



# NewsBreak 2016

Annual Newsletter of International Health Service of Minnesota





In this Report:

Project Director's Report

Kruta River (October) Report

La Esperanza Report

La Ceiba Surgery Report

Patuca Team Report

Nombre de Jesus Report

Lisangnipura Report

Rus Rus Report

PLP Surgery Report

PLP Admin Report

Santa Fe Report

Refugees in Remote Honduras Essay

Team Statistics (Patients Served)

Officers and Board of Directors

Location Map

Application

Donations

Fund Raiser Invitation

## Project Director's Report 2016

Another year has gone by and again, we have had two very successful projects. The October trip up the Kruta River was an amazing trip. Again, Dr. Marianne Serkland did a fabulous job in getting supplies organized and communications out to the communities we were planning to see. The two villages visited were Tikiraya and Kruta. The February project saw a slightly larger group than we have had in recent years. We had six Medical Teams, three Surgery Teams and one Eye Glass Team.

With a larger group comes a greater chance of things not going as planned and we had our share of unplanned things happening this year. The project had just started and one participant received news of a family member in the Hospital back home and decided to go home. Halfway through the project we had two more participants get news of a family member in the Hospital back home and they decided to leave early. We had another participant get sick while in the field. As it turned out, this participant needed surgery. A wonderful Honduran hospital was visited and the participant ended up getting his gallbladder removed. He was back at work with the team 3 days later. In all three cases, having a network of Honduran volunteers made the logistics possible for these three cases. Most of our work in Honduras could not be done without the help of these wonderful people in Honduras.

Our final day comes along and the mountain teams are returning, the Tocoa Surgery team returns. I get a call from the La Mosquitia teams that had gathered in Puerto Lempira to fly back to La Ceiba. They had boarded their flights and were on their way. Shortly after that, La Ceiba is just deluged with rain and it keeps raining and raining. I get a phone call from one of the La Mosquitia team members to tell me both planes had been diverted to Utila due to the airports being closed in both La Ceiba and San Pedro Sula. They were hoping to take off in the next couple of hours. As it turned out, they spent over 5 hours on Utila before the weather cleared enough to fly to La Ceiba. They did make it to the final banquet but were very tired.

In closing, I would like to thank all the volunteers and Board Members that helped make this past project a success. There are also companies that donate space and supplies that are a tremendous help throughout the year. Each year's NewsBreak does not always show all the hard work that goes on throughout the year. The one thing it does show is the final goal of helping the poorest people of Honduras. I hope that we are able to show that again this year.

***John Pope***  
***Project Director***

## Kruta River (October)

**A**lthough I had heard all about the Honduras mission trips from my Grandma, the reality of my trip was far different than I expected. Yes, a group of us traveled to the Mosquito Coast and helped the impoverished people and, yes, I ate rice and beans. But thinking about the trip as a whole isn't the same as living the trip with the details. The details were what really caught me off guard and made for an amazing adventure. Although challenging, the trip far exceeded my expectations. To be honest I was nervous going in. I was scared to be so far from home, I was scared to meet new people and, as embarrassing as it is, my main concern was being without my cell phone. I knew not to dwell on the concerns and I quickly brushed them aside and replaced them with excitement. I have to say that some of that excitement faded after our 24 hours of traveling that first day but we did eventually make it to La Ceiba, Honduras. Although we woke up bright and early again to travel that second day I began to see the "details" emerge.

We arrived at the airport and to my surprise there were mountains. It was actually after we got through security and were boarding our plane that we saw them. These large mountains just amazed me! When we took flight I was even more amazed to see how green Honduras was. I did not expect Honduras to be beautiful. I was even more surprised when we boarded our canoe for our seven hour trip up the river. The Honduran houses, although different, really awed me. The entire trip up the Rio Kruta was spent taking pictures of the beautiful landscape. When we finally arrived at Tikiraya we were greeted by the entire village. All the children took our heavy bags upon their shoulders and carried them for us. I think seeing the smiling faces of all the big eyed children who watched our every move with curiosity and excitement was when I truly understood the importance of the trip. Over the course of the trip we had struggles of course. The temperature was around 90 with humidity which made for great frizzy hair! The long boat ride up and down the river exhausted us as well as when we were working. We had to remember to keep hydrated. Along with that struggle there was a mix up in the dental supplies and our UK group mates needed to improvise.

Through these struggles, however, my group mates Karen (my Grandmother), Marianne, Teri, Dale, Jean, John, Rob, Neel, Vicky, Andres, Andy and I became close. They really were a stellar group of people. We even managed to gain a member, a man from Puerto Lempira who helped in translating and assisting our doctor and nurses. His name was Migin. I was very fascinated by his need to help others in nursing. He proved to be a good addition to our group.

From the team: *"What was your favorite part of the trip?"*



**Skyler:** Handing out multi-patterned dresses to the little girls that came in. The excitement they expressed was second to none. It was a really neat experience to give right into their little hands.

**Neel:** I think the best part of this trip has been practicing dentistry without the modern facilities we've been accustomed to, realizing that here we make peoples' lives better by getting them out of pain quickly and effectively. Their gratefulness shows through in their beautiful smiles.

**Vicki:** I've been pleasantly surprised at my abilities to work in extreme heat. The team has worked fantastically well together with everyone dripping...brilliantly. The engineers are amazing keeping everything working. It has been a rewarding challenge trying to fashion a system of delivering anesthetic to patients with no dental syringes. Overall I could really live without the cockroaches though, which found their way into my wellies! Bugs argh!

**John:** The highlight of the trip for me is to see the smile on the faces of the older people that get reading glasses and can now read again and see things clearly that are up close.

**Marianne:** The highlight has been working with the local nurses from the two villages. They have a genuine interest in their village and are there to follow up with identified problems.

**Teri:** Being a part of a fantastic team of dedicated volunteers who work in extreme heat, humidity and primitive conditions to care for the people along the Mosquito Coast. The abilities of the teammates to come together and improvise in any situation. Love having volunteers from different parts of the USA and especially our British dentists!

**Rob:** Only after 4 days in the field and listening to young children just outside the clinic doors was I impressed with their high level of play. They are as happy as children of wealthy parents...they express their joy with each other in spite of the hardship/danger we see them face.

**Jeanne:** My favorite part is being in a totally different culture - having problems arise and having to figure out how to solve them with the rest of the team of wonderful people. It is really fun to be part of this organization that is so helpful to the people we serve.

**Karen:** The best part of the trip this year was going with my granddaughter Skyler and meeting a great young couple (dentists) from the U.K.

**Dale:** The most interesting part of the trip was returning to Kruta after 20 years. At that time most of the village was built on a flood plain. Toilets were built on stilts and opened directly onto the ground...waste to be swept away by the next flood. Much of Kruta remains the same...but now with a dock and police presence.

**Skyler:** The trip was challenging and filled with struggles but these experiences made it all worth it. I gave less than I received. Knowing I made a difference and gave these people hope will stay with me always. The trip up to these villages as many of you know is time consuming due to our little motor. The motor also is a safety problem in the event of an emergency. If you would like to donate for a new more powerful motor please do! We would greatly appreciate it.

*Skyler DeMorett*  
*General Helper*



*Kruta River Medical Team Oct 2015*

*Left to Right: John Pope, Teri Houle, Dr. Marianne Serkland, Andy Martin, Andres Martin, Jeanne James, Victoria Barchha, Neel Barchha, Karen DeMorett, Skyler DeMorett, Rob Damico, Dale James*

## La Esperanza

**M**y name is Becca Grenz, and I am a sophomore in high school. I have been hearing stories about Honduras since I was very young from my grandma, (our great team leader!), and my grandpa. I still really did not know what to expect and was very nervous, but was beyond excited to be going. As we were flying in, I noticed the mountains and was surprised at how green Honduras is. I was amazed at the beauty of the country and landscape. Coming from the cold Minnesota winter, of course I also noticed how nice the weather was.

The first two nights we stayed in a hotel in La Ceiba. I didn't really realize how different the culture was until we went out to our first village. After a very long, interesting bus ride up into the mountains, we arrived in La Semane. My first impression was how friendly all of the people from the village were. Everyone, especially the kids, was very excited to help us with our bags, and welcome us to the place. They were all so grateful for us. Throughout the first week, we established our daily routine and got things figured out. At first, I did struggle a bit with knowing what I needed to do as a general helper, and of course it was difficult for me because I do not speak much Spanish, so communicating with the people was sometimes a challenge when our interpreter was not around. But it got easier, and my Spanish improved mucho! Some of the children there tried teaching Angela, our pharmacy student, and me many new words through pointing and gestures. I don't think they got much through to us, but we had a lot of fun with them. I think both Angela and I were very sad to say goodbye to them at the end of the week.

One of my favorite things about the trip was getting to know my team, which was international. There were two from Canada, one from South Africa, and two dentists from Honduras, aside from the rest of us from the U.S. It was super cool to be able to work with people from different places, and learn about different parts of the world. We were a group of 11 (for the most part). There was Karen (our team leader), Renee (translator), Angela (pharmacy student), Frank (doctor), Cheryl (general helper), Jackie (nurse), Karl (engineer), Kent (pharmacist), Herman (radio operator), Rosa (dentist), and Wolter (dentist), and me (general helper). It was such an amazing and diverse group of people, and I really loved getting to work with all of them. Even though we had a few bumps in the road, we worked through them as a team, making us closer, and we learned to be flexible. That could be our group motto maybe, as it was said quite often.

After leaving La Semane, we went on to the next place, called Oloas. They were equally welcoming here, and we were able to get the clinic set up very quickly with help from their community. As we began to unpack, our bags were quickly taken from our hands by community

members, mostly kids, because they didn't want us to do more work than we absolutely had to. Once again, I was just in awe of how kind and appreciative they all were.

My Grandma (Karen) says every year, "I received more than I gave." After returning home, I thought about that phrase a lot, and agreed with it completely. I have obviously returned to a lot of my old habits. (Taking hot water and my comfy bed for granted are two examples.) But I saw a whole other world on this trip that I had never experienced, and I learned so many new things. I knew it would be an amazing trip, but it was so much better than I expected and even though we gave a lot, I did receive much more than I was able to give.

### **Becca Grenz** **General Helper**



### **La Esperanza Team**

**Karen DeMorett, Renee Wolters, Becca Grenz, Kent Peterson, Angela Schultz, Dr. Frank Lushine, Cheryl Lushine, Jackie Wilson-Krocker, Karl Krocker, Herman Horn, Rosa, Walter and Barbara Joe.**

## La Ceiba Surgery Team

I will let the youngest member of our team, Daniel Pellettiere, introduce the story of the Urology Team in La Ceiba, Atlantida, Honduras, for the Feb 2016 IHS Mission. Daniel's mother, Lorette, was our interpreter, patient coordinator, and my co-team lead, who did an amazing job of assisting us with communication between Dr. Montoya, referring physician, patients, and families. Daniel took a week off from his schooling to help us with supplies, language, and lunches (very important!) for our week at the D'Antoni Hospital.

The surgery team in La Ceiba consisted of Dr. Steven Moore, surgeon, Dr. Tara Kelly, anesthesiologist, Lorette Pellettiere, translator, Anne Jones, RN, Angie Grossinger, CST/FA, Valentina Moore, translator/helper, and Daniel, helper.

Here are Daniel's observations:

"Every morning, my mother and I would arrive at D'Antoni Hospital in La Ceiba between 7:00 and 7:30 am, to help get things set up for the surgical team. We usually found Anne had already been hard at work, sorting the supplies we would need for the day. I would go down and get medical supplies out of the storage room, while my mother would get into scrubs and begin interviewing and organizing prospective patients. Meanwhile, Dr. Moore and Valentina would do rounds to see the previous day's patients, and Anne, Angie and Dr. Kelly would be in the OR getting things set up for a surgery. The nurses working at the hospital completed their paperwork with the patients and would help with whatever was needed to prepare for the patients, except one nurse, a man name Enrique (who my mother and I refer to as Kike, pronounce key-kay, for those of you wondering), who was assigned to help us on the afternoon shift during our stay in La Ceiba. Eventually, Dr. Moore and Dr. Kelly would go into the Grey Area (as it was called there) and interview patients, with the help of my mother. After they were done, they would go back into the OR and continue getting things set up as the patient got changed. After that was done, my mother and the patient would head into the OR, where my mother or Valentina would talk the patient through the anesthesia. Once the surgery finally began, my mother and Valentina would hang around the OR to translate (especially if there was a Honduran doctor assisting), would go out

of the OR to get help or supplies from one of the Honduran staff, or would check on patients in the recovery room. I hung around outside the OR to get things from the storeroom and run errands. In the afternoon, when there was no more running to do, I would get to change into scrubs and watch the surgeries and help translate in the OR, too. Overall, I enjoyed this experience and I'd be happy to do it again."

**Daniel**

This was my third trip to Honduras and second time on the Urology Team. Steve Rice, Drew Mathews, and I spent time in October 2015 organizing and inventorying supplies for the La Ceiba site. With the help of shelving units purchased for us by IHS, along with a staging area for supplies provided by the hospital, and our awesome translator, Lori, we were able to be more prepared and more efficient than the previous year.

We also received incredible support from the OR staff at D'Antoni Hospital during the mission. We kind of "stress the system" when we blow into town, move in dozens of boxes and bins, take over an OR and a storage room at the end of the hall, and ask for support from their instrument room, post-anesthesia recovery area, and supply. The OR staff responds with grace and good humor, the hospital administrator and his team were unfailingly responsive and helpful—especially appreciated by this newbie team leader.



**La Ceiba Surgery Team, Feb 2016.**

**Left to right: Dr. Steven Moore, Surgeon; Angie Grossinger, CST/FA; Valentina Moore, Translator/Helper; Anne Jones, RN/Co-Team Lead; Dr. Tara Kelly, Anesthesiologist; Daniel Pellettiere, Helper; Lorette Pellettiere, Translator/Co-Team Lead.**

## Patuca



I often thought of my 4-1/2 year old grandson when I was traveling and working with the IHS Patuca River team in February. He's being taught "teamwork" as he helps pick up his toys or a mess around the house. It's become a chant, "teamwork, teamwork" I echo with him when I ask him to do a little chore. The Patuca River team mission was to bring health care to the La Mosquitia area of Honduras, which is a very remote area for volunteers and supplies to reach. There's a real need in villages on the Patuca River so IHS had decided to send a team to Wampusirpi, Tukrun, and Krausirpi. It took real teamwork to do this but due to experienced leaders like Teri Houle and Lori Jackson... we did it!

Of course, all well planned missions can run into a few glitches and we weren't the exception. We had one of our interpreters get sick at the last moment. While leaving Wampusirpi we realized we needed two boats instead of one to take our supplies and ourselves up river, and after the second day in Krausirpi, the generator went kaput (by the way, I learned generators can be rather essential to setting up jungle clinics...it's true!). But with veteran IHS team leaders like Teri and Lori along with administrative IHS people like Drew Mathews, John Pope, and Dr. Marianne Serkland, who were troubleshooting from Puerto Lempira and La Ceiba, the glitches were handled efficiently and without wasting precious time. We were also thankful to have a Honduran MD, Dr. Karen Calderon, in Wampusirpi who helped us with logistics: negotiating a second boat and truck to haul the team and our supplies from the air strip to the Catholic Compound and then from there to the river.

We had eleven people on our team and I'm proud of the fact that we spent two weeks traveling in many different modes of transportation, working long days in steamy hot weather (86 degrees with 93% humidity), treating patients, maneuvering personal space, eating meals together, hauling supplies and gear, setting up clinic, packing up the clinic, and repeating that again, and we all got along well. That's



teamwork that would make my grandson proud. There were three new volunteers, me included.

Dr. Matt Newsted, an ER doctor from Montana brought great enthusiasm to tackle anything that might come through the door. On landing in Wampusirpi he was immediately met with an emergency on the grassy airstrip. An emergency that needed an immediate IV and air transport to Puerto Lempira. Matt commented that one of the most rewarding parts of this IHS experience was meeting and treating the Hondurans who were so polite and happy to see a doctor.

William Anderson (Billy) was our pharmacy student and worked alongside Mary Bierman, a veteran IHS pharmacist volunteer. Billy commented that the most challenging part of this adventure was getting organized and figuring out how best to help patients with the limited supplies and resources available. He said he did get a routine down and was able to figure out how to best provide medications for common problems and problem-solve the more unusual conditions. Mary Bierman, with her steady and calm demeanor, is a wonderful mentor to any pharmacy student, and I'm sure Billy learned a lot from Mary.

Our teams' dentists, Sue Prentice and Sarah Lumley, cousins from the UK, not only took care of dental problems for so many children and adults in the villages, but also took time to visit the village schools to provide education on thorough teeth brushing and give out free toothbrushes. Their hope is that preventive care will help with the children's future dental health. Both Sue and Sarah were absolute joys to have on the team, full of energy with a great sense of humor.

Our translators were Andy Martin and Walter Tatallon. They were crucial to this team's success. We appreciated not only their help communicating with patients but also all the effort they took in helping us negotiate with the boatmen and communicate with village leaders. Andy is not only a translator but an experienced boat man who helped guide us up the river. Dr. Matt commented on how much he enjoyed having Walter working side by side with him as his voice in communicating with the patients he saw.

My primary role was to organize the kitchen and meal areas, distribute rice, beans and flour to the cook for our daily food preparation and cook meals for the team. In addition, when there was time I helped where I was needed which was in the dental area, pharmacy and medical clinic. This took continuous coordination and prioritization throughout the trip and became easier as the days went by while out on the river.

Finally, the team member who wore the most hats was Mike Stapp. He not only was our ham radio operator but also the "wingman" for all of



us. He supplied the team with good drinking water, has studied Spanish so he was able to do some translation, helped in the kitchen, set up the solar showers, and he was an ambassador for IHS. Mike would often walk outside among the waiting patients and say something that made everyone laugh. I nicknamed him "Mike MacGyver" because he could always figure out how to jerry-rig something if we needed it.

I can see why veteran IHS volunteers keep returning to Honduras. The people I met in the La Mosquitia region are so warm, their culture is rich, and it was apparent that they appreciated the help IHS provides. I feel grateful that I was able to experience an adventure like this with such a compassionate and hardworking group.

*Deb Lavoie*  
*General Helper*



***Patuca Team Members***

***From left to right***  
***Andy, Walter, Deb Lavoie, Lori Jackson, Dr. Matt Newsted,***  
***Teri Houle, Mike Stapp, William Anderson, Sarah Lumley,***  
***Mary Bierman, Sue Prentice***

## Nombre de Jesus

### **F**ROM ITALY TO NOMBRE DE JESUS, HONDURAS

Leave (or vacation) to Honduras, has meant to me, a young graduate and nurse, the realization of a dream. Leave to Honduras meant crossing an ocean, forgetting the habits, language and affections of my home in Italy. Leave for Honduras meant traveling in the company of my father, to be teammates and learning each day how to be components of a large family. Yes, the Nombre de Jesus team was our family for two weeks: 12 people from all over the world (Italy, England, Canada, South Africa, USA and Honduras). We lived under one roof, we shared the absence of running water, we woke up with the songs (or quarrels) of many roosters, the loud disputes between the dogs. We faced the days despite everything with a smile. We had lunch and dinner every single day together listening to the music coming from the nearby churches, and we fell asleep telling how we spent the day together. Twelve people who were companions on a medical mission in which everyone wanted to make a contribution to help those who, in our eyes, were the richest people in their attitude despite their concrete poverty.

We found a family in the community of Nombre de Jesus, who welcomed us as their friends, brothers and comrades. Immediately, their welcome was full of joy, gratitude and excitement. After going for kilometers through beautiful landscapes and banana plantations, the scenario that opened in front of us was wonderful: a chain of mountains encompassed a small country inhabited by families that looked out the windows of their humble homes as they greeted us. Children ran barefoot toward us with excited smiles, along with all those people who had gathered to greet us. Without realizing it, from the moment we entered their community we felt at home over the next two weeks. We had become part of them.

Our team leader, Cheryl, was, first of all, the mother of all of us. With a mother's affection, she prepared delicious dishes and helped us with any question. Jan, our radio operator, a loving and kind man from South Africa allowed contact with other teams as we engaged in medical duties. He also proved to be a very good dental assistant. The medical team was composed of Dr. Doug and Dr. Shailen, two wonderful people who both have a love of their work, and they have given their support to these people. The nursing team was made up of me and Jenni, my tutor as I liked to call her; she is a good teacher, a wonderfully sunny girl and she was loving with our patients. Our pharmacy students, Kelsey and Rose, from South Dakota, two friends and co-workers, directed a makeshift pharmacy with their great organizational skills. Emma, our elegant English dentist, cared for many

patients with great commitment. Monica, our beautiful translator from New Mexico, helped us to communicate and understand the health problems of our patients, and also created a bond of friendship with all the locals. The general helper, my father, Roberto, and Ibrahim, made contributions that helped in the clinic in an exemplary way with our medical activities.

Our days were devoted entirely to the clinic: a clinic set up by our team, made up of a room for dental care, a room for medical and nursing care, and a room for the pharmacy and the possibility to donate eyeglasses to those who needed them. During the two weeks, many people came to seek treatment from us, about 200 people came to Nombre de Jesus every day. Many people from Nombre de Jesus, but more came from communities of the nearby mountains: people walked for hours to get to our clinic, where we welcomed them, visited with them and donated drugs.

Our days were enriched by those who needed help. There were many exciting moments in the clinic, for example young mothers had a chance to hear the heartbeat of their baby for the first time.

The wonderful thing that I brought home is the light in the eyes of children. Their happiness and their smiles gave me strength, especially in the early days, when I was afraid of the experience that I began. But they, with their smiles, gave me the strength to help them, to fulfill the wish of a young nurse.

Thanks to this experience, I discovered an emotional part of me, a part of me that gets excited for a hug, a sunset or a simple smile. The people of Honduras taught me how to rediscover the beauty in simple things, such as smiling at the little things and how, without having all the comforts that I have at home, it is possible to live okay.

This was a great place to work with unbelievable support from the community and the Olanchito Rotary Club. But a special thanks to my wonderful team, because without them all this would not have assumed the nuances that made it unique!

*Angela Businarolo*  
*Nurse*



***Nombre de Jesus Team Members***

***Back row:***

***Ibrahim Hilsaca, Jon Coetzee, Dr. Doug Pflaum,  
Rose Fitzgerald, Dr. Shailen Mhapsekar, Roberto Businarolo***

***Middle row:***

***Emma Edoimioya, Jenni Lange, Kelsey Eneboe***

***Sitting:***

***Cheryl Schraeder, Monica Gomez, Angela Businarolo***

## Lisangnipura



**L**isangnipura is a small village located in the remote region of Honduras known as La Mosquitia and can only be reached by foot, boat, or plane. Life for the people living in the Lisangnipura area continues to be challenging and inspiring. The villages lack electricity, running water, roads, and cell phone service but yet the people find themselves with an abundance of happiness and helping hands.

After a few days in Lisangnipura I started to notice that something just didn't feel right; the people were always happy, laughing, and smiling. I realized that the people were genuinely really happy with their lives, and I thought how can this be? Their lives are so hard. They are some of the most impoverished people in the world but yet the happiest I have ever met. So I watched them, pondered, and eventually began to see what I believed to be the answer. The people have a very strong sense of community. When asked if everybody got along and helped each other out, the answer was always the same: yes, we are all one big family.

By the end of the ten days in Lisagni our IHS group of thirteen had truly transformed from a team to a family. We ate three meals together in what most would call an old chicken coop on stilts, bathed together each evening after clinic in the crystal clear water of the Lisagni River, and set up and ran a clinic in the Honduran wilderness that saw over 1300 La Mosquitian patients.

My life will be forever changed by the lessons I took home from my time spent in Lisangnipura. As I readjust back to my life in the United States, I wish everybody had the opportunity to spend some time in Lisagni learning how to live together and care for one another.

*Dylan Stuebner*  
*Pharm D*





***Lisangnipura Team Members***

***Back Row:***

***Steve Wardell, Dale Watson, Hilario Nixon,  
Larry Foster, Kelly Koehnen, Mary Catherine  
Jennigan, Renee Donnelly***

***Front Row:***

***Dylan Stuebner, Carlos Scheer, Michelle  
Bevis, Anne Lind, Janelle Stover, Arielle  
Martin, Dr. Joe Tombers***

## Rus Rus



**F**ar away from the hustle and bustle of the cities of La Ceiba and San Pedro Sula lies the tiny Honduran village of Rus Rus. Deep in the heart of La Mosquitia, it is difficult to get to Rus Rus by means other than the sky. However, as the International Health Service team began to set up our nine day long clinic in February 2016, the remote nature of the village did not stop patients from coming from miles away to receive medical care. Some walked for days on end. Others took a boat down the Cocoa River. Still others were already in Rus Rus waiting, refugees from the turmoil in Nicaragua, just five miles away. The majority of patients that we served in Rus Rus were residents of Nicaragua, either refugees or patients that crossed the border to be seen.

Over the first couple of days, our waiting room was packed, as people were anxious to receive medical and dental care, eyeglasses, and medications. Though it seemed that many patients' complaints were minor - aches and pains, itching, and gastrointestinal discomfort - we were able to help those with more serious complaints as well. Several patients were referred for surgery or other specialized care. Others received access to healthcare for the first time in their lives. One patient told one of our providers that this was the first time that someone had ever listened to her medical complaints. There were humorous moments as well as we educated people about various medical ailments. Despite the fact that we never found puncture wounds, many villagers apparently were bitten by bats in the night, leaving them anemic as their blood was sucked out. While it is sometimes easy to get caught up in the lightness of a moment, or the statistical numbers of how many patients we treated, leaving the people of Rus Rus with a positive impact on their lives makes all the difference.

Though the patients were the main reason that we all left our busy lives and came to Honduras, we all left the country with something for ourselves as well. Our team bonded over games in the evening, and pledged to keep in touch long after this trip. We were assisted in our mission by members of the Missionary Air Group, led by Wes and Denise who live in Rus Rus full time and run a small plane to bring supplies in and out of the village. Several providers from Roatan spent the first week with us as well. It would have been impossible to hold our clinic without the local interpreters that helped out every day. Everyone learned some new skills and improved their Spanish by interacting with these healthcare workers and the local villagers. Every member of our team had a moment where they truly felt that they had made a difference. We spoke several times about how grateful we were for the opportunities we had been provided with, both in Honduras as well as our blessings back home, and we were all fortunate for the chance to serve those who needed it most.

Our time in Rus Rus was made easier by the members of our team who had participated in a mission to Rus Rus before: John Kirckof,



engineer and team leader; Mark Spiro, team doctor; Barb Spiro, nurse; Michelle Hall, nurse practitioner; and Leslie Fox-Levya, nurse practitioner. Sandra Monroy-Irish, medical interpreter; Gordon Murray, radio communications; and Gary Kirckof, general helper; had all participated on IHS missions before in various Honduran villages. That just left Callista Carlton, pharmacist; Elinor Japp, dentist; and Catherine Creech, pharmacy student; as the only newbies to Rus Rus and IHS. Despite our various backgrounds, we quickly came together as a healthcare team and worked seamlessly to serve the people of Rus Rus in February 2016.

*Catherine Creech*  
*Pharm D*



***Rus Rus Team Members***

***Front Row:***  
***Gary Kirckof, Dr Mark Spiro, Sandra Monroy-Irish, Elinor Japp, Michelle Hall, Catherine Creech***

***Back Row:***  
***John Kirckof, Gordon Murray, Barbara Spiro, Leslie Fox-Leyva, Callista Carlton, Denise Wiles, pilot Wes Wiles***

## PLP Surgery



I was part of the Puerto Lempira surgery team in February of 2016, as an RN. The idea of joining was planted in my brain by longtime friend Ruth Logar. She always seemed excited about volunteering with IHS. As a true Norwegian, Ruth doesn't get excited about much. I was intrigued. The clincher came when I realized that this was the same organization that I had heard about from a friend in college, his dad was Roger Stubbins DDS. My friend had traveled to Honduras with his dad in the late 70's. If this group had been around THAT long this was definitely a group with an organized and thoughtfully planned mission. Off I went.

As the newbie and the baby of our group (I'm 56!) I was drafted to write a note about my experience. Sounds easy, but I was stuck. I had no idea what to write. With no plans of plagiarism, I was looking at some previous newsletters. There I saw pictures of the operating room in Puerto Lempira. Once again I was back in that room, with our crew, trying to be a circulating nurse. Feeling nervous but excited to be part of such a dedicated team.

How do I pick supplies for a gallbladder removal? No worries, Joann Prater would support and guide me. Would I have the supplies I needed? Drew from DREWMART would have gotten everything to Honduras and Jim Prater would know where I could find it. Had the





appropriate patients arrived on site? With our radio operator John from the great state of Texas, the coordination for the patients arriving from outlying areas would happen as smoothly as possible. Had the patients been interviewed and cleared for surgery? Our surgeon Dr. Dunn, CRNA's Ruth and Betsy, working with the local medical team, and our interpreter Ricardito made sure of that. Grant, our engineer, repaired things with an amazing ability. Last but not least, Diver Dan manned the cautery pad, sponge and needle counts, and oversaw fly control in that operating room.

There are authors who write books about whether international volunteering is really helpful. That was on my mind when I arrived in Puerto Lempira. When I left I was convinced that the services that we donated were a luxury that their system could not provide. I believe that our crew, working with the wonderful local medical personnel, helped to create a cohesive health care plan for surgical patients in need.

And I loved it.

*Robin Olsen*



***PLP Surgery Team Members***

***Back row: Rick Reiter***

***Middle row: Robin Olsen, JoAnn Prater, Betsy Hundertmark, Dan Walker***

***Front row: Dr. Dan Dunn, Jim Prater, Ruth Logar***

## PLP Admin

**B**ack in the 60's, many of us got a letter in the mail that suggested (maybe demanded) that we go visit a travel agency that told us about seeing the world on Uncle Sam's dime. Many of us made friends there that are now closer than family. In some ways, that's how I feel when I reminisce about those I've worked with in Honduras. I'm not sure of the best way to say it, I just sense I am around people with big hearts. Someone very familiar with PLP put the bug in my ear 13 years ago. Surgeon Rod Brown, a name well known to many at IHS is my family doctor. He asked me if I would consider coming down because he knew I could fix anything. Without this nudge, I may never have seen Honduras.

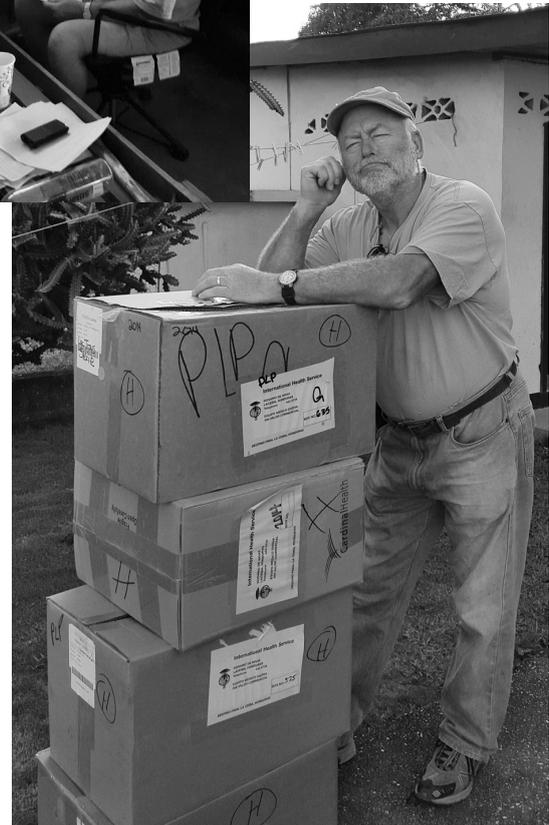
This year kept the three of us hopping. Drew, John and I were kept busy with many day-to-day projects. Many trips to the airport transporting patients to the hospital Surgery Team topped the list. When we thought we were caught up on our projects, other adventures began. I spent more time in the operating room this year than ever before. I fabricated a part to repair an anesthesia machine, got gauges working on another, repaired a cauterizing machine and got an operating room table to do all the functions it needs to do to make a doctor's work less stressful. Please keep in mind I fix farm tractors here at home, not these kinds of medical equipment. I feel God gives me the answers to these problems. I give Him all the credit.

The Admin Team works closely with the Surgery Team at PLP. The team this year was a very special group. It's amazing how people who have never met before can work together in such harmony.

From helping to get teams off and running, keeping in touch with each of them during the mission, and doing our part in helping them back to PLP at the end of the mission, our job at PLP Admin is full and very rewarding.

Thank you to all the team members who made our mission trip another great success!

**Grant Hanson**  
*Engineer, PLP Admin Team*



### *The PLP Admin Team*

*(Left to right)*  
**Grant Hanson**  
**Drew Mathews**  
**John Wagner**  
**Dr. Marianne Serkland**  
*(not shown)*



## Tocoa Surgery Team

Each year we tally how many surgeries we do in our 8 or 9 days in Tocoa, and I for one never remember the numbers. What I do remember, and what I have appreciated about returning to the same ciudad year after year, are the relationships we build, and the follow ups that we get to see.

New this year is Maison, our little peanut, at three months old, weighing only 4.7kg; Dan, with the help of the rest of the team, fixed his cleft lip. He's just one example from 2016 Tocoa surgical brigada.

This year we saw Amilcar return from last year's roster to thank us for restoring the function of his left hand. We had re-attached tendons of his fingers and released contractures that had limited his wrist and hand movement. His gratitude was tangible as was his excitement of his ability to soon be holding his new baby (as his wife was admitted in the labor and delivery department!).

Dani, a younger gentleman, returned to us from last year to continue work on creating fingers from the amniotic band syndrome he suffered from. His grandma is so diligent and brings him from a remote village each year, with the help of Janine from IHS, who originally referred them to Dan.

And then there's Osman, the little boy who first came to us in 2010, with a bilateral cleft lip and palate. Over the next two years, Dan operated and revised his work His mother brings him back almost every year since to have Dan assess Osman and to show us his progress.

Although not everyone can return to thank or share their success with us, I know that our team makes a positive difference in the lives of those we serve. It does make my heart happy when we do get to see our former patients doing so well, with sometimes, even, a new life. I think I can speak for everyone in saying that what we give is returned to us ten-fold, and we are better people for having volunteered with IHS.

***Meredith Johnson***  
***RNFA***



***Tocoa Surgical Team 2016***

***From left to right:  
Susan (CRNA),  
Dan (surgeon),  
Mark (in front- Anesthesiologist),  
Meredith (RNFA), Steve (Scrub tech),  
Lisa (RN and Team Leader),  
Denis (Interpreter  
and Public Relations Guru)***

## Santa Fe

**M**y personal journey began in early 2014 when I promised Sarah Lumley I would join her and IHS for a mission. I saw it as an opportunity to give back, by utilising the skills I had been blessed with, to help those in greatest need. The challenge was cost, and so the fundraising began in early November 2015 in the UK, along with gently persuading my trusted friend Emma Edoimioya to join the adventure. To my delight, the generosity of friends, family, patients from the UK, and the Oral and Maxillofacial department at Royal Stoke Hospital kickstarted the 2016 February Mission to Honduras.

IHS saw our team placed in Santa Fe, often coined “holy faith” in Spanish. This is the fourth consecutive year International Health Service of Minnesota provided medical and dental care to the Santa Fe area, a municipality located just west of Trujillo on the Caribbean coast. The population is approximately 5,403 and is made up of a mix of Garifuna and Latino people.

Our team consisted of a physician, nurse and clinical nurse specialist, pharmacist and pharmacy students, a dentist, a supporting cast of radio communicator, an engineer/general helper, interpreter and an invaluable Honduran lady, Idalia Maldonado. We met up in La Ceiba where we were introduced to individual team members right before the welcome dinner.

At 6am on Sunday morning, the team enjoyed an arduous six hour bus journey to Santa Fe, with intermittent stops to pick up supplies and package various medications. Noel Ruiz, the town mayor welcomed us along with some of the local children who graced us with their beaming smiles and laughter. Our supplies were hauled in the back of the Mayor’s pick-up truck, up a steep hill to our base camp, which happened to be a hurricane shelter. After dinner, which was organised by the Mayor, along with a brief introduction of their traditional local dance, La Punta, we retired for the night ready for our first full working day.

Around 4am we were wide-eyed and awake, mostly thanks to the roosters, barking dogs, and the sound of the local bus horn. The conversation that ensued over breakfast made some of us realize just how far removed we were from our familiar urban lives. Our first two days were at the clinic in the village of Santa Fe, where we provided emergency care for appendicitis. Day two in Santa Fe we saw our bodies struggling to acclimatise to the change in time zone. So, being from England that meant my body clock was slugging 6 hours ahead of everyone else. The warm clean air seemed to have done wonders for my sinus problems. Freshly squeezed orange juice was something I had never had before.



The second day at the clinic opened at 8:00 and by 11am I had powered through the patients who had been waiting to see me. I proceeded to help the local business by experiencing Alex’s barbering skills. Whilst being subjected to his delicate fine motor skills, I was blessed with the opportunity to discover just how resourceful Alex and the people of Santa Fe can be. Alex is a 32-year-old man who works for the government, studies teaching part-time, and barbers as a side business. Compared to the surrounding villages, Santa Fe arguably has a good standard of basic medical and dental health. The adjacent villages of Plan Grande, Quinto, and Guadalupe functionally have no reliable dental and medical services. The mayor made it possible for IHS to take our services to these villages. He and the village leaders arranged transportation by a rocky boat for our team to travel to these villages. What would have been impossible for us became possible. The business of breaking camp, loading up and unloading and setting up was repeated a few times as we visited Quinto, Plan Grande and Guadalupe.





means to make our stay comfortable. A medical or dental problem can be an ordeal because of logistics. Managing medical emergencies presents an even greater challenge. This was evident in Plan Grande where over 109 teeth were extracted in only 44 patients.



The magnitude of the effect was observed first hand when a patient presented early in the evening with a compromised airway as a result of Ludwig's Angina following a dental infection. Intravenous antibiotics were given to the patient as we extracted teeth from his mouth, which could not open more than 1cm wide. We carried on even though exhaustion had settled in from a full day of hard work and sleep deprivation. The situation became life threatening at around 1am, when I had to perform an emergency incision and drainage using local anesthetic, an inadequate substitute to general anesthesia normally used in hospital. I fashioned out a drain by suturing vinyl gloves into the open wound, whilst the nursing staff balanced the torch light. The patient remained anxious through the pain, all the while fearful for his life, as the nurses comforted him. The limited medical supply available saw an emergency phone call being made to my maxillofacial consultant in England to seek advice about nebulizer substitutes in attempt to keep his airway open. The high tides and lack of roads meant that we had to improvise on how to keep the patient alive before daylight. He was then sent to the nearest hospital by sea and land, to be treated by our surgical team in Tocoa. The teamwork and initiative demonstrated by the nursing team in the acute phase of this particular patient led to early diagnosis, early acute management, which ultimately saved his life. This demonstrated the importance of IHS work and the team

Flexibility was a key ingredient that afforded for success, working in the various villages. The challenges of accessing Quinto required entering a very rocky inlet, which is the mouth of a small creek. Our team members transformed into a team of circus acrobats as we balanced precariously and scrambled over slippery rocks to the safety of sandy ground. Quinto villagers unloaded the supplies and hauled them to the clinic. The grave reality of poor dental care was evident when a young lady arrived requiring surgery to remove the remainder of her teeth due to a severe infection.

In the village of Plan Grande we were faced with unloading our supplies to a community center 60 feet above the beach. Smiling, energetic village children helped us haul our stuff up the hill without complaint. Our living quarters and radio operating area were in a small evangelical church right at the head of the stone stairs. We even had a working shower, wash basin, and flush toilet about 75 feet from the church. The community did whatever they could within their



approach necessary to provide a service which would otherwise not exist. In short, simply a doctor and dental visits does not exist. The joint effort helped us all grow as a team.

After our work was completed in Plan Grande, the journey back to Santa Fe felt like the heavens had opened up and wanted to confine us to Plan Grande. The rough sea and continuous bombardment of waves crashing onto the side of the boat saw some of us praying for 45 minutes till we arrived on the dry land of Santa Fe. Other team members became drenched and succumbed to the large waves of the sea. We returned to Santa Fe and travelled to the village of Guadalupe where we provided clinic for two days. Guadalupe is about a twenty-minute car ride west of Santa Fe. Whilst in Guadalupe, we saw people coming down from the surrounding mountains who heard that IHS members were seeing patients. From a dental perspective, the patients' dentition were rife with decay. This was quickly explained by the presence of armed guards around multiple Coca-Cola trucks.

The best part about being in Honduras was the fulfilment gained from interacting with the population and learning about their culture. The content of the simple things in life and can do attitude of people challenged my personal interpretation of life priorities.

On the final day, we packed the clinic and took inventory of just about



everything. After inventory, we attended dinner where we shared our various stories before departing to our individual destinations.

All in all, this was a great experience which afforded the opportunity to make lifelong friendships and develop important skills, while serving the people of Honduras. While writing this article, the team learned that our night-guard, who watched over us whilst we slept in Santa Fe, sadly passed away due to a heart attack a few days after we had departed. The numbing feeling of not being able to help people because IHS had left, demonstrates just how important the work of IHS is in serving the people of Honduras.

***Dr. S Olaore***  
***BDS, MFDS RCPS.Glasg, BMedsci***



#### ***Santa Fe Team***

##### ***Front Row (left to right):***

***Idalia Maldnado, Deji Olaore, Jenine Graham, Bill Rousell***

##### ***Back Row (left to right):***

***Dewy Essig, Jodi Hartwig, Tyler Bertsch, Brad Rotert,  
Mark Bayern, Dave Anderson, and Dr.Paul Farley***

## Refugees in Remote Honduras

by John Kirckof

For most of us, we remember a time in the 80's when IHS was only a few years old and working to find their identity in medical and dental care for Honduras. During that time there were many thousands of refugees in the La Mosquitia region of Honduras due to the struggles in Nicaragua between the Contras and the Sandinistas. Many poor people were caught in the middle and had to leave their homes and seek refuge over the border into Honduras. Somewhere around a decade ago, that refugee situation had faded away as many of these people were either able to go back home or make a new life in Honduras. Through all this, IHS persevered and adapted in their delivery of medical and dental care to those in the region who needed our help.

In the summer of 2015, this changed, as a new, smaller group of refugees started coming once again from Nicaragua to the same area of Honduras. This time it was brought on by different conditions but the result of needy people being displaced into Honduran villages along the Coco River was the same.

Some excerpts from an AP news release written last September has shed some light on what caused the turmoil. That release mentioned that along Nicaragua's northern Caribbean coast there were clashes between local Miskito Indians and settlers from the country's west. A few of local people were killed and several were wounded plus many hundreds of Miskito fled their ancestral lands. Many have sought refuge in neighboring Honduras. Miskito leaders accused the new settlers of forcibly seizing lands long considered their communal property. The displaced people who lived on their land for generations are going to Honduras because food is becoming scarce and there is no medicine.

As the conflict intensified, the Miskito people claim they have been on their lands for thousands of years and now the new settlers forcibly came in and took their land. There is no precise count, but many hundreds of people have left for Honduras. Many more have settled elsewhere in Nicaragua. Corrupt individuals "sold" such lands to settlers from western Nicaragua, who don't know or don't care the titles are illegal.

IHS had a medical/dental team in Rus Rus for those last two weeks of February, and we kept track (as best we could) of the refugees we saw in the medical and dental clinic. Overall, we had over 1500 clinic patient visits. Of those, we estimate well over 200 were refugees currently residing in the area. Every year we see a large proportion of our patients with very serious medical conditions. This is evidenced by the large quantity of pharmacy supplies we dispense for the number of people we see. This year was no different and it appears we gave out the most meds ever for each patient indicating the seriousness of their health problems. This added medical/pharmacy supply cost was covered by IHS but it points to our ever-increasing need for financial support to make sure we cover all the medical needs of those we serve.

October 2015 & February 2016 Team Statistics  
Total Patients Served - 10, 780



Dental Teams Patients – 2,504 Extractions – 2,280



Medical Teams Adults – 4,345 Children – 2,868 Surgeries – 11 Glasses – 1,220



Pharmacy RX's – 17,919 Vitamin Packets – 5,714



Surgery Teams Surgeries – 67



Eye Care Teams Patients – 996 Prescription / Reading / Sunglasses – 1,982

Dates to Remember

2016

- 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 23 - November 2**
- 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

2017

- January 1** Balance of February Project fees due
- January** Load containers in the Twin Cities
- February Project** **February 10- February 24**
- 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



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.

## Officers & Board of Directors

### OFFICERS

#### President

Drew Mathews, CRNA,  
president@ihsmn.org

#### Vice President

John Pope  
vicepresident@ihsmn.org

#### Treasurer

Steve Rice  
treasurer@ihsmn.org

#### Secretary

Jenine Graham  
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

Open  
fundraising@ihsmn.org

#### Co-Medical

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

#### Co-Nursing

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

#### Pharmacy

Mary Bierman, RPh  
pharmacy@ihsmn.org

#### Co-Recruiting

John Kirckof/ Renee Donnelly  
recruiting@ihsmn.org

#### Consultants

Knute Panuska, DDS  
Carlos Scheer, Interpreter  
Cheryl Schraeder  
David Ashby



IHS Co-founders Knute Panuska and Rosario Arias

### Advisory Council

#### Medical

Mariane Serkland, MD  
Rod Brown, MD

#### Engineering

Chris Knoff

### HONDURAN COMMITTEE

Rosario Arias  
America Everett  
Antonieta Ashby  
Beto Castillo  
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](http://www.ihsmn.org)  
[contact@ihsmn.org](mailto:contact@ihsmn.org)**

## Upcoming IHS Projects

### Fall Project:

**Oct 23 – Nov 2, 2016**

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](mailto:contact@ihsmn.org)**

### Planning Trip – Early October

Around the same time as the Octo-  
ber Project, a small group of people  
head to Honduras to lay the ground-  
work for the February Project. They  
determine team sites, arrange logis-  
tics, 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](mailto:president@ihsmn.org)**

### February Projects:

**February 10 – 24, 2017**

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 every-  
thing set up. If you can help please  
let the Project Director know before  
the trip:

**[projectdirector@ihsmn.org](mailto: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!

**IHS Projects October 2015 & February 2016**



**H O N D U R A S**

Simplified location map of I•H•S Honduran projects

**IHS Projects:**

**October 2015** ————

**February 2016** —————





# International Health Service

## Participant Application – please print clearly

February 10 – 24, 2017

**Note:** The Feb mission dates are the latest arrival date in La Ceiba (usually by plane to SAP followed by bus) and the earliest departure date. The Feb 2017 mission begins Friday evening Feb 10 and ends Thursday evening Feb 23. Many participants in Feb will extend to Sunday, 26 February, 2017 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
	<b>Total February project fee</b>	<b>\$725</b>

\* 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:

\_\_\_\_ Lift and carry 25 pounds multiple times                      \_\_\_\_ Climb two or more flights of stairs  
\_\_\_\_ Work in extreme heat and humidity                              \_\_\_\_ Walk on uneven terrain  
\_\_\_\_ Travel by any type transportation                                \_\_\_\_ 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  size

**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**

St. Peter Lutheran Church, Afton  
Drew Mathews

**Platinum - \$1,000 up**

Centra Care Foundations  
Dale Watson  
Dan Walker  
Douglas and Anne Pflaum  
First Lutheran Church  
Good Shepherd Lutheran  
Michael Lindseth  
Mark Spiro  
Nicholas Houle  
Robert Johnsen  
Steve Moore

**Gold - \$500 up**

Deborah Lavoie  
Harold Thibault  
John Pope  
Leslie Koehnen  
Medtronic  
Robert Watson  
St. Peter Lutheran Church Women  
Steve and Marietta Rice

**Silver - \$250 up**

Aubry Olson  
Dean Schluter  
Gordon & Bonnie Stock  
John Kirckof  
Richard Ekstrand  
First Giving  
Glenwood United Parish  
Scioto Valley Chapter 99  
Kiwanis Ely  
Kathleen Gustafson  
Rosalie Eckhoff in honor of Curt McLain  
William Roussel  
Rod Brown  
R. E. Gandrud

**Bronze - \$100 up**

Annette Watkin  
Barbara Fleming  
Char Zimmerman  
CMH Kiwil Club  
Dr. D. G. Hunter  
Fred Smoger  
Irene Schaper  
Jean Yunker  
John R. Hinz  
Kinsley Thompson

*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.*



Kristi Anderson  
Philip Johnson  
Myrtle & James Kettner  
Marilee Darr  
Marcia & Bruce Davis in honor  
of Melvin Norstebon  
Mary Boyle  
Dr. Perry Severence  
Rosalie Eckhoff  
R. E. Gandrud  
Richard Hill  
Robertta Olson  
Tim Hunt  
Susan Hasti  
Shanelle & Wilmer Fernandez  
Gertrude Staubitz

**Copper – up to \$99**

Bill Finley  
Bethene Trexel  
Brenda Junnia-Doty DDS  
Cheryl Schraeder  
Edward Deutschmann  
Gary Stephen  
Go Fund Me  
J. Lawrence Sanders  
John Stapp  
Jan Ferguson  
Janet Fenson in honor of Roger Stubins  
Kathleen Aug  
Kathleen Trueman  
Lori Jackson

Magnolia Forwarding  
MC Davis  
N. Haggerty  
Robert & Donna Kennedy  
St. Anthony CM/CW  
Tom Haus  
Trinity Lutheran  
Wendy Nelson

**Non Monetary Donations  
critical to the mission**

Abbott Northwestern Pathology  
Anchor Scientific (David Potter) for shipping  
intake and storage  
CentraCare River Campus for two office chairs  
CentraCare St. Cloud Hospital for UA test strips  
Charlie Zupher for dental tools  
Dennis Killian for 50 dental picks  
Douglas County Hospital for medical supplies  
Dan Jaffurs for medical equipment storage units  
Drew Mathews for vehicle rentals and portable  
generators  
Fairview Southdale Laboratory  
Frank Lushine for medical equipment  
Global Health Ministries for surgical equipment  
Graham Moving LLC, for use of the trailer  
Gwen Reiter for bars of soap  
Hope for the City for medical supplies  
Irene Shaper for eye care supplies  
Joe Tombers for Plumpy Nut starvation recovery  
supplements  
Katun Warehouse (Jim Johnson) for water bottles  
and storage facilities  
Leon Ernster for dental chair and portable dental  
unit  
Liberty Carton for boxes  
Mary Huber for sheets, blankets and scrubs  
Message Program in St. Cloud, MN for beds, gur-  
neys, catheters, toothbrushes, and toothpaste  
Paul Tschann for medical supplies  
Siri Hustad for medical equipment  
Steve Bakke copywriting & editing  
Tom Klett for use of trailer  
Tom Haus for walkers and medical supplies  
Tom Roper design & production  
Mission Outreach: Franciscan Sisters of Spring-  
field, IL (medical supplies)

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

INVITATION

International Health Service of Minnesota (IHS)  
HONDURAN VILLAGE TEAM DINNER

Choice of Rice Dishes/Chicken/Vegetarian/Plain  
Several Bean Dishes/Black/Brown/Refried



Pineapple-Coconut or Mango Fruit Punch and Other Beverages  
Honduran Coconut Bread  
Papaya-Pineapple Dessert

Thursday, September 8, 2016, Doors Open 6:30 PM

6:30 PM Social/6:45 PM Welcome/7:00 Silent Auction Opens  
7:00 to 8:30 Serving Line Open /8:30 Prize Table Drawings Begin  
9:00 Grand Prize Drawing/9:30 Silent Auction Closes

**Coon Rapids Civic Center**

**11155 Robinson Drive, Coon Rapids, MN 55433**

Need help with directions? Please call Ricardito, 763-755-8267. This event is smoke-free, drug-free, and alcohol-free.

***RSVP=PLEASE RESPOND ASAP SO WE CAN  
PLAN AHEAD AND KNOW HOW MUCH SPACE  
AND FOOD WE WILL NEED. THANK YOU.***

Reservations -per person

\$20.00 received on or before August 31

\$25.00 received after August 31

\$30.00 at the door

---

Please make check to "IHS"

Please make note in memo area (lower left of check): "Honduran Dinner for \_\_\_\_persons". If you would like confirmation of your reservation, please include your e-mail address. Thank you.

Please send to:

**IHS c/o REITER, 2200 2<sup>nd</sup> Ave, #101, Anoka, MN 55303**

All proceeds go directly to the purchase of medicine, supplies, fuel and other expenses for IHS missions to Honduras in October and February.

<https://wordpress.com/page/honduras270.wordpress.com/21>

---

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

**Serving Honduras  
for over 30 Years.**

***Help us build the  
bridge to better  
health.***

**Please consider increasing  
your contribution so we  
may continue our work!**

***contact fundraising@ihsmn.org***

