

NewsBreak 2017



Annual Newsletter of International Health Service of Minnesota

President's Letter

The February 2017 Project was a success for the Medical, Surgical and Eyeglass teams. The total number of participants were fewer than in previous years. This reduction goes hand in hand with the diminishing donation dollar. A saying that I choose to use is “the donation dollar is an endangered species.” As a result, we had 3 surgery teams, one eyeglass team and 4 medical teams instead of the usual 6 medical/dental teams. We are hopeful to have an increased volunteer response for the February 2018 IHS trip starting February 16, 2018.

A new addition to the IHS Project 2017 was a generous donation of a Cell Saver from the Haemonetics Corporation. The process took two years to finally complete, and be able to include in the container so graciously donated by The Dole Fruit Company. The Cell Saver is used in surgery when there is either an anticipated large blood loss or an emergency large blood loss, and blood bank supplies have been exhausted. In addition to the Cell Saver itself, two technicians from Specialty Care at Abbott-Northwestern Hospital volunteered to do the necessary in-service training to the professionals at the D'Antoni Hospital in La Ceiba, Honduras. These technicians were Dan Siers, coming for the first week, and Evan Eklund for the second week, with the two of them overlapping one day. There seems to have been some serendipity involved with the Cell Saver project. When both Dan and Evan were available together a female patient was transferred to Hospital Atlantida who had had a gynecology procedure done at a different location and continued to bleed profusely, exhausting the 13 units of blood bank supplies for this patient. The cell saver was able to return 1,000 ml of concentrated red blood cell product to the patient, a volume the surgeon credited with saving her life. Two years of work to get the cell saver to Hospital Atlantida, well worth the time expended.

Again our contacts in both La Ceiba and Puerto Lempira deserve a shout out for their invaluable assistance that helps us navigate the ever evolving changes when it comes to getting our container of supplies cleared through customs. In Puerto Lempira, Dr. Marianne Serkland and Osiris Sanchez. In La Ceiba, Rosario de Arias. And in San Pedro Sula, the Cepudo organization helping with the Dispensa, the paper necessary to clear our container through customs with a minimum of taxation.

I have been blessed and privileged to have participated in different responsible capacities with IHS since 1982 and, God willing, I will continue to contribute as best as I can. Contributions are always welcome. Regarding monetary contributions two areas come to mind: money to help with the everyday operating budget, and money to ensure future IHS work, for which we have an Endowment Fund. We are a 501c3 tax exempt organization so your donation to IHS qualifies as a tax deduction. The donation to IHS can be to the operating budget or directed fractionally to the Endowment Fund.

Finally, I want to thank all the volunteers and Board Members that give of their time and money that make the IHS projects possible. The monthly Board meetings, the supply packing parties at the Katun warehouse, the loading of the container, the time spent looking through donated supplies to make sure we only send things that are needed, and the numerous e-mail communications – words are not enough to say thank you.

Drew Mathews
President

Project Director's Report

Another successful year has come and gone. I find it hard to believe that this was my 13th year coming to Honduras with IHS. It just seems like yesterday that I made that first trip out to La Mosquitia. In addition to that, this was the 35th year IHS has been coming to Honduras as an official organization. Both the October trip on the Kruta River and the February Mission were very successful. Where last year we had a large group, this year the number of volunteers was down. We had four Medical Teams, three Surgery Teams and one Eye Team.

The articles that have been submitted for this NewsBreak should give you a good feel for the type of work we do in Honduras. Our Honduran friends and volunteers make all we do possible. An example of this was the La Ceiba Red Cross opening up their facility for our Eye Team to work. They have excellent facilities and provided needed volunteers for registration and crowd control. As a result, we saw a record number of patients. All the teams saw a high number of patients. One profession lacking this year were dentists. Hopefully next year we can recruit enough dentists to have at least one per Medical Team.

I want to thank again all the volunteers and Board Members that helped made the October 2016 and February 2017 projects a success. I am looking forward to another year working on bringing our great teams of volunteers to Honduras to help the people of this beautiful country.

John Pope
Project Director

FOUNDATION / ENDOWMENT FUND

Help IHS Grow for the Future

IHS has set up an endowment fund to help support, through its earnings, ongoing missions and possibly scholarship funds for students who wish to participate in its missions.

Anyone who would like to contribute to the principal of the fund can contact Chris Knoff at 763-588-5858.



Kruta River (October)



October 2016 Rio Kruta Team

We were fortunate to have 3 Dentists on our team which is a first-time experience for an IHS mission. In addition to having 3 volunteer dentists Dr. Nadia provided a portable dental unit for restorative care which worked well as they partnered together to perform extractions as well as restoration.

Our volunteers were Dr. Nadia who is originally from Honduras and lives in Minnesota, Dr. Genny who is from Honduras and lives in Tegucigalpa and Dr. Kate who lives in Minnesota and works with Dr. Nadia at Metro Dental. They became fast friends who supported each other during the work days and had fun along the way.

We were again able to work with Dr. Marianne Serkland MD who organizes team supplies, communicates

with the villages where we will work and prepares for the team. We learn from the experiences she shares, knowledge she has gained while she lives in Puerto Lempira, Gracias a Dios. Thank you, Marianne, for everything you do for IHS.

Teri Houle, Team Leader



Kruta Team (October)

Dale James, Pharmacist
Karen DeMorett, RN
Lori Jackson, RN
Dr. Kathleen McGinn, Dentist
Dr. Nadia Weber, Dentist
Andy Martin, Interpreter
Jeanne James, General helper
John Pope, Interpreter
Dr. Marianne Serkland, MD
Dr. Genny Lainez, Dentist
Dale Watson, Engineer
Dan Walker, Paramedic
Walter Tatallon, Interpreter
Teri Houle, RN

La Ceiba Eye Team

This year, the Eye Glasses team set up a clinic at the Red Cross compound in La Ceiba. We were a small group of eight people. Jan and Charlie provided refraction exams for our patients and measured their vision. Irene and Barb fitted patients with gently used glasses and rechecked their vision. Felix and Charlie, two young men from western Honduras, were our English translators. I was a last-minute addition to the team and I maintained our stock of glasses, provided patients with reading glasses and was the repair tech. Team lead John helped in clinic when he could, but usually was very busy managing all details for the entire IHS medical brigade.

The staff and volunteers of the La Ceiba Red Cross, often as many as 10 folks each day, really stepped up to help us. They promoted the clinic, provided the facilities, registered patients, managed paperwork, provided additional English interpreters and handled appointment times and the flow of patients. The success of our clinic was made possible through the full support of the Red Cross.

We worked for nine days with only Sunday free. Our schedule was usually 8:30 am to 5 pm with a short mid-day break. Altogether, we served nearly 1,100 patients, from school children to seniors in their 80s. With their new glasses, our patients are able to study, read, sew or work at their jobs, at no cost to them.



This was a very rewarding assignment for me. I was able to converse with our patients in Spanish, tell them about our group and listen to their personal stories. I could really feel their deep appreciation for our work. Also, I was touched when older adults told me their new glasses would help them continue to read their Bibles.

What a great team – we supported and took care of one another, and we had a great time working hard. Our reward was to make a small impact on the lives of people in La Ceiba. It was an honor to serve them.

Mike Stapp, Interpreter



La Ceiba Eye Team

Back row -
Mike Stapp, Interpreter
Charlie Chaves, Interpreter
Red Cross volunteer
Red Cross volunteer
Barbara Fleming, General Helper
Felix Rodriguez, Interpreter
Front row -
Charlie Brown, Eye Examiner
Jan Brown, Eye Examiner
Irene Schaper, General Helper
Not Pictured John Pope,
Team Leader

La Ceiba Surgery Team

Volunteers for the Feb 2017 La Ceiba Urology Surgery Team were Dr. Irv Thorne, Surgeon, Dr. Jeffrey Sarmiento, Anesthesiologist, Anne Jones, RN, Justin Haddler, Physician Assistant, Leigh Warsing, Physician Assistant, Lorette Pelletierre, Translator, Nicholas Sarmiento, Helper, Dan Siers and Evan Ecklund, Cardiovascular Medical Technicians, and Steve Rice, Translator. Anne, Steve, Lori, and Dr. Thorne were veterans of previous missions. Dr. Sarmiento, Nick, Justin, Leigh, and Dan were new and all pitched in right from the start to come together as a team.

Leigh and Justin are both trauma PAs from Portland, OR, who volunteered to “first assist” the surgeon with operative procedures. It’s fair to say that they didn’t think they would be processing instruments, picking supplies for cases, and doing inventory, in addition to scrubbing the cases and assisting the surgeon, but both Justin and Leigh adapted, maintaining great attitudes throughout the long days and new routines.

Dr. Sarmiento and his son, Nick, from Southern California, also adapted quickly and contributed to a great team effort through communication and collaboration with nursing, surgeons, translator, and patients. Dr. Sarmiento was even caught scrubbing the floor between cases to keep us moving!

Dan Siers and Evan Ecklund from Minnesota joined this mission to train the staff of D’Antoni Hospital on the use of cell saver technology, a potentially life-saving option in a country where the supply of donated blood products is either limited or too expensive for most patients. In between teaching sessions, Dan and Evan were ever-present in the operating room to lend a hand.

We did 22 procedures during the five official days of the mission, with Dr. Thorne and Dr. Sarmiento doing three or four more procedures on Saturday with local hospital staff, while the rest of us inventoried supplies. Procedures included prostate resection for patients who often have indwelling urinary catheters for months to years waiting for treatment, open renal stone procedures, resection of a renal tumor, removal of a kidney for hydronephrosis, resection of a ureteral blockage which would have eventually resulted in



the loss of a kidney for that patient, and incontinence procedures.

Lori Pelletierre, our translator, arrived early every day and worked non-stop with patients, families, hospital staff, surgeons, anesthesiologist, and all IHS team members, to coordinate and communicate the order of cases and patient information. Lori seemed to be everywhere at once to translate, keep families informed, and follow up with patients on the patient care areas after surgery and at discharge. Steve Rice, our IHS team lead and translator, in addition to behind the scenes work for the whole mission, maintained communication with hospital administration, helped with supply needs that came up, and brought in great lunches and afternoon coffee. Our long days ended with late dinners as a group poolside at the headquarters hotel. Pretty plush, compared to our counterparts out in the villages, right?

D’Antoni Hospital had stored our supplies from 2016 in their supply area (instead of a non-weather-controlled warehouse on site) and provided us with two storerooms to use for staging supplies during the mission. Hospital staff in the OR were incredibly supportive, especially with instrument processing. As an unexpected challenge, both sterilizers in their instrument room were “down” until Friday of the week we were there, while maintenance engineers worked on repairs and installation of the second sterilizer. Instrument room staff worked hard to keep up with our needs as they washed, packaged, transported instruments to another sterilizer

in the hospital, and delivered back to our work area in the OR. Cystoscopic procedures involve use of instruments that cannot be steam sterilized so they must be washed between cases, soaked in a toxic-to-tissue liquid disinfectant, and then rinsed in sterile saline or water three times. This is very time-consuming and keeps one team member almost continuously busy with instrument processing when those instruments are required. Instrument sets for our “open” cases were supplied by the hospital, supplemented by instruments collected and stored by IHS.

Lori and her husband, Dr. Montoya and his family, made us feel very welcome and appreciated, inviting us to their homes outside of the city. We spent a lovely afternoon at Lori’s beautiful home on the northeast Honduran coast at the start of the mission and then an evening and another day at Dr. Montoya’s home in the mountains outside of La Ceiba. Dr. Montoya’s big Ford 150 blew a tire on the way back from the mountains, so we had a how-many-people-does-it-take-to-change-a-tire experience! Answer: one big guy from the crowd we attracted!

Every trip to La Ceiba has made me more appreciative of the resources we have here in the U.S. and humbled in the face of the warmth, patience, and generosity of the people of Honduras.



Anne Jones, RN



La Ceiba Surgery Team

Anne Jones, RN
Lorette Pelletiere-Calix,
Interpreter
Dr. Jeff, Sarmiento, MD
Justin Hadaller, PA
Leigh Johnson, PA
Crystal Soker, RN
Dan Siers, Cell Saver Tech
Dr. Irving Thorne, MD
Nick Sarmiento, General
Helper
Steve Rice, Team Leader (not
in the photo)

La Ceiba Surgery Cell Saver



Evan Ecklund with local Honduran trainees

Advocacy and Generosity Save A Life

Two years ago, IHS Board President, Drew Mathews mentioned the need for a cell saver machine for use in Honduras to Bruce Bjelland of SpecialtyCare, a surgical support company. SpecialtyCare operates highly technical machines commonly used in Twin Cities Hospital operating rooms. These devices provide blood loss management during surgery and can play a huge role in generating successful outcomes. This is especially true in locations that do not have an extensive blood bank system. Mr. Bjelland took that need to Kevin Porterfield of Haemonetics Corporation which manufactures this highly technical device. Soon Mark Lawlis of Haemonetics notified IHS that Haemonetics would be donating a new machine for use in Honduras. The next issue was the need to train Honduran hospital personnel in its use. Mr. Bjelland recruited two of his Operation Room technicians to accompany the Cell Saver* 5+ device.

Riva Macbeth of SpecialtyCare arranged their vacations to work with the IHS February Project dates

Dan Siers and Evan Ecklund, volunteering on their own time, answered the call as technical trainers in the use of the Cell Saver* 5+ device. They scheduled overlapping volunteer weeks to expand the training time for the La Ceiba D'Antoni Hospital staff. This device was the second cell saver in the country and the first one on the North Coast of Honduras. Most of the hospital staff had never seen nor heard of a cell saver. Dan started the first week of training with the staff wondering if they would really need such technology. Little did they know that in one week they would actually see the Cell Saver* 5+ save a life.

Evan arrived to lead the second week of training. Before unpacking his bags, Dan announced that it was “time to go to work” as there was a serious case in the OR. The patient was an emergency transfer to D’Antoni from another hospital. Doctors had performed three emergency procedures and the hemorrhaging continued. The patient had already been transfused with all 13 units of the red blood cells that were available in the city. She was on the verge of hemodynamic collapse. The Cell Saver* 5+ and its skillful use made all the difference. Together with the surgeons at D’Antoni, Dan, Evan, and IHS witnessed a positive outcome. Evan continued to finish the second week of training. His own words outline the response of Hospital D’Antoni staff.

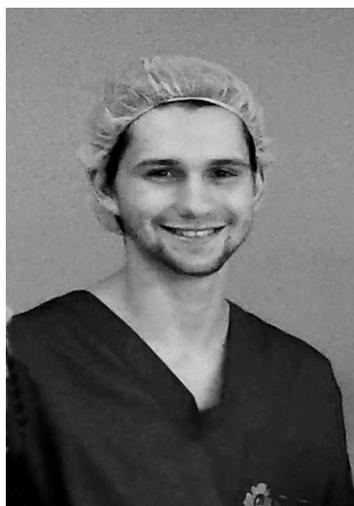
“The expression of gratitude and new interest in the device manifested itself as a horde of additional doctors and nurses presented themselves to learn how to use the Cell Saver* 5+. The mechanical simplicity of the Cell Saver* 5+ coupled with their new found motivation made for an extremely ambitious and inquisitive audience requesting many additional training sessions. Their intrinsic drive to master this new technology was inspiring. By the end of the second week, all of the staff reached an outstanding level of proficiency to not only operate the Cell Saver* 5+ but to educate their peers as well. This, I believe was the greatest and most unique impact of our trip. Not only was one human life saved, but we developed a program and materials for the continued use of the Cell Saver* 5+ to ensure that there will be countless more successes to come. For knowledge is the greatest gift.”

In total, over 20 healthcare professionals were trained as clinical operators and educators of a Cell Saver* 5+. Importantly, a mother was able to return home to her family.

IHS feels grateful and blessed by the advocacy of Drew Mathews, Mr. Bjelland, and Riva Macbeth of SpecialtyCare and Messrs. Mark Lawlis and Kevin Porterfield of the Haemonetics Corporation for their cooperation, goodwill and generosity in donating the Cell Saver* 5+. In addition the volunteer efforts of Dan and Evan in sharing their expertise leave behind a trained staff. Everyone has the satisfaction of being a part of positive results. The collaboration has already changed one life for the better, and infused a hospital staff with a new appreciation of what technology can do for their patients. Evan, working week two, felt touched by the gratitude expressed to him everywhere he went. He now feels motivated to pursue further philanthropic efforts. He and Dan count the experience as one that and will never be forgotten.

Dan Siers and Evan Ecklund edited by Steve Rice

* is “registered trademark”



**La Ceiba Surgery
Cell Saver Team**

Evan Eklund,
Cell Saver Tech
Dan Siers,
Cell Saver Tech
(not shown)

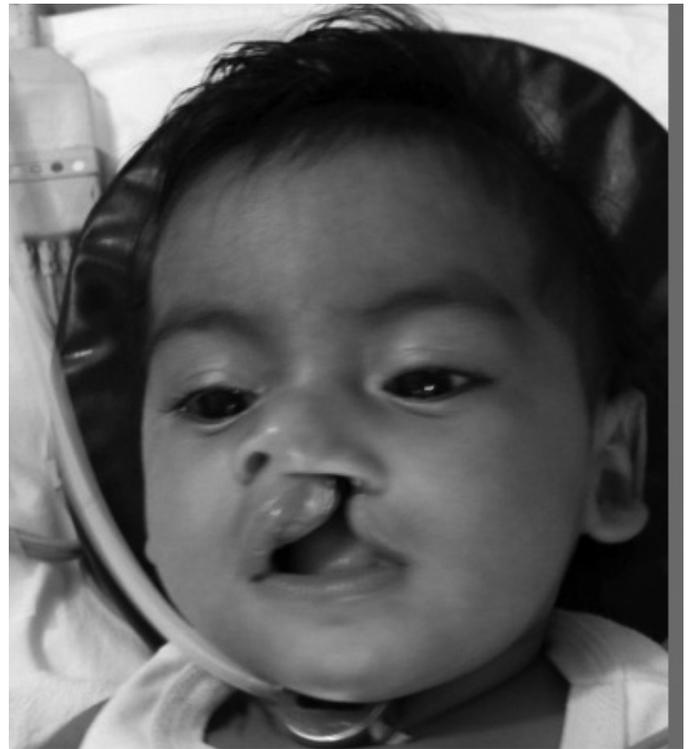
Tocoa Surgery

If you're reading this, you now know why the IHS News Break was late. They were waiting for me to write the article about the Surgery Mission in Tocoa, Honduras. I had a motorcycle accident a few months before this year's trip and I was not able to help with the moving of supplies and other chores involved with making a successful trip. Accordingly, I volunteered to write the article to thank the Tocoa team and I apologize that it's taken me so long to do so.

In plastic surgery, there is always debate about what a "successful" mission means. There are those that believe the goal should be to recreate the same system that exists in the U.S. That would include education and training of local physicians, development of local ancillary care resources and, eventually, making the mission obsolete as the host country becomes able to care for their own. There are also those that feel that isn't necessary and just showing up in someone else's county, taking care of what you can and then leaving is sufficient. For me, there are problems with both these scenarios and I believe that IHS has, if not the perfect solution, one that works well.

For those of you who might read this and have not experienced what health care delivery is like in 3rd world countries, Scenario I is not realistic. Yes, it would be wonderful to have the resources (i.e., money, equipment and personnel) to achieve the goal of mission obsolescence, it's just not going to happen. For cleft lip and palate care, I would need speech therapists, orthodontists, ENT, audiology, genetics, etc. for duplication of services. Scenario II has issues if you believe operating and then leaving without follow-up or any education is not a good thing. With the help of IHS and the consistent participation of the Tocoa Team members, I believe we have generated something special and achievable in terms of realistic goals.

I first met Lisa Hayes Swartz, RN, MSN, almost 9 years ago. She was the office manager, trouble shooter and general fixer for the plastic surgery practice at UC Irvine. We had conversations about doing mission trips on several occasions. After she retired from UC, I was lucky that she still had her interest in going to Honduras. She initially told me that she only wanted to help out and



not be in charge. Of course, I knew better. She took over Team Leader responsibilities from Trudy Staubitz who retired from mission work a few years ago. Lisa's knowledge and expertise has been extremely valuable in making our trips logistically easier and more efficient. Supplies are organized, storage issues are no longer issues, and patient problems seemed to be solved before they're actually problems. A key to a successful trip is understanding the goals and then finding a way to achieve them and that plays to Lisa's strength.

Craig Gill, CRNA, is in second place in being with the team the longest. Craig and I first worked together at Atlántida Regional Hospital in La Ceiba in 2009. Putting patients to sleep and getting them to wake back up after the procedure is not a job to be taken lightly. I remember being so impressed with Craig's skills, knowledge and positive attitude that first trip that I really wanted him back. He has been with the team almost every year since. I've had conversations with anesthesia MDs about mission trips and they sometimes ask if I'm comfortable with having a CRNA do my cases. While I'm thinking that Craig has been doing anesthesia longer than some of my hospital colleagues have been alive, and I've seen him deal with situations that would have left others hyperventilating, I just say yes. I'm comfortable.

I met my significant other, Meredith Johnson, RN, BSN, CNOR, on that same 2009 trip. She has gone with me on every trip since. Several years ago, she went to RNFA class to become a first assistant. As our relationship has grown, so have her skills. She now operates at the level of a senior resident and I'm sure she will soon be as good as any plastic surgeon in closing surgical sites. Her care philosophy is always patient centered. From the time the patient comes into the OR up until they leave, Meredith is always making sure they are comfortable, positioned and padded appropriately, and everything is done up to the same standards as in an operating room in the U.S.

Steve Baker is a relatively new addition to the Tocoa Team. Steve is a surgical scrub tech at the children's hospital where I work. I consider him among the very best of scrub techs that I have seen or worked alongside. For those that might not know how an



operating room works, having the right instruments, knowing the sequence of steps, anticipating the next move and overall helping the flow is essential to the operation done efficiently and safely. Unlike at home, we have to select instruments for the cases the night before. Steve is better than I am at knowing what I'm going to need for a given case.

The first time Jean Yunker, RN, was with us, we knew she was special, but in a good way. Jean keeps track of expenses and makes sure the hotel gets paid at the end. I know it sounds easy, but it really is anything but. We lost her one year to some kind of GI nightmare, but she came back anyway. Jean is a tremendous help in the OR as a circulator which was something she had not done before. She acts as our "good feeling" barometer and is always up for any challenge.

Susan Wodrich, CRNA came last year and was exceptionally adaptable and skillful. Sue was awesome and I asked her to come back. I told her the only

downside would be working with Craig (smile) but she handled it with the same aplomb and professionalism that she showed on her first trip. I'm hopeful that she'll return for another because, as a surgeon, I want to feel that my patients are safe. That's something she does seemingly without effort.

Denis and Bill Roussel used to come to Tocoa as a pair. Once someone figured out Bill's talents were being somewhat wasted as a radio and hardware guy, they made him a Team Leader for another group. Lucky for us, we got to keep Denis. As Lisa says, Denis greases the social wheels for us so things run smoothly on site. She makes sure the right patient gets to the OR, follows me around as the interpreter extraordinaire, and makes sure our patients are getting the best care in the wards. I know there are times when I try her patience, but in truth the trip would not be the same without her and I'm glad she puts up with me.

Lastly, but certainly not least, the quality of work we are able to do reflects the cooperation we get from the host hospital, San Ysidro Regional in Tocoa. Dr. Marulanda has been helping us since I first went there in 2010. He keeps track of my patients so I have annual follow up and he also gets patients lined up for when we go in February. We've done some cases together, observed some of each other's procedures and have developed a deep mutual respect that only comes with years of consistent service.



Taken in aggregate, this is a team that truly exemplifies the word "team." They are professional, hardworking and share the common goal to do the best job possible for the people of Honduras. All I have to do is show up and operate. They make it easy for me to do a job that I couldn't do without them.

Dan Jaffurs, MD, PhD



Tocoa Surgery Team

- Back Row:
 - Meredith Johnson, RN
 - Steven Baker, Surgical Tech
- Middle Row:
 - Dr. Dan Jaffurs, MD
 - Craig Gill, CRNA
 - Lisa Hayes-Swartz, RN
- Front Row:
 - Jean Yunker, RN
 - Susan Wodrich, CRNA
 - Denis Roussel, Interpreter



A Unique Experience

In February 2016, a few of the team made a day-trip to a small village about an hour up in the mountains from Nombre de Jesus. It was the last day of our mission trip and our pharmacy was pretty bare; just meds for pain and parasites and fluoride from the dental office. When we finished at the village our driver asked if we wanted to see the hammock bridge. 'Of course' we said. We walked across the bridge over a beautiful river; when on the other side Roberto said to me 'Thank you Cheryl. I don't think a trip like this could ever be repeated'. I smiled and said 'You are absolutely correct. IHS does the same thing every year; we go to a village, set up a clinic and see the people. But, each year, we have a different team, go to a different village and the people in the village are different' --- making it 'A Unique Experience'.

Well, San Lorenzo was not to be a disappointment. The village is situated about 45 kilometers west of Olanchito in a beautiful valley just a few kilometers from the Rio San Marcos and the Rio Aguan. The area is very dry unlike most of Honduras and quite warm with temperatures in the low 90s. Our team was split up on the housing. There were 5 members staying at the house with an indoor bathroom, 2 bedrooms (with beds) and a nice kitchen and living room with furniture. The rest of us had a more interesting stay. Our house had 2 bedrooms, kitchen, screened room and a porch, outdoor plumbing; a toilet that you had to squat over and then flush with

a bucket of water from the barrel just outside the door. The shower was in a little building near the toilet with two barrels of water inside, a flimsy shower curtain for the door and the sky for a ceiling. Team cooking and meals were done at this house.

Our team had exclusive access (they handed over the keys) to the Catholic Church where we set up our clinic. The medical and eyeglasses were in the sanctuary and the pharmacy and dental area were in a big 'L' shaped room in the back. We had 10 wonderful village people helping with patient flow and getting the people registered. Near the church lived Christina who cleaned the church every evening and made tortillas for us and Petrolina who did our laundry. The only payment they would take was the gifts that I had brought for them. The people in the village were very hospitable and showed much appreciation for the team. Our 2nd night there the mayor and his wife invited us to their home for dinner. The next evening the school put on a program for us which included our supper. Ronni (a relative of the mayor) and wife had us to dinner 3 evenings and his uncle invited us to his farm for his birthday party. The village leaders had a farewell dinner for us at the school the night before we left and the next morning the mayor and his wife had us over for breakfast.

My team was amazing! After arriving and spending about 10 minutes accessing the church we determined where medical, dental and pharmacy would work. Each area went to work to set up and by late afternoon we were pretty much ready for business. Barb and Laura were an amazing duo manning the front desk keeping a nice flow of patients for the docs. Our two docs, Tom and Mark, were fabulous and worked really well together to the point of Mark being Tom's favorite patient. In addition, Jenine and Shereece each saw patients on their own consulting with the docs as necessary. Jenine had the good fortune to work with a Honduran doctor who came out with the Rotarians. We were caught short on translators when Ibrahim was not able to join us... Anner was being pulled in many directions. However, the Olanchito Rotary came through with providing us with translation... Fabbi was fabulous. The eyeglasses were in the medical area where they managed to give away the entire stock of glasses.

The pharmacy worked like a well-oiled machine with

pharmacist Anya, the two pharmacy students, Jace and Ryan, and Idaila distributing the prescriptions. They worked hard and all had a great sense of humor... which is helpful. Jace and Ryan were troopers and carried our 'big' laundry bags and water jugs from the store to our house. Our Radio operator pulled double duty; she did a great job getting e-mail working but the voice just was not working as well. Linda also did a fine job in the dental area; she scrubbed instruments, got supplies and helped check patients. We did not have a dentist assigned to our team. The Olanchito Rotary provided dentists for us (10 dentists in 10 days). I also worked in the dental area, took care of team needs and was the team cook.

So, when I told Roberto that each mission is unique; it really is. The village, the team, and the people all make it a wonderful, special experience. Of course I did forget to tell Roberto another important part... none of this would happen without the planning, organization and hard up-front work of a lot of people. Many people in IHS put in countless hours planning, gathering supplies, shipping, taking care of logistics and communication with the participants for the good of the mission. Team leaders worked up-front with their respective teams to ensure successful living and working conditions in the village.

The San Lorenzo experience would have been com-



pletely different without the involvement of the Olanchito Rotary Club. They made several trips to San Lorenzo to make sure that the team would have a place to work and a place to live. They also made sure that the people of San Lorenzo were behind the mission. They put together a schedule for the 19 outlying villages to come to the clinic. At least one Rotarian came to San Lorenzo each day bringing dentists, translators and anything else we needed. On our day off they took us on a tour of a banana farm and treated us to a BBQ at a lovely park. 'Thank You' to all who worked very diligently to make this mission trip happen. MACA NUDO -

Cheryl Schraeder, Team Leader



San Lorenzo Team

- Back Row:
- Linda Adams, Radio Operator
- Dr. Tom Haus, MD
- Ryan Vershelde, Pharmacy Student
- Jace Finkbeiner, Pharmacy Student
- Middle Row:
- Jenine Graham, RN
- Idalia Maldonado, General Helper
- Anner Escalon, Interpreter
- Barb Spiro, RN
- Dr. Mark Spiro, MD
- Laura Rasmussen, RN
- Front Row:
- Anya Dharmasetia, Pharmacist
- Faby Nunez, Interpreter
- Shereece Wallace, RN
- Cheryl Schraeder, Team Leader

PLP Surgery

Hospital personnel at PLP made the team feel welcome when it arrived on Saturday to get set up to start on Monday. As they always do, staff cooperated fully in sharing their limited facilities and equipment and for the first time, even their surgeon and anesthesia staff. When our own IHS surgeon and anesthesiologist had to drop out in December, PLP chief surgeon, Dr. Margarito Lino along with the hospital anesthesiologists agreed to step in and take care of patients sent to PLP by our medical teams while we were there. It all came together and Dr. Lino was able to continue following up with IHS patients even after we had departed PLP. A job well done!

While we didn't perform as many surgical procedures as in previous years, team members assisted with another big task that arose shortly after we arrived. IHS has stored supplies and equipment used by the various teams based at or that pass through PLP every year. We found out that the two separate storage facilities IHS has used for years will be torn down this year. Everything had to be cleaned, sorted and transferred to a single secure location. Because we had time, together with the administrative team, we got it done. Things have a way of working out.

A surgical team is always needed at PLP. We hope that IHS will be able to send us back next year.

JoAnn and Jim Prater



PLP Surgical Team

Back Row

Rick Reiter, Interpreter

Middle Row

Jean Theopolos, RN

JoAnn Prater, RN

Toia Rivera-Strohm,
Interpreter

Front Row:

Jim Prater, Team Leader

Brad Strohm, RN

As a first timer on a medical mission trip, JoAnn prepared me for the worst conditions. To my surprise there was a flush toilet, electricity until after midnight, and fans. I felt pretty fortunate to have these luxuries.

The PLP brigade without a doubt had some of the hardest working members, and some of the nicest people you ever hope to meet. There were members that were 15-20 years my senior, that worked circles around me. What a humbling experience. These people not only gave of their time, but also their spirit.

This experience taught me to think outside the box and to make do. I am thankful for all my years of experience in the OR, because I drew heavily on that during my 10 days in Puerta Lempira. It reassured me that I had been well prepared for this trip.

It is hard being away and out of contact with my family for over 2 weeks. Even at my age you can still get homesick. Although, I don't know when, I will definitely go on another medical mission trip. Maybe, I can even recruit others to join me.

Jene Theopolos, RN

PLP Admin

The 2017 February IHS Puerto Lempira (PLP) Administration team was again privileged to have the same members on board to help anchor the La Moskitia teams: Grant Hanson, Engineer and Inventor without equal; John Wagner, Radio Communications and Electrical Engineer; Doctor Marianne Serkland; and the fourth member, myself, Drew Mathews, Team Leader.

The Admin team is coupled with the Surgery team for PLP. Unfortunately, the surgeon that was with the team last year had unexpected problems develop that would prevent him from bringing his outstanding personal and professional skills to PLP again. I contacted the rest of the surgical team to explain that we would be now working with the local General Surgeon. This local surgeon, Dr. Lino, had worked side by side with Dr. Dan Dunn, our surgeon from last year, and, in Dr. Dunn's opinion, Dr. Lino was an excellent surgeon. The surgical team continued to stay committed to the February 2017 mission. This would prove to be both challenging and providential for the Surgical and Admin PLP teams. The 2016 PLP mission trip had been made aware by the hosting Catholic Church that plans were in the works for changing the Bodega, our storage facility. For many years IHS had two storage facilities, a half container also known as the Blue Caboose, and the upper room of a 30+ year-old 40-foot building. Between the two storage units an estimated 100 boxes, tubs and assorted pieces of equipment were going to have to be moved. This was because the area occupied by the two was now earmarked for sale. The 30-year-old wooden building, in fact, was to be demolished, since it had deteriorated from termite infestation.

The surgical case load was not as full as in previous years and this would prove to be a positive, because this very adaptable surgical team proved invaluable in not only helping to move the supplies, but in reducing the inventory, eliminating items that were unnecessary or too old. The reduction of items to be moved was necessary to fit into the new smaller room in between the men's and women's dormitories that was the new dedicated storage area for the IHS equipment. The ability to fit the supplies into the new room was directly the result of the extraordinary organizational capabilities of Jim and JoAnn Prater.

In addition to this reorganization of storage supplies, Grant, John and I were kept busy with the usual moving of people and supplies to respective village sites, keeping the airplane support refueled, and bringing prospective surgical candidates to PLP to be evaluated for medical conditions and possible surgery. Grant was again needed for his expertise in creating necessary items to help the surgical team.

All in all, the ability for the Admin and Surgical teams to work together with each maximizing their skills produced an overall positive successful trip in PLP. It is no surprise that the challenges presented were identified and successfully solved by the Surgical and Admin Teams since they have had the opportunity to work together many times over the years.

I consider it a privilege to have worked together with the Surgical and Admin Teams to have a successful mission in PLP in 2017.

Drew Mathews, Team Leader PLP Admin



PLP Administration Team

Grant Hanson, Engineer

Drew Mathews, Team Leader

John Wagner, Radio Operator

Not Pictured Dr. Marianne Serkland

Lisangipura

My experience with IHS was very memorable. This was my first time on a mission trip and my first time being outside of the country. It was a true eye opener to see what life is like outside of the Midwest. It is a big culture shock when you are used to modern conveniences such as cell phones, internet, electricity, and running water. When we landed in Lisangi, we were greeted by lots of smiling and energetic faces. Something I quickly noticed about the people of Lisangi is how hard working they are. Everyone from the young children to the elderly are doing physical labor. I was impressed by how strong some of these little kids were. They could easily carry buckets of water without spilling a drop whereas I struggled. We heavily relied on local help to run the clinic. Our helpers worked long hours beside us, came in early to set up and fetch water, and stayed late to help clean up. We would not have been able to run the clinic without their help.

We were very busy at our clinic. We saw about 1,300 people throughout the week. Many people walked over two hours one way to get to the clinic. IHS's annual trip is the only time this area receives medical care. This was something that was hard for me to process. If I ever feel sick, I can just stop at the pharmacy or acute care. I cannot imagine only being able to receive medical care once a year and having to walk over two hours in the heat in order to get it.

Some of my favorite memories were eating meals with the team. It was a time where we could all unwind. We

were able to share stories from the day and laugh at some of the lighter moments. We would joke about eating rice and beans again. At the end of the trip, the locals threw us a party. A few of our helpers danced in the traditional Moskito style. After a few songs, we were all dancing. I will miss seeing the kids smiling faces. They loved to have their pictures taken. Then they would immediately run over to your phone to see their faces. The children's laughs were infectious.

I enjoyed my time in Lisangi and I hope to return some day. I am grateful for the guidance of my experienced team members and I will cherish the memories made in Lisangi.

Breanna Hojer, Pharmacy Student



Lisangipura Team

Back Row:

Dale Watson, Team Leader

Larry Foster, Radio Operator

Dr. Joe Tombers, MD

Hilario Nixon, Interpreter

Kristi Anderson, Pharmacist

Front Row:

Julia Rodriguez, RN

Miranda Andrews, RN

Dr. Molly Wright, MD

Breanna Hojer, Pharmacy Student

Theresa Tombers, RN

Rus Rus



Monday, February 13, 2017

The sunrise warmed the dark sky above Pico Bonito as we boarded our plane to Puerto Lempira, hands eager and hearts willing for the work that lay ahead. The trip that we had all been planning for - some for weeks, others for the past year - had begun! This flight was the first of many flights that would carry medications, supplies, our luggage and us to our final destination, the remote village of Rus Rus, Honduras. As I stepped off the plane onto the Rus Rus gravel runway, a crowd of beautiful children awaited wide-eyed and curious. It would be safe to say that I was just as curious as they were about the next 8 days of my life.

Wes and Denise, missionaries with Missionary Air Group (MAG), have a home in Rus Rus, and a guest house where they graciously hosted us. A few local Miskito people grabbed boxes off the back of the supply truck to help stock the clinic with our supplies. The next few hours were a whirlwind in the pharmacy - sorting boxes, unpacking medications, counting pills, labeling baggies and pre-packing prescriptions. Our nursing team and general helpers all became pharmacy technicians for the afternoon. As I stickered hundreds of prescription baggies, my mind wandered to think about the process I was familiar with back home. The

computer would transmit a message to the robot and the machine would count the medication, print the instructions, and label the bottle. What luxury I was accustomed to. But honestly, I did not miss it one bit. The simplicity of our team working together to serve the people - using our hands and not machines, sharing memories and being humbled by the circumstance was refreshing.

Organized chaos would describe the following hours as patients packed the waiting room and crowded outside the door. Our doctors began seeing patients, and we began filling scripts. We were happy to start clinic a day early to begin helping others, but it came with a full serving of commotion.

Wednesday, February 15, 2017

I sprung out of bed this morning at 5am as my alarm woke me for a morning walk with Saida and Maria - two Honduran dentists from the city. They too, were volunteering their time and talents to aid in this mission of serving the people of La Mosquitia. We met in front of the guest house for a refreshing walk to the Rus Rus river. Teeny tiny nickel-sized toads hopped along the water's edge as we sat on large rocks soaking in the serenity. The purity of the river water and the natural geography along the water bank seemed so untouched



and beautiful. As the sun rose and people in their homes started bustling, the local Miskito people made their way down to the river for a morning bath. Again, I was reminded of my luxurious standard. We go camping back home and sleep in a camper with a microwave, flushing toilet and running water and then complain when the camper water heater is broken. Here, the “shower” is a running river just a short walk away and the people see it as an enormous blessing.

The challenges and differences of medicine in third world circumstances excite me. People do not have refrigeration for medications, they may not be literate to read the instructions, they may be afraid to ask questions or they may not even know what questions to ask. This is where the importance of our translator Karen came in. She was able to communicate questions to us and express patients’ concerns. She was vital to our pharmacy team. Medication supply is another challenge we encountered. Children’s acetaminophen and gentamicin eye drops were some of the most commonly used medications in our first few days of clinic, and we quickly realized we would run out at our current usage pace. We would need to be smart with what we had and request more supplies if possible. I started asking mothers if their children could swallow pills and received confirmatory nods and smiles from parents of 3 and 4 year-olds – this really surprised me because at home we have 10 year olds who do not swallow pills. For younger ones, we got creative with instructions to crush oral medication and mix it with breast milk. Additionally, there were times when the doctors and I would need to put our brains together to choose a drug for the diagno-



sis when we did not have the drug of choice in stock.

Thursday, February 16, 2017

No cell service, no internet, no television – but thank goodness for the ham radio! My morning started off with birthday greetings from the loved ones back home transmitted via the ham radio. We ate chocolate frosted pancakes accompanied by “Happy Birthday” in English, Spanish and Miskito – what a birthday treat!

Dewey, my lead pharmacist and I enjoyed playing a wide array of music in the pharmacy while we worked. The old number “Rock Around the Clock” was a hit when it came on, and the local people crowded our window with grins from ear to ear. Sometimes we would play Disney’s Frozen Soundtrack to see if the kids were familiar. I topped off the afternoon by counseling a patient to receive three kisses a day – oops! Karen, our translator, laughed and laughed when I said tres besos al dia as opposed to tres veces al dia. Oh the joys of language barriers! Everyone on our team was grateful for the incredible translators that we had, both Spanish and Miskito. We could not have done this trip without their help.

Sunday, February 19, 2017

Laughter has no language. Today I was reminded of this sweet, sweet truth. Uncontrollable giggles, lit-up eyes, and achy bellies from too much laughter describe the afternoon precisely. We had some free time today that I chose to spend with the children. With only actions - because I do not speak Miskito and they do not speak English - I taught the children how to play

duck, duck, goose. They had a blast chasing each other around the circle and tagging their friends, but especially tagging me. Saying the words “Duck, duck goose” in English - which of course they did not understand - was half of the fun, as I gathered from their facial expressions and chuckles when it was their turn. We played until the sun started setting, and it was time to prepare dinner.

For dinner, our Honduran translator Karen prepared homemade tortillas. She went to the local store to purchase shortening, salt, and baking powder. She prepped the dough in a large pot and used her hands as a bread-maker to knead the dough – to think that we put the dough in a machine and wait for a timer. The strength in her hands and fingers to prepare the dough was seriously impressive. I even had a try at kneading the dough, but could not accomplish it with Karen’s ease. After frying them on the skillet, she filled the tortillas with beans and parmesan cheese for a delicious homemade balyada.

Tuesday, February 21, 2017

Today was our last day in clinic here in Rus Rus. It was slower than most other days, but gave us a chance to take inventory of the supplies we had remaining and reflect on the impressive coordination that had occurred over the past 8 days. Our system was certainly not flaw-



less, but it worked, and the couple thousand patients that were able to receive medical care and medication through our efforts were certainly grateful.

“Thank you for blessing me, my family, and my community. I will remember forever in my heart what you did and how you helped us,” our good friend Carlos translated at the farewell gathering this evening.

Joyful singing, guitar strums and clapping filled the clinic hall as the local people praised God for the medical care and friendship that we brought. Many of our team members spoke up about the impact that this experience had on their lives, grateful for the opportunity to serve and experience life in another culture - even if for only a short time.

Kaity Kuske, PharmD



Rus Rus Team

- Dewey Essig, Pharmacist & Co-Team Leader
- Dave Anderson, Engineer
- Brandi Cole, General Helper
- Kaity Kuske, Pharmacy Student
- Jennie Lange, RN
- Dr. Paul Farley, MD
- Gordon Murray, CoTeam Leader and Radio Operator
- Karen Melgar, Interpreter
- Mary C Jernigan, RN
- Gerard Rudy - Physician
- Janelle Stover, RN
- Richard E Jernigan, General Helper



February 2017 Rio Patuca Team Journal:

Scenes from Yapawas and Krausirpi as described by Doctor Benno Marx

“Patuca Arriba” is a hilly geographic area with a tenuous ethnic balance among Miskito, Tawahka and Spanish peoples spread out along the upper Patuca. I’ve enjoyed walking along the footpaths talking with villagers about their fears (sickness, government neglect), interests (cattle, hunting, children and hopes (health clinic, outboard motor, completed church).

In the early morning, heavy fog obscures the chatter of children, a clanging pan, or bellowing cow. By 9 a.m. the hot tropical sun burns off the fog, long after the men have left for the bean plantations, the women to wash clothing at rivers edge.

Later, kids are seen in the dirt playing marbles with plastic soda bottle caps. Teens flirt with one another. A young woman on horseback yell, “Mis corazones” to a group of young men. A mother shares a cup of hot sweet coffee with her 4-year-old. Other kids may be hulling rice or pestering their parrot. “Another day on the upper Patuca”

By Dr. Benno Marx

Yesterday we had a steady flow of mostly routine patients. In the afternoon, Dr. Benno removed a benign growth that had been growing from the armpit of a young boy. The pharmacy table was cleared and used for an operating table and the surgeon’s seat was a 5-gallon bucket.

We started before 8 and plan to work until noon today, Tuesday, and then leaving Krausirpi to go back to Wam-



pusirpi. We are not yet sure if we will fly to La Ceiba on Wednesday or Thursday (part of the reality of “are we on plan B or C?!). Because of the time constraints I will probably not set up the radio in Wampu. We will have capability for emergency communications via cellphone contact with several team members. The Emergency Contact Information that was provided the team members indicates who to call. Many of the team members also have text capability in Wampusirpi.

I was a late (very late) addition to the Patuca River team. It has been a wonderful experience with an excellent group of people. You should be very proud of your friends and family members who are on the team. Everyone pulled their weight and more to complete the



mission of delivering medical and dental care to underserved remote Honduras communities.

This is my 13th mission with IHS and I have been an IHS Team Leader. This is probably the best team I have been on. It was well led by Teri and Lori and in addition included two other IHS board members Mary and Kelly. It was a very cohesive team and this most definitely included our two Miskito/Spanish interpreters Andy and Walter and our boatmen Gustavo and Jose. No whiners or slackers in this group! The cumulative IHS missions for the group exceeds 100!

I would like to take a little space to pay my respect to my fellow team members:

I was honored to work with Dr. Benno Marx. Benno not only is a very talented physician, he grew up and later worked for several years as a physician in the La Miskito area of Honduras and is fluent in both Spanish and Miskito. This gives him an advantage over other IHS doctors when working in this area. On the team, he did everything from doctoring to dishwashing to throwing rocks with lines attached into trees to help pull up my radio antenna. His sharing of his insights and knowledge of local culture provided a real education for fellow team members. Best of all Benno is a great guy!

Kelly was our dentist. My experience on IHS teams has been that medical people sometimes run out of patients but that dentists never do. Kelly was almost always the first to start in the morning and last to finish in the evening. My back wouldn't take an hour of leaning over a patient prying out teeth but Kelly did it all day every day. She was also the go to lady for whipping up a quick pasta lunch or supper and for deer hugging and stray dog petting.

Teri was co-team leader/nurse extraordinaire and the most experienced IHSer on the team. Teri is a great leader-always willing to listen to suggestion, but quick to make decisions. She is always calm and collected and easy to work with as long as you don't take her headlight or put bleach in her shower water.

Our other co Team leader/nurse, Lori, was a perpetual motion machine. Whether it was organizing the clinic area, cooking pancakes, negotiating prices for washing our clothes, or seeing patients, Lori was on the job. She was our team treasurer and bookkeeper. This is a necessary but often thankless task on IHS teams. Lori did it well and with a smile. About the only things that rattled Lori were tarantulas.

Our pharmacist Mary is another long time IHS volunteer. One difficult thing to do on IHS teams is to make the pharmacy supplies last without having to much left over. Mary has this down pat. She also rides a horse like John Wayne in his prime. Living in small tents is easy stuff for Mary as she has backpacked all over the world.

Jake was our paramedic. My idea of a paramedic is a big guy or gal who can do anything. That is Jake. He helped with patients, cooked, cleaned, washed dishes, controlled crowds and did anything else that needed to be done. He also organized and taught cribbage games and hit the river every day for a swim/bath.

Andrew was our pharmacy "student". Actually, the pharmacy students who come with IHS are so advanced that they are pharmacists who only lack a piece of paper. We need young muscle on IHS teams and Andrew certainly provided that, hauling boxes, bags, etc. up and down steep river banks to and from the boat, and hanging solar showers, and of course bagging and distribut-

ing pills. He also raced Andy across the Rio Patuca and contested Jake over the cribbage board.

Mike, the original team radio operator/engineer, was with the team in spirit despite back problems keeping him in La Ceiba. He answered my questions and let me use his well thought-out and well prepared radio package to successfully communicate. He also sent a tub with solar showers, M&M's and other essential supplies. Thanks Mike!

Andy was one half of our Miskito team. Andy is 29 years old and this is his 30th mission with IHS. This doesn't count the times he came with his father, Andres, before he was old enough to go out on his own. Andy speaks English, Miskito and Spanish. He is a boatman in his own right and was in charge of loading our gear on the boat. He also can cook, hang solar showers, run the generator, jury rig sun shades-almost anything you need him to do.

Walter was the second half of our Miskito team. Walter speaks excellent English in addition to Miskito and Spanish. He had an accident several years ago and underwent a number of medical procedures in Dallas, Texas. He speaks English with a slight Dallas accent. Andy and Walter translated for our nurses.

Not to be forgotten are our boatmen Gustavo, Gustavo Jr., (5 years old) and Jose. They kept us safe on the river and helped with crowd control and other tasks. Great team! Great trip!

By Bill Roussel, Engineer, Translator and Ham Radio Operator

This was the last e-mail message from our radio operator Bill to the team member families and friends. Bill stepped in to go with the Patuca Team at the last minute which took courage, willingness to help the IHS organization and he did this with wonderful team spirit! His detailed communication to our families during the days we were out on the mission was interesting, relayed the fun we had and how important it was for us to be working in those villages.

Thank you, Bill from the Patuca Team

We had a special IHS volunteer on the Rio Patuca Team with Dr. Benno Marx joining our team. We learned about culture, customs, history, people, food, life in the villages, how to be at peace and work hard, how to assess tropical medicine conditions, what to treat or not and provide quality medical care in these remote areas. From the bottom of our hearts.... Thank you Dr. Benno!

Rio Patuca Team



Patuca Team

Back Row:

Lori Jackson, RN

Dr. Benno Marx, MD

Andrew Thies, Pharmacy Student

Middle Row:

Bill Roussel, Radio Operator

Mary Bierman, Pharmacist

Walter Tatallon, Interpreter

Jake Howard, Paramedic

Andy Martin, Interpreter

Front Row:

Dr. Kelly Koeheh, Dentist

Teri Houle, RN

Volunteer Position Available

Deputy Logistics and Administrative Coordinator -The Moskitia

Not mandatory, but would be helpful to have some knowledge of Spanish, radio operation, mechanics, medical nomenclature and procedures, geography and customs of The Moskitia, and the history and organization of IHS.

It is anticipated that the Deputy would assume the duties of the Coordinator upon the retirement of the Coordinator.

The Deputy assists the Logistics and Administrative Coordinator in the following tasks:

- Coordinates all in-country logistics and administrative tasks during IHS missions within The Moskitia of Honduras
- Works closely with Project Director.
- Arranges for Volunteers' Room and Board in The Moskitia.
- Schedules arrival of the container trailer from Minnesota. Assigns volunteers and/or paid local labor to unload and redistribute materials to each village.
- Contracts shipment of materials to the various villages by whatever means necessary (cargo ship, small boat, truck, bus, etc.)
- Supervises the engineer, radio operator, and general helpers at IHS headquarters in The Moskitia.
- Coordinates the activities of the advance team, and team members who remain in the headquarters area.
- Plans and schedules movement of village team members and materials to the remote villages by air, river or ground transportation.
- Acts as IHS fiscal agent in the purchase of supplies and services in the headquarters area (e.g., aviation and automotive fuel, food, water, supplies, etc.)
- Performs other duties as may be required to support the mission of IHS in The Moskitia.

Thrivent Financial Is Set Up To Contribute Funds To IHS

In March I got a call from my Thrivent Financial agent to remind me there was some "Choice Dollars" that I could still designate to a charitable organization. It was some dollars from their 2016 fund. Note that this is money that did NOT come out of my account but is a perk that Thrivent does as a fraternal organization on behalf of many policyholders.

If you have a Thrivent account, call 1-800-THRIVENT and ask for "Choice Dollars". They asked me a question to identify if it was me calling. I was then asked what charitable organization I wanted to send the money to. I told them "International Health Services of Minnesota" and to send the entire amount they had set aside. It was about a 2 minute call and IHS ended up with \$150 for that. This went easily since Steve Rice and I had registered IHS in early 2016. If you are eligible, you can call in any time to do this but the most funds come during January through mid-March.

To all.... If you have a Thrivent policy, call this number to see if your account has the "Choice Dollars" feature. Even if you do not have a Thrivent account, consider mentioning this to anyone you know who maybe does. You can use the above info to let them know how to make the call to donate to IHS and be sure to tell them they do not have to give any money out of their own pocket (or account) to do so. If you have any more questions, you can also talk to your Thrivent agent and show them this article.

John K

October 2016 & February 2017 Team Statistics
 Total Patients Served - 6,453



Dental Teams

Patients – 811

Extractions – 1,055



Medical Teams

Adults – 2,671

Children – 1,813

Surgeries – 41

Glasses – 866



Pharmacy RX's

12,299

Vitamin Packets – 4,391



Surgery Teams

Surgeries – 69



Eye Care Teams

Patients – 1,089

Prescription / Reading / Sunglasses – 2,083

Dates to Remember

2017

- July 15** Application and Deposit due for October Project
- September 1** Balance of October Project fees due
- October 1** Applications and deposit due for February Project
- Fall Project** **October 22- November 1**
- October** Planning Team heads to Honduras
- November** Team selection for February Project
team information will be sent out
- December 21** Shipping deadline for February Project

2018

- January 1** Balance of February Project fees due
- January** Load containers in the Twin Cities
- February Project** **February 16- March 2**
- May 1** HS News Break team articles and photos due
email to newsbreak@ihsmn.org
or mail to IHS
PO Box 16436, St. Paul, MN 55116-0436

**SAVE THIS DATE...
 FOR OUR FUND RAISER !
 AUGUST 27, 2017 1-4 P.M.**

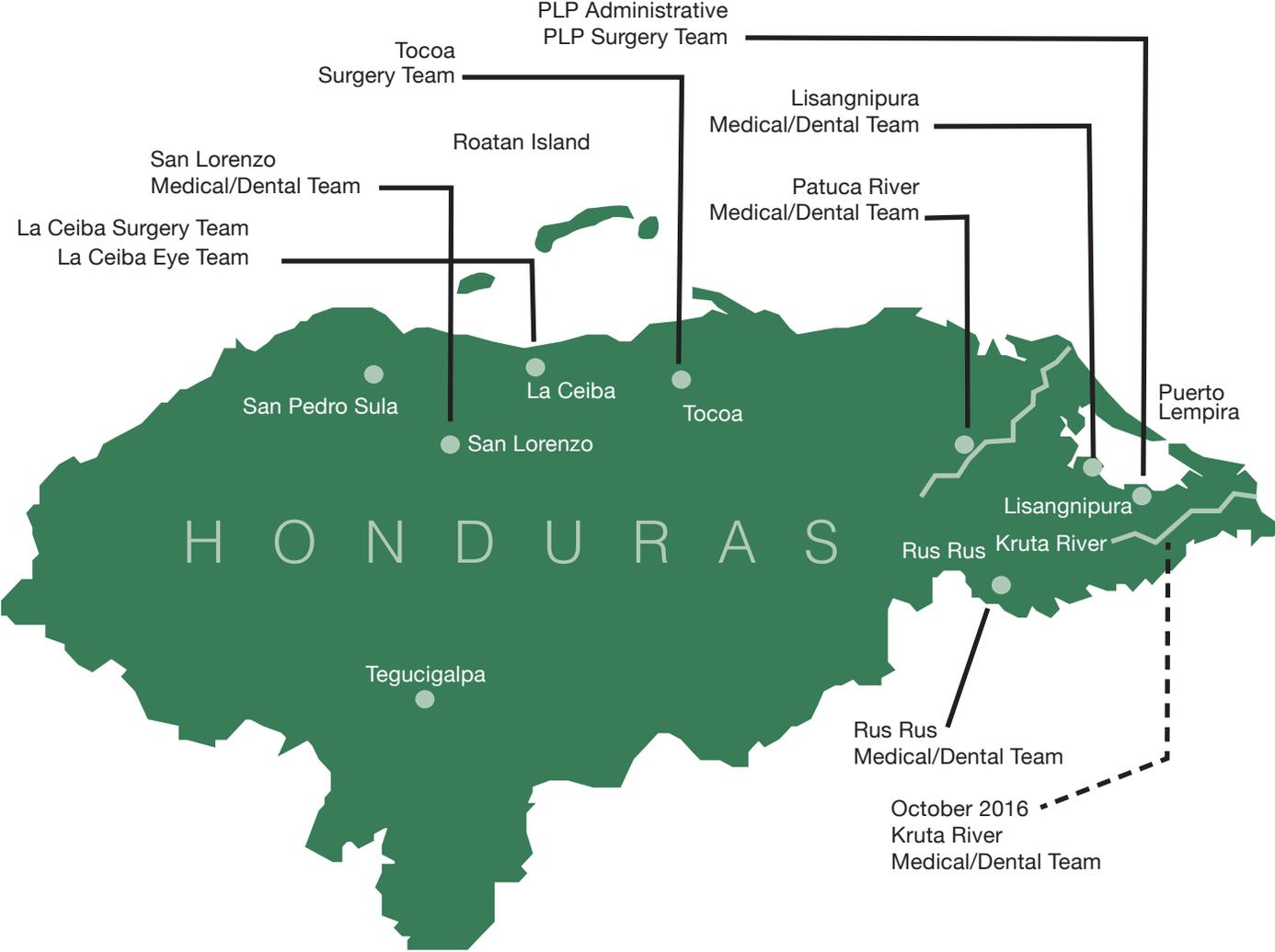
Join us for an afternoon at Lakeside to raise money to benefit families in remote Honduras and enjoy the gorgeous views of Lake Minnewaska. More information or questions send an email to contact@ihsmn.org.

Location: Lakeside in Lakeside Ballroom, 180 S. Lakeshore Dr., Glenwood, MN 56334

Date: Sunday, August 27, 2017

Social Meet-And-Greet with Friends: 1:00-2:00 p.m. Light meal and Program: 2:00-4:00

IHS Projects October 2016 & February 2017



H O N D U R A S

Simplified location map of I·H·S Honduran projects

October 2016 - - - - -

February 2017 —————





International Health Service

Participant Application – *please print clearly*

February 16 - March 2, 2018

Note: The February mission dates are the latest arrival dates in La Ceiba (usually by plane to SAP followed by bus) and the earliest departure date. The February 2018 mission begins Friday evening February 16 and ends Thursday evening March 1. Many participants in February will extend to Sunday, March 4, to accommodate an optional side trip. This is important to know when you get airline tickets.

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Date of birth (D/M/Y): _____
 Zip: _____ Country: _____ Name to put on nametag: _____
 E-mail: _____ Male Female

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

DDS (specialty) _____ Dental Ass't _____ RDH _____ RPh _____
 MD (specialty) _____ NP _____ PA _____ Paramedic _____
 RN (specialty) _____ LPN _____ CRNA _____ EMT _____
 OD _____ Interpreter _____ Radio Operator _____ Engineer _____ General Helper _____
 Other (please specify) _____

Where are you currently working? _____ If not, when did you last work in this field? _____
 Name of current or past supervisor _____ Phone _____
 Briefly describe your work experience _____

Please mark the type of team assignment (s) you prefer (check all that apply)
 Please take note: We cannot always guarantee you will be placed at your preferred choice.

Admin team – La Ceiba Logistics team – PLP Eye care
 River/Lagoon Remote (La Mosquitia) Inland (mountains, etc) Surgery Any assignment OK
 List specific team site preference (if any) _____ List any assignment you would NOT accept _____
 Number of previous IHS projects you have been on _____ Would you be willing to be a team leader? _____
 How well do you speak Spanish? None Words Phrases Conversational Proficient Fluent

Application Deadlines & Project Fees

February Trip

* Due October 1	Application/Deposit/Licenses	\$125
Due January 1	Project fee balance/Paperwork	\$600
Total February project fee		\$725

* Applications received before first due date for the project will receive priority in team assignments. Those received after will be considered only if their specialty is needed.

For applications to be considered the following must be attached

- Completed application with signed waiver - Deposit
- Copy of professional licenses - Physicians & Dentists: copy of diploma also
- Copy of Amateur Radio license (Radio operators only)

Note:
 \$125 deposit is non-refundable and due with the completed application. Upon request, deposit will be refunded if your application is not accepted.

Make checks payable to:
 International Health Service

Mail application & forms to:
 IHS - Attn: Project Director
 PO Box 16436
 St Paul, MN 55116-0436

(Application - continued on next page)

How or from whom did you hear about IHS? _____

Please list any major surgeries or serious illnesses in the past 5 years _____

Mark **Yes** if you are able and **No** if not able and explain any limitations below:

- | | |
|--|--|
| <input type="checkbox"/> Lift and carry 25 pounds multiple times | <input type="checkbox"/> Climb two or more flights of stairs |
| <input type="checkbox"/> Work in extreme heat and humidity | <input type="checkbox"/> Walk on uneven terrain |
| <input type="checkbox"/> Travel by any type transportation | <input type="checkbox"/> Bend or stoop multiple times |

Explain any limitations _____

**INTERNATIONAL HEALTH SERVICE
ACKNOWLEDGEMENT OF RISK AND WAIVER OF RESPONSIBILITY**

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

The use of illegal drugs is strictly prohibited by IHS and alcohol consumption by team members during the mission workdays is against IHS policy. In addition, team members should use alcohol with discretion, in moderation, and be sensitive to local customs regarding the use of alcohol. I understand that as a volunteer I represent IHS and agree to abide by this policy.

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

Signed _____ Date _____

PHOTO RELEASE

International Health Service requests permission to use photographs and narrative descriptions of participants and the work they do on projects for the purpose of public relations, advertising promotions, and fund raising. These photos may be used in, but not limited to: Power point presentations, the IHS NewsBreak, and the IHS web site. This authorization is only for the IHS organization. IHS has no control over how teammates and other participants use photos for purposes of their own. This authorization will remain in effect for at least one year. IHS cannot guarantee that your image from this trip will not be used after that period of time.

Yes, you may use my photo !

Signed _____ Date _____

No, I prefer you not use my photo.

Signed _____ Date _____

*If you select NO, please make sure one team picture is taken excluding you, to submit to the annual Newsbreak staff.
It is your responsibility to submit the correct picture to the Newsbreak editor.*

T-SHIRTS & CAPS..... T-shirts and caps are not included in the project fee and are a separate fee.

- **February Trip – Orders and payments for these items will only be accepted until 1 December so plan ahead.**
(T-shirt sizes available are: S M L XL 2XL) T-shirts @ \$15 - how many size Ball Caps @ \$12 – how many
Please include the cost for these items with your deposit and this application.

INTERNATIONAL HEALTH SERVICE – Project Suitability Form (required of first time participants only)

IHS projects are not for everyone as some locations are very remote and some people react differently when placed in a situation different from their normal life. To assist you in determining if this project is right for you and to assist us in placing you on the correct team, please complete this form and return with your application.

All IHS projects begin in La Ceiba, Honduras. Upon arrival participants will stay one or two nights in a hotel or with a local host family during our orientation programs. Teams will also return to La Ceiba at the end of the project, usually for one night, for debriefing, storing supplies and equipment plus a farewell dinner. Also, many repeat participants return to the same location as they get to know the local people.

The following questions are not meant to discourage you. Instead we hope they give you an understanding of the places we go and challenges that may happen.

Briefly describe any camping, hiking, or adventure trip experience you may have had. _____

Remote areas of Honduras have limited electricity or modern transportation and few telephones. Many IHS participants return year after year so they understand this change of life and the experience of helping people in this environment. Can you honestly say you can handle 8 to 10 days in locations that have solar showers, outhouses, bugs, humidity and the possibility of sleeping in a screen tent? _____ Comments: _____

For many, the time at the team site will be spent in a remote location away from telephones and TV with people who speak a different language, use different money, and have different habits, values and social norms. Can you handle being disconnected from friends and family for two weeks? _____ How do you plan to keep busy during quiet/slow hours? _____

Most of Honduras experiences a hot and humid climate. Mountain teams may get chilly at night. Many participants will do a lot of walking on uneven ground, carrying their own bags, lifting, moving, loading, and unloading many boxes of supplies. Can you do your share of the work and are physically up to going on this trip? _____

Frustration can happen on the trip. You are in a foreign country where Murphy's law can happen. You may experience "hurry up and wait". You will be with a group of people you have never been with before and interacting with a different culture. All this can be challenging. How do you handle frustration? _____

Does your temperament allow you to "not sweat the small stuff"? _____

IHS teams may see many patients, which can require long days. Some teams will be working in hot, humid locations. How is your temperament and physical stamina in times like this? _____

Teams that have the most enjoyable experience work together with each team member contributing their part to the group's overall function. This requires you to do your job well every day, trusting others to do their job, and always stepping up to help with the small tasks that need to be done every day. To what extent are you a team worker? _____

There will be times when people work with patients in their own specialty. However, many tasks require the help of ALL team members working as a team. Group decisions are made when possible but the Team Leader has final say. Can you work within a group and be respectful of decisions made? _____

*** **February team only**.... some team sites have limited local communications so they also have ham radio operators who use radios to talk with the Admin team and Project Director in La Ceiba plus the logistics team in Puerto Lempira. There is telephone and/or cell phone use at some team sites. Many radio operators also have a limited e-mail capability. In the unlikely event of an emergency the Project Director and all radio operators work together to make sure the correct people are notified as soon as possible. Because electricity and other services are not available all the time, we need to understand that everyone will do their best to be timely but things do not always happen instantly. Participants need to tell family and friends at home about this situation. As with all details of each team site, participants will get information from their Team Leader about what communications and site facilities will be available for their use.

Monetary Donations

Endowment fund

John Knoff

Founders Gift - \$2,000 up

Joe Tombers MD
Drew Mathews

Platinum - \$1,000 up

Centra Care Foundation
Dale Watson
Matthew Newsted
Doug Pflaum MD
Frank Lushine MD
Joe Tombers MD
Nicholas Houle
Robert Johnsen
Vernes Lutheran Church

Gold - \$500 up

Gold \$500 up
Anonymous
Anonymous
Ann Lind
First Lutheran Church
Goodshepherd Lutheran
Irene schaper
John Kirckof
John Pope
Leslie Koehnen
Lester Koehnen
Meredith Johnson
Medtronic
St Peter Lutheran Church Women

Silver - \$250 up

Carlos Scheer- Memory of Marina Scheer
Glenwood United Parish
Peter Harris
Roberto Businarlo
Trans American Life
Marc McDaniel
Peter Harris
Aubry Olson in honor of Dr. Serkland

Bronze - \$100 up

Catholic Women
Dave Kubes
Donald G Hunter
Edward Deutschmann
Fred Smoger
Gene Merriman
Helen M Skutley
Joe Prael
John Miller
K Foundation
Kathleen Trueman
Lamond Kopesky

The officers, board members, participants, and especially the people of Honduras wish to express their deep gratitude and appreciation for your contribution.

Every donation, no matter how big or small, makes a huge difference in helping us continue our work with the poor people of Honduras! Thank You.

Lillian Trillo
Linda Sopkowitz
Margaret Haaga
Marilee Darr
Mary Boyle
Mary H Lahr Hill
Michele Krakowski
Mike Stapp
Nancy Zupan
Perry Severance MD
Phillip & Lola Johnson
Rosalie Eckhoff
Ruth Logar
Ruth Skutley
Shanelle & Wilmer Fernandez
Susan Cavis
Ted and Barbara Spaulding
Terrence Raycraft
Tim Bell
Trudy Staubitz
Janice Boe in memory of Myrtle Kettner
Karen Early in memory of Myrtle Kettner
Lynn Erickson in memory of Myrtle Kettner

Copper – up to \$99

Copper - Up to \$99
Ann Fox
Arla Walz
Art and Jean Parvey
Barb Halvorson
Bethene Trexel
Betsy Hundertmark
Bonnie Melting
Bob and Susan Saumur
Cara Knittel
Catherine Perron
Carol Mason in Memory of Myrtle Kettner
Dale James
Dan Dunn
Daniel Vogel
Dwain Breitbach
Elizabeth Labakken
Ellen Ward
Elyse Kaner
Eric Austin
James Jernberg
Janet Fenson
Jean Girardot in memory of Myrtle Kettner

Jenner Moretto
Jerome Larson
Jerry Newton
John Buettner
Kathleen Aug
Kathleen Gustafson
Kathy Lepp, Karen Matheson
Kim Koehnen
Knute Panuska
Linda Addicott
Madeline Papermaster
Magnolia Forwarding
Mark Johnson
Marlys Nickelson
Nancy Anderson
Patrick Callahan
Richard Pierson
Sandy Cambell
Sharon Johnson
Teri Clynych
Trinity Lutheran Grove lake
Wayne and Mary Jo Yokiel
Wendy Nelson

Non Monetary Donations critical to the mission

Aero Caribe
Anchor Scientific (David Potter)-Storage
Buffalo Dental Group toothbrushes
CentraCare Foundation for scholarships
CentraCare Lab for urinalysis test strips
CentraCare Monticello Medical/surgical supplies
CentraCare Patrick Taufen for medical/surgical supplies
Drew Mathews for gasoline, ant-venom, and surgical supplies
Dole Fruit Company (Standard Fruit Company of Honduras)
Doctor Dean SingSank
Douglas County Hospital medical supplies
Fairview Southdale
Global Ministries for surgical supplies
Gwen Rieter bars of soap
Hope for the City medical supplies
Katun Corporation warehouse space
Liberty Carton cardboard boxes
Mary Hubert blankets and sheets
Mission Outreach (Franciscans Sisters of Springfield, IL) medical supplies
Steve Bakke
Tom Klett use of truck and trailer
Tom Roper
Trumm Pharmacy

All endeavors have been made to list all contributors correctly and we apologize for any names that may have inadvertently been missed .

Officers & Board of Directors

OFFICERS

President

Drew Mathews, CRNA,
president@ihsmn.org

Vice President

John Pope
vicepresident@ihsmn.org

Treasurer

Steve Rice
Teri Houle (assistant)
treasurer@ihsmn.org

Secretary

Lainey Kotta
Jenine Graham (assistant)
Jean Yunker (assistant)
secretary@ihsmn.org

DIRECTORS

Project Director
John Pope
projectdirector@ihsmn.org

Anesthesia

Drew Mathews, CRNA
anesthesia@ihsmn.org

Communications

John Kirckof
communications@ihsmn.org

Dental

Kelly Koehnen, DDS
dental@ihsmn.org

Engineering

Dale Watson
engineering@ihsmn.org

Eye Care

John Pope
eyecare@ihsmn.org

Fund Raising

Rick Reiter
fundraising@ihsmn.org

Co-Medical

Joe Tombers, MD
Douglas Pflaum, MD
medical@ihsmn.org

Nursing

Teri Houle, RN
Lori Jackson, RN
nursing@ihsmn.org

Pharmacy

Mary Bierman, RPh
Dewy Essig (assistant)
Kristi Anderson (assistant)
pharmacy@ihsmn.org

Recruiting

John Kirckof/ Renee Donnelly
recruiting@ihsmn.org

Consultants

Knute Panuska, DDS
Marianne Serkland, MD



IHS Co-founders Knute Panuska and Rosario Arias

Advisory Council

Cheryl Schraeder
Carlos Scheer
David Ashby
Jim Prater

HONDURAN COMMITTEE

Rosario Arias
America Everett
Antonieta Ashby
Francis Romero McNab
Jose Luis Pinto
Hector Godoy
Ibrahim Hilsaca



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

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

You can opt out of receiving a hard copy
of the News Break and just receive the
digital copy.

E-mail to: newsbreak@ihsmn.org
to be put on the mailing list or submit
stories and photographs

Contact: newsbreak@ihsmn.org

**IHS Web Site: www.ihsmn.org
contact@ihsmn.org**

Upcoming IHS Projects

Fall Project:

Oct 22 – Nov 1, 2017 We have
fielded one team for the project – a
medical/dental team,
visiting villages on the Kruta River.

Fall trips fill up early, so do not delay.
This is usually filled by publication
date!—**Questions or more information –
contact@ihsmn.org**

Planning Trip – Early October

Around the same time as the
October Project, a small group of
people head to Honduras to lay the
groundwork for the February Project.
They determine team sites, arrange
logistics, housing and meals. If
you would be interested in getting
involved with this aspect of the
project **contact the IHS President at:
president@ihsmn.org**

February Projects:

February 16 – March 2, 2018

Up to 100 participants from
throughout the USA and around
the world participate in the
February Project. Everyone
gathers in La Ceiba and then, with
their teams, head out to remote
locations around Honduras for
approximately two weeks.
The Project usually consists of six
medical/dental teams, two to three
surgery teams, one eye care team,
and two administrative teams.
Many seasoned IHS'ers arrive early
in La Ceiba to help with the many
assorted tasks required to get
everything set up. If you can help
please let the Project Director know
before the trip:
projectdirector@ihsmn.org.

Before or after the Project many
participants schedule side trips to
the Bay Islands, Copan, or enjoy
other areas in Honduras. If you plan
to visit a different country before the
IHS Project be sure to check health
requirements for entering Honduras
from that country before setting up
your trip!

The IHS Postage Permit cannot be used by individuals to mail the News Break. Please use an envelope and correct postage



International Health Service
PO Box 16436
St. Paul, MN 55116-0436

NONPROFIT ORG
U.S. POSTAGE PAID
TWIN CITIES, MN
PERMIT NO. 29626

**Please consider increasing
your contribution so we
may continue our work!**
contact fundraising@ihsmn.org



Serving Honduras for over 35 Years.