles & photos due!

IHS Board Meetings are held the second Thursday of each month, 6 pm in Edina, MN. If you would like to attend a meeting, please contact any board member.

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Puerto Lempira Eye Team Report

All the teams were quite busy in Puerto Lempira. I guess that is good as that is why we went. Dr Rod Brown and the rest of the surgery team had many surgical cases. We were busy in the eye clinic, too with more patients waiting to be seen than last year.

Each day we did about 80 or so patients. Matt is our only optometrist this time so we kept him busy. Even though he was busy, he always gave good individual care to all he saw. In all, we had with us close to 5000 pairs of glasses to hand out. Nearly all the glasses were from Lions International. The next time you see a Lions member, thank them for this great service.



Deb Hanson did a super great job with reading glasses and sunglasses. We set up her station in front of an open door so she got a cool breeze most of the time. She also did some other testing when things got busy. This sure helped to balance out the work so Karen, Jane, and Harry could fit glasses and more or less keep up with me and Matt doing the testing. I did the Snellin chart tests and most of the autorefractor testing besides doing minor glasses repair. Then Matt saw most of the patients to do more detailed examinations and tests.

This year we did well with 3 interpreters. Ricardito (Rick) was our IHS assigned interpreter from Minnesota and he did a great job with detailed translation work. Besides Ricardito helping Matt, we had 2 local pastors working with us each day to do registry, eye classes, and assisting in fitting/ explaining glasses to all our patients.

In the eye clinic we had several very interesting cases. One was of a family



that has congenital glaucoma. Initially, a couple men (brothers) came in with very poor sight... nothing we could do for them as they had permanent eye damage. So, the next day we had their whole family come in and we had a serious and sad discussion about their future eye care. If they do nothing, most of them will go blind in their early adult years.

We had a nine year old come in with an artificial eye. Not sure where she got it. She had it from age three so it was too small. She had a slight infection, which Matt was able to treat.

One morning an elderly man with very thick glasses showed up. I remembered him from last year. He came right over to me as he remembered me, too. He had the glasses we gave him last time but he wanted a "check up". He is 89 years old but thanks to the glasses he is able to get around on his own. A few years back he was able



to have cataract surgery but at the time they did not do implants, hence the thick glasses.

On a couple of very hot days, I had to take a couple ice cold coke bottles filled with water and put them in two basins (one on top of the other) to make a sort of mini-fridge. I then put our auto refractor eye tester in it when we were not using it. The building we were using was large and great to work in but there was no electricity except what we brought in with extension cords from the house next door. Consequently, there was no air conditioning so it got quite hot thank goodness for the fans we set up. Due to the temp, our auto refractor got hot occasionally so we put it in our improvised mini-fridge to keep it cool.



Doing eye care in PLP works out great. PLP is centrally located and has great communications to the local area. The accommodations are also great as we stay at the Catholic church dorms and we have great local food brought in each evening. We had movie night in the dorm several times and it was a big success, too. We can't forget Drew and all that he does to provide necessities for the teams and to make the time go by well.

One reason we were so busy at the eye clinic is that several times we had an announcement about our free eye clinic read over the local FM station. Most of our patients came from surrounding villages. We also had folks come from as far away as Nicaragua to the south, Mocoron & Wampusirpi to the west, and Brus Lagoon to the north. On several occasions, we had referral patients from Uhi and the other IHS village clinic teams. Perhaps

PLP Eye Team Report continued ...

the great detail of care that Matt and the rest of the team did to explain all the unusual things we saw helped in gaining the confidence of the local peo-



ple. At this rate we may have to have an eye clinic in PLP for many years to come.

Sidebar: If you are an optometrist, eye care specialist, or even want to be a general helper, you can join us on a future mission. That goes for medical and support folks who want to go on one of the medical teams, too. It is as easy as filling out the application!

 \mathbb{Q}^{pprox} John Kirckof, Radio & Engineer





Nice afternoon in PLP











"It wasn't the reward that mattered or the recognition you might harvest. It was your depth of commitment, your quality of service, the product of your devotion – these were the things that counted in life. When you gave purely, the honor in giving, and that was honor enough."

--Captain Scott O'Grady

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 e-mail:

contact@ihsmn.org

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Kruta - My First Year

As I reflect back on my first mission trip with I.H.S. I have to say that it was very rewarding and more educational than I had even expected it to be. The three things that were key to my learning experience were; I) Being on the advance team in PLP so that I experienced part of the planning involved before the teams go out to their villages, 2) Being on a team with Marianne Serkland who has spent many years working closely with the Moskito people, and 3) having five Hondurans on our team.



When I signed up, my only request was to go somewhere 'Remote'. I ended up on the most remote of all teams, the Rio Kruta; accessible only by boat, it was a 4 hour boat ride to Kruta where we set up our medical and dental clinic for three days, then another 3 hours up river to TikiRaya later in the week where we provided 4 days of medical/dental care before the boat ride back. With a lighter load and going down river, we made the trip back in just over 6 hours.

This year the Kruta team was part of the 'advance team in Puerto Lempira' which meant that we arrived there on Saturday morning with a list of things that needed to be done in preparation for all teams that deploy from that area. This also gave me a chance to 'go remote' in stages. Even landing in San Pedro Sula was a bit of a culture shock for me and each day was a step further from the comforts of home. By the time I had been in Honduras for 2 weeks, it became very clear to me why I.H.S. emphasizes the fact that they help the people where they are and have no hidden agenda or

desire to change their culture. The Moskito people are, for the most part, peaceful happy people, free of the high stress and busy pace of our lives in the US.



We started our weekend shopping for the food needed for each of the teams. Purchasing the food locally saves on shipping and supports the people of the area. We bought basic food items such as beans, rice, flour, sugar, carrots, potatoes etc. (Later when we were in the villages we would hire local village women to cook our meals for us. For a small fee they would pick up our raw food each day and bring us cooked meals at noon and 5pm. We also hired a local woman to do our laundry, and for what seemed to be a very small amount of money, she would hand wash, line dry and the press our clothes.)



Once we were ready to head out on our boat trip, we had the daunting task of loading all our supplies into two large boats that are normally used to unload cargo ships in the lagoon. All medical, dental, pharmaceutical supplies, our food, water, and personal items for 10 days needed to be loaded on the boats.

The four boatmen also doubled as our interpreters in the villages, and they proved to be the most valuable members of our team; they all spoke Moskito, Spanish and some English and were the essential part of our being able to communicate with the local people.

As an EMT I was basically a support person in the clinic, doing lab work as needed, cleaning wounds, fitting reading glasses and anything else that came up. I felt a little lost my first couple days in the field, but eventually I found my niche and enjoyed the experience so much that I hope to return again next year. My first day in Kruta I felt



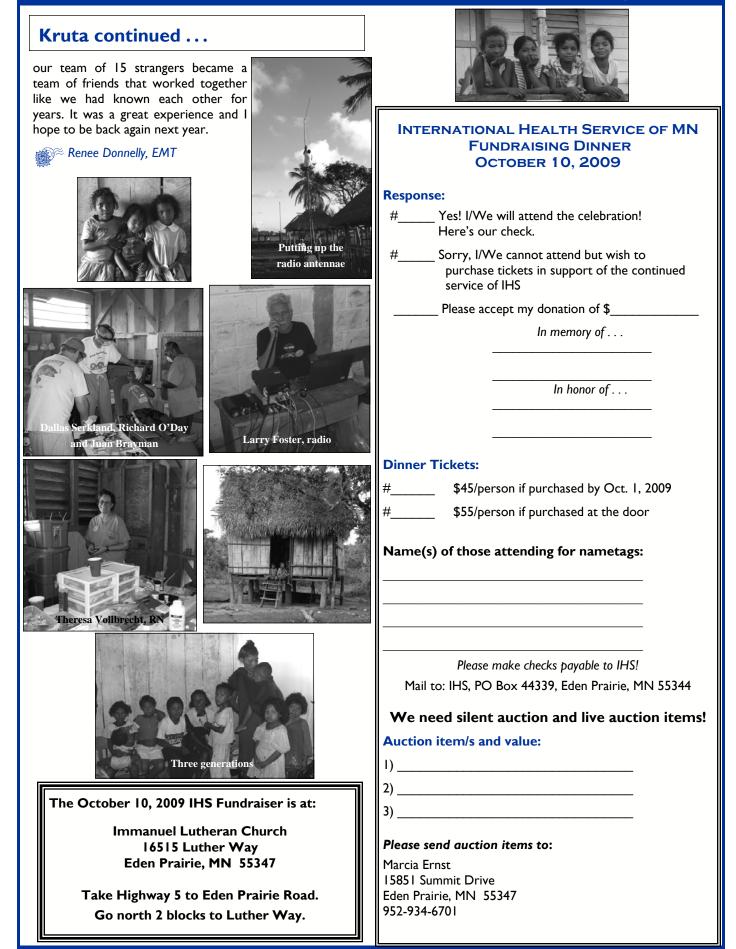
like the only person who didn't have a clue what to do, coupled with the many large cockroaches in the latrine, I must have looked a little weak. Andres, our senior boatman, noticed I was having a weak moment and came up to me with the most sincere concern, put his arm around me and said "you look a little worried, don't worry, it will get better, and you'll be fine it just takes a little while to adjust". The next day he noticed that I was doing better and commented on how much better I looked. It meant a lot to me that this person I had never met before, from a lifestyle so different from mine. would notice that I needed a bit of encouragement.

By the end of our 10 days in the field



Newsletter of International Health Service of Minnesota

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Everyone involved with International Health Service - the officers and board, participants, and especially the people of Honduras wish to express their deep gratitude and appreciation for your contribution. Without your donation we would not have been able to help over 12,000 people this past year. Thank you.

(We hope all the donations we have received are listed and apologize for any names we may have missed.)

Smoger, Fred

Monetary Donations

Founders Gift - \$2,000 +

Platinum - \$1,000 & up

Bersani, Thomas & Joan Dorsher, Paul & Joanne Heim, Roscoe D Johnsen, Robert & Dorothy Swenberg, Doris In Honor of Dr. Douglas Pflaum Weisenthal, Dr. Robert & Jennifer Paterson

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Non-Monetary Donations

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All donations are tax deductible

Contributions can be mailed to : International Health Service PO Box 4439 Eden Prairie, MN 55344





Please consider International Health Service in your planned giving. A few suggestions are:

Monthly Pledge

- Lump Sum
- **Gifts of Stocks**

IHS Endowment Fund set up through

the Minnesota Foundation

Make a donation in memory of a loved one

Give a gift to honor someone special

IHS would like to thank the Glenwood, MN group for hosting a spaghetti dinner fundraiser for IHS.



Grant & Deb Hanson, Ben & Rod Brown, Karen & John Kirckof Not pictured: Wayne & Char Zimmerman

Thank you for your hard work and thank you to all the people who attended and supported IHS with a donation! They raised over \$2,500 and are a great example of how successful a small fundraiser can be.

Please consider holding a fundraiser in your area - ask to speak at your place of worship, put out a penny jar at work, hold a car wash, run an ice-fishing contest, be creative - the possibilities are endless.

With surmounting costs, IHS cannot continue to keep the participant fees low with only one yearly fundraiser. One look around the internet and you will see participant fees for other groups are well over \$1,000. We really need your help to keep our fees low!

If you host a fundraiser, be sure to send us a photo of your IHS group so we can include it in our next News Break.



IN MEMORY

Of IHS participant's family members who have passed away

Sue Ward - Mother Linda Erdman - Father-in-law Ginny Knapp - Mother

We realize this is an incomplete list but these are the only one's for which we received notification.

THANK YOU!

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GREAT NEWS!!!

Now you can charge your participation fees, banquet tickets, and donations using your credit card online through PayPal.

NEW!

Visit the IHS web site to use this feature!

(You do not have to join PayPal to use this feature.)

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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.

Respect the culture of those whose lives it touches.

Foster international understanding and mutual respect through its missions and project in foreign countries.



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- Taking everything in life for granted?
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Sign up for an IHS project and make lifelong friends and get a lifetime of

new memories!

We are looking for Translators -Pharmacists - Dentists -Physicians - RNs -Operating Room Nurses -Surgeons - Dental Assistants -Eye Surgeons -Optometrists - CRNAs

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