

Annual Newsletter of International Health Service of Minnesota

# NewsBreak

## 2013



## Many Hands Made Solid Accomplishments

IHS is happy to report that on the two most recent project trips we made a positive impact on the lives of 7,500 people. We have to credit the volunteers who took the time out of their lives, and we have to say thanks to the donors who provided the economic backbone to make it possible. Again we can say there are individuals who are alive because of the care we provided. In the surgical situations it is an easy claim to make. It is more obscure when you consider the hundreds of clients seen daily with a range of complaints that could escalate into serious, life-threatening conditions. Who are these folks? They are people living and struggling at the margins of society. Some are urban and poor, others are rural, living "off the grid" and engaged in subsistence hand labor. They are our fellow human beings doing their best to succeed though they lack critical resources.

The October 2012 trip and recent February 2013 trip were successful because a lot of interrelated tasks happened at the right place and time. Volunteer board members and others carrying out their assignments without supervision are at the heart of International Health Service. As the Project Director, I find that amazing. The simple fact is that any number of things can go wrong and cause delays that could result in volunteers waiting in the field without their tents, medical supplies, or medicines. Transportation logistics of material is the nightmare that keeps staff up at night. Murphy's Law is a constant threat. Once again, the volunteers did not experience logistic breakdowns, but that was because we had outside help.

Honduras had cancelled the right of all nonprofits to bring in goods duty-free in reaction to abuses by some bogus non-profit organizations. This cloud of suspicion threatened to cause delays in the delivery of supplies and leave us with unhappy and empty-handed volunteers in the field.

Fortunately for IHS, the Red Cross of La Ceiba had anticipated the problem months beforehand. They obtained the coveted duty-free permission to import called a "dispensa." They identified the national officials who would assure the local officials that our dispensa was valid and should be honored. We are indebted to them for their proactive initiative and their advocacy. Thanks also to the unknown government officials who made calls on our behalf. Another legitimate non-profit that had no in-country partner waited 10 days to get their container off the loading dock.

We entered the last fiscal year with a very thin bank balance and had to embark on our October and February trips with the determination that we would make it happen somehow. The economic times and a devastating shipping fiasco that befell us in 2011 had put us in a tight spot.

I want to thank a core group of IHS volunteers who held a fundraiser, spoke to community and church groups, and eventually guaranteed that we stayed solvent. A special thanks to the Anoka Rotary and the Kiwanis of Ely, and a number of churches

affiliated with various members. In addition, the nonprofit ACT, a Washington D.C. based group, closed up shop and transferred their limited assets to us. We were also able to reduce our medical supply purchases because of donations from the Mission Outreach program of the Franciscan Sisters of Springfield, Ill.

While volunteer fees balanced the ledger, their energy and time in the field made it all happen. Donors can take comfort in their donation having been matched approximately 2:1 dollar for dollar plus the value of more than 10 days of skilled volunteer work. That is a great partnership that makes IHS work.

Every year we ask "Is this the best we can do?" On the February trip our nurses decided to incorporate a public health component that offered training and explanation on the importance of hand washing, clean water, and good nutrition. We acquired illustrations and charts that make the points that have become second nature in developed countries. In villages where water is carried by hand the length of one or more football fields to the house, cooking and not sanitation is seen as the primary use for water.

Other volunteers took on community projects. In one village they rebuilt hand pumped wells with new sustainable designs. The same team designed a bridge to link two sides of a village separated by a gully. In addition to the design, they provided funds for lumber and nails. A year later a bridge linked the two sides of Lisangnipura. The planning, organization, the hand cutting of the boards from trees (the only alternative available), and construction work was done by the men of the Miskito Indian village. While the bridge is a great asset to the town, the greater long-term benefit may be the local leadership that made it happen.

We continue to benefit from the skills and energy of many young volunteers. In February, graduating pharmacists from South Dakota State University paired up with veteran pharmacists who have years of experience. It is rewarding to hear the veterans comment positively on the competence of the new recruits.

Your support made all these things happen, and as a donor you can take pride in the results. People are alive who might not be. Many are healthier than they would have been. Many see better every day because of the glasses they now wear. Others no longer live with dental pain. Subsistence communities in partnership with IHS volunteers are improving their infrastructure. The benefits flow both ways, however, and the result is a better world for client and volunteer.

**Steve Rice**  
Project Director



A month after my first IHS visit to Yocon in February, I was committed to returning to Honduras in whatever capacity or place was slated for the October mission. This time, without my wife, this architect turned general helper found himself in a very different part of the country but again with a great bunch of people. Our co-team leaders, Dr. Marianne Serkland and Teri Houle RN, were well seasoned and lent an air of confidence to all our efforts.

After our team rendezvoused in La Ceiba at the Gran Hotel Paris from our various locations, we woke bright and early for our flight to Puerto Lempira. Our turboprop hummed over miles of beautiful territory with only green below with an occasional river winding through. Once landed we headed for Marianne's compound nearby where she, our Miskito interpreters, tons of supplies and the open long boat awaited – all to be loaded up and launched across the huge Caratasca Lagoon to our destinations on the Kruta River.

The weather was with us as we left the lagoon and slowed at the approaching estuaries and Rio Kruta. Along the way were clusters of elevated huts, lush vegetation, and waving boat people in both directions. The



routine weather was partly sunny in the upper 80s by day and low 70s by night. As we pulled up to Kuri, the first of two villages we worked in, scores of villagers assembled on the banks to welcome us and lug each and every piece of equipment, supplies and luggage inland to their resting place in an old three room school house – our soon to be clinic.

After a quick dinner, the 15 members of our team scrambled to set up the medical, dental, dining and sleeping quarters. The night sounds in this river country were beautifully subdued; the antithesis to my first trip to the mountainous region

around Yocon in February where roosters, dogs and festival music reigned supreme. The only exception was the instant roars of heavy rain on our metal roof that seemed to be turned on and off like a faucet. By daybreak we found ourselves to be a closely knit collection of personalities caring for hundreds of villagers as if this is what we do for a living!

Before we broke camp in Kuri, which also served 14 surrounding villages, I realized why sleep came so easily. In three days the team served 571 medical patients, performed 224 dental procedures and dispensed 2,314 prescriptions! We also had to say goodbye to our beloved



Honduran dentist, Genny Lainez (extractor extraordinaire), who was whisked away in a water taxi.

The team's next river destination was Kanku which also attracted patients from 9 other communities. Wetter than Kuri, Kanku had the same three school room set up but the villagers hauled all our provisions across a shallow marsh, while most of the IHS team was brought over in small cayuca canoes. By the next morning we were up and running with a new local population, some of whom had paddled or walked for several hours to reach the clinic. Again the night times were relaxing and I eventually realized the strange stars I was seeing were just the same ones but in a different location in the sky – beautiful all the same!

Unable to escape all my New York City wisecracks, I kept asking when I would be able to do an operation. As fate would have it, on our last day in Kanku, Nurse Lori Jackson pulled me aside and instructed me to ready the dining room so I could assist her in a procedure.

Before I knew it, Lori guided me in how to hand her sterile surgical implements in a sanitary manner so she could remove a large growth from a month old baby's finger. With minimal instruction from the doctors Lori pulled it off expertly; I was truly humbled by the whole experience. The grateful parents asked to keep the removed growth so they could bury it near their home – a two hour paddle upstream.

Kanku statistics after two days: 393 medical patients, 106 dental procedures and 1,611 prescriptions filled. With good humor the people happily lugged all our provisions back into our boat and we were off again across the lagoon to Marianne's compound in Puerto Lempira, where a delicious lunch was served. Our flight to La Ceiba was delayed due to weather but it gave us a nice layover. We slept in the crisp clean lodgings at the Catholic Compound and were able to visit our dentist Tom Brian's dental clinic at the orphanage, House of Hope. It was there we realized the big moon we were seeing was also above



a huge hurricane hitting eastern US and Canada . It was called Sandy.

Upon reaching the Gran Hotel Paris in La Ceiba the next day, the hurricane related flight cancellations gave us an unexpected chance to relax and go out for dinner which was coincidentally orchestrated by Drew Mathews, IHS President. Our walk from the restaurant that evening was a very poignant one. Drew asked the owner to put all our left overs in individual doggie bags. As we made our way back to the hotel, homeless people were also gathering. We gave each of them our food packages. Like Honduras and IHS – unexpected and engaging. I look forward to returning soon!

**Rob Damico**  
General Helper

## Caratasca

### Naksa, from the Caratasca Lagoon team!

Our trip across the lagoon began with a wet and wild boat ride from Puerto Lempira to Laka Tabila. On top of dealing with the choppy water, our boatmen, Andreas and Andy, had to occasionally scoop water out of the boat as a result of a recently repaired hole. We managed to survive the trip without losing any luggage.

Laka Tabila is a remote village without any electricity or vehicles to speak of. We carried our supplies about a quarter mile with plenty of help from the local village people. They treated us with respect from the moment we arrived and that respect continued for the remainder of our stay. The village people were very cooperative during our clinic days and also welcomed us into their school and homes during a tour of their village. The experienced team members guided a quick and efficient setup in the local church that we slept and worked in.

The first day of clinic started with a bang as our physician Tom delivered a baby boy into the world. Our dentist Kelly kept busy everyday pulling on average around 60 teeth, which she commented were much longer than those seen back home. Patients traveled from far away to be seen. Most notably, a man with an inguinal hernia traveled by foot for three hours. His condition was unknown until the next day when he made the trip once again since he was not seen the previous day due to time constraints. Another woman was hauled into the clinic in a wheelbarrow. Common conditions treated included scabies, lice, and parasite infections, along with UTI's. One thing that came as a surprise to the new IHS volunteers was the number of young pregnant women. This was also true at the next village.

Bathroom and shower conditions were usually interesting as cockroaches and a spider the size of a small hand were near by. We also had guests in our living space each night with several bats keeping the mosquitoes to a minimum. Daily meals consisted of rice, beans, and tortillas. Dessert usually included peanut butter and jelly tortillas. The weather was warm and humid with



frequent rain showers. "When it rains it pours" is not an exaggerated expression throughout Honduras.

Our trip to the next village, Krata, was peaceful as the lagoon was much calmer than our previous experience. Krata is located on a narrow strip of land between the Caratasca Lagoon and the Caribbean. It was obvious when we arrived that the people were better off than the previous village given their more modern clothes and the fact that they even had a very small "convenience" store. A few people even owned bikes.

The local people at this site weren't as patient as the previous village. Crowd management was an issue during our clinic days. To some extent this was understandable, since a physician had not visited this village in 19 years. As was the case in our first village, local people were kind enough to cook our lunch and do our laundry during our stay. One thing that came as a surprise was the livestock present at the villages. Cattle, horses, pigs, and chickens were seen from just feet away on a daily basis. Also, the bats followed Mike Stapp from the previous village as he had a near traumatic experience in el bano. Being

so close to the sea, many men in the village were former divers who had the bends. This came as a shock to the first timers as they learned of their under-equipped and dangerous working conditions. Our physical therapist, Karen, provided much needed counseling and exercises to these individuals.

All of the first time volunteers agreed that our experiences in the lagoon villages were extremely rewarding. We had an experienced team to guide us through the trip and give us pointers along the way. Our team worked amazingly well together and enjoyed each other's company during down time each night. We definitely feel our time and efforts made a difference in the local peoples' lives. A special THANK YOU to Dr. Marianne Serkland for the ongoing use of her boat, motor & kitchen supplies during the many years of trips in La Mosquitia. Our boat captains, interpreters & Miskito liaisons, Andres & Andy Martin have made our missions memorable as we serve people in these remote areas of Honduras....Tengki Poli.

**Kris Kirchner**  
Pharmacy Student

## PLP Surgery Team



As a child, I recall many incidents that ultimately led me to volunteer with I•H•S. I remember practicing balancing acts on my bicycle, as I wobbled home with an injured crow riding in the plastic, pink flowered, basket. In my teenage years, I transitioned from “roadside rescue missions” to volunteer work at Ohio Wildlife Center where I nursed badgers, snapping turtles, and seemingly enormous, endangered mute swans back to health.

My compassion and thirst for knowledge seemed to come naturally. This drive followed me through my career search as I transitioned into a professional student. It was through my love for life, happiness and adventure that I discovered nursing was my calling. When I finished my college education, I immediately began the application process for the United States Peace Corps. I knew I wanted to bring my medical knowledge to third world countries and continue to volunteer. It was almost fate that the following day I was hired as a registered

nurse in a critical care unit in Ohio. My desire to volunteer outside the United States and help others still seemed empty. Little did I know, just down the street lived an equally compassionate nurse and her husband. Over the fourth of July, I happened to bump into “The Praters,” who have been volunteering with I•H•S for over ten years. We were simply chitchatting and Jo-Ann Prater mentioned the word mission trip. From there, she sent me updates and emails as I kicked the idea around. There were times that I thought “Is this really a good idea?” I soon realized, “How could it NOT be!?” I was nervous, yet excited for many months to come as I anticipated the flight across the border. This was my first mission trip and will be one of many annual mission trips I plan to participate in with I•H•S.

The experience, knowledge, friends, travel, and FUN cannot be expressed any other way than to participate in a

medical mission trip for yourself. I cannot express the joy, love, and happiness that I experienced as I indulged in the Honduran culture, all the while knowing I was helping so many people. I felt like I•H•S was an extension of myself. The other volunteers were my brothers and sisters. I felt at home every day, despite the fact that “strangers” surrounded me. Little did I know these “strangers” were all in Honduras for the exact same reason I was and would soon become part of an I•H•S extended family.

**Shaina Hunt  
RN**

## Wampusripi Team

The 2013 Eye Team divided its time between two sites: Wampusirpi, which is a small rural Mosquitia village accessible only by boat or small plane, and Puerto Lempira, a larger “city”, which is the gateway to La Mosquitia. Over the course of ten days, we saw more than 1000 people, each of whom was individually examined by our optometrist. Each client over the age of twelve received a pair of sunglasses as protection against the intense sun and dust. Hundreds of middle aged and older patients received reading glasses. Dozens and dozens of people of all ages were fitted with prescription single vision glasses or bifocals from our supply of donated used eye glasses collected by the Lions Club. All told we gave out over 1900 pairs of glasses.

For the most part, being on an eye team is quite exhilarating. What could be more fun than enabling someone who has, perhaps always, dealt with blurry vision to see clearly or to make it possible for someone to read or do close work again. We had a lot of joyful experiences including a man who was very near-sighted (a minus four) and for the first time in his life was able to see clearly. He was more than thrilled. Every day we had many, many people, mostly elderly women, who were ever so grateful to be able to read their Bibles again.

We also dealt with a couple of frustrations. Perhaps eighty per cent of the donated glasses are unusable for our purposes because they are old, large and very heavy, or because they are in a poor state of repair, or because they have obscure prescriptions with heavy astigmatism, which is almost impossible to match to a real life Honduran. Thus we scrambled to find something helpful among the suitable twenty percent. Occasionally we came up with the perfect match. Usually we were able to find something that was good enough. Occasionally we had to send people away without a solution because we simply didn’t have one.

The second frustration concerns people with cataracts and other eye problems that require surgery. We of course were



*She is able to see and write again with Irene*



*Satisfied customer with Julia Rodriguez and Dr. Bob Slider*

not set up to help them. The best we had to offer was the vague promise of an eye surgery team from another organization that hopefully will be in La Ceiba in April. We took names and information in the hope that someone would facilitate getting these people to the city for their needed surgery, but because of logistics and poverty and lack of sophistication, it seems unlikely that there will be a solution for these people.

One of the most satisfying things about being on an eye team is seeing people in the community using their new glasses. I got a kick out of watching a man hanging out at the Puerto Lempira “airport”, leaning back in a chair reading a newspaper with his new reading glasses. A few days earlier I had encountered a woman

on a path in Wampusirpi, who had a new pair of bifocals. She simply could not say enough about how thrilled she was to be able to see again, as her previous pair had broken months before. Perhaps though, the best part was all the little old ladies who assured us that we are going to go to Heaven now that they can read their Bibles again.

**Irene Schaper  
General Helper**



A BRIDGE BETWEEN CULTURES

My first trip with IHS was as a pharmacy student back in 2008. I was immediately inspired by the caring, compassionate, and fun people in the group and absolutely enamored with the people of Honduras. I knew this was something special that I wanted to be a part of for a very long time. Then graduation happened, a new job, and a couple of years later, a baby! So, for a few years, February came and went with me still in the Midwest, not helping a country where both the volunteers and the people felt like family.

This year, the group was in need of pharmacists and I had run out of reasons to stay home! I was assigned to the Lisangnipura team in the La Mosquitia region of Honduras. I cannot put into words how impressed and proud I am to have been part of such an amazing team! Barb Hamilton, our fearless leader, is a seasoned veteran of IHS, and made everyone instantly comfortable and confident in their roles. She made sure everything (clinic, sleeping arrangements, meals, etc.) ran smoothly and that

everyone had everything they needed to be successful. We would have been lost without her! Our other general helpers, Scott Hamilton and Mike Minter, were always busy improving something! They repaired water-wells, stairs, handrails, and MUCH more. They even built a full-sized soccer net for the kids. They were always around to manufacture whatever you needed seemingly out of thin air! Our engineer, Chris Knoff, is difficult to describe....I guess he's like Batman: driven, resourceful, handsome, and you never know where he'll appear next! Because of his genius, we never had to worry about having clean water, or clean facilities, and the village has new functioning wells and a new toilet in the clinic! Not to mention hours of free entertainment he provided! Larry, our radio operator, was our lifeline to the other teams and the outside world. He arranged patient referrals to Puerto Lempira, delivery of supplies, communication with loved ones, and checked in with the other teams to give and receive progress reports and allow consultation between the medical teams

to discuss perplexing patients. Hilario was our local team member (and like another son to Barb!) who organized the local translators, helpers, and supplies and made sure to get the word out to surrounding villages about our services. He was invaluable and really helped coordinate everything! Our translator, Carlos, is the embodiment of kindness and patience, and is a true gentleman. He was an expert at not just conveying the words, but the meaning behind what was being said.

Our medical team, Drs. Joe and Shailen, nurses Lori and Diana, myself, and two pharmacy students Lindsay and Hillary, was absolutely incredible and I've never seen a group of people have more compassion and love for their patients. The people of La Mosquitia are so devastatingly underserved that basic medical care is a rarity. Clinic was challenging because we encountered many conditions that we don't commonly see at home, out of our comfort zones, with limited supplies and medications to work with. What



impressed me the most was the medical team's ability to look at a situation, determine what needed to be done, and find a feasible solution (sometimes MacGyver-style!).

People who haven't experienced this might say that we have done a good thing helping these people who would otherwise go without the care we provide. Speaking from my personal experience, I received infinitely more than I gave. On a personal level, I met people who forever changed me and my view of the world. I left with a fresh sense of humility and a grateful heart for all the blessings in my life. I walk into a dark room and flip on a light switch. I turn on the faucet and clean water comes out. My son has plenty of food to eat and I have 24-hour access to medical care if needed. On a professional level, I know I'm a better pharmacist from my time in Honduras. With limited treatment options, the scenario was often, "Here's what's wrong with the patient, Ashley - now fix it!" That required some serious creativity at times but it really made us examine the problem and come up with viable alternatives if our first choice wasn't available.

**Ashley Squier PharmD**



Our team ran like a well-oiled, dream machine. We saw over 1500 patients in seven days of clinic. A group of strangers working together this way doesn't seem possible, but we immediately bonded and became a family (a large, strange, hilarious, dysfunctional at times, perfect, family) all working towards a common goal of improving the lives of the people we met. But I know I'm not alone when I say seeing smiles on the faces of the local kids (and adults!) was worth every drop of sweat, every tear, and every frustration we encountered.



## Rus Rus Team

There we were, sprawled around a huge pile of boxes and bags, waiting our turn to fly in to Rus Rus from the airstrip of Puerto Lempira. It took Wes, our pilot and host, four trips to ferry us and everything we needed. Four of us were the last to go and as the afternoon wore on, the clouds lowered and rain was imminent. So we arrived in the rain at the tiny settlement of Rus Rus, 60 miles in from the coast and 5 miles from the Coco River which is the border with Nicaragua.

We were quite an adventuresome team. Deanie, our doctor, hailed from Alaska as did our nurse-practitioner, Leslie. Deanie's daughter, Sarah, also came to give us a hand. Robyn was our emergency nurse and Vivian was our EMT.

Our pharmacy team included Sara, our pharmacist, and two pharmacy students, Michelle and Alanna. Dr. Dan and his nephew, the irrepressible JJ, staffed the dentist's chair. John Kirckof was our experienced and valiant team leader, who it turned out worked with a broken fibula in his right ankle for most of our time in Honduras. Rounding out the team was Pudge, our radioman and helper plus me, a translator who had served in Honduras as a Peace Corps volunteer. Way out in the bush, we enjoyed a certain level of luxury: concrete-block guest house with real beds and bathrooms (but no hot water) and evening meals cooked by Denise at their house.

The day we arrived was devoted to organizing and settling in and ended with a delicious dinner and some wild tales about scorpions at Wes and Denise's house. They had a houseful of people: Gabby and Samuel, two lively and helpful teenagers, Karen, a mission nurse who was visiting to see how medical brigades functioned, and Carlos, a Spanish-speaking preacher from New Hampshire.

The next day we started. The waiting area was already filled with families by the time we walked across the runway to the clinic. Geraldina, a local nurse who knew everyone and was a veteran of the local clinic, was our chief organizer for registering patients. We had three examination rooms plus a wound care area. We also had a pharmacy, dental



office, and glasses dispensary. Many of the patients only spoke Miskito, so we had to rely on local people to translate from Miskito to Spanish and then the translators would translate from Spanish to English and then back. Fortunately Carlos was happy to translate and some of our team knew at least a little Spanish. We also learned all over again how wonderfully expressive pantomime can be. But without Janeth, Geraldina's sister, Alfredo, and other locals who worked day after day translating Miskito to Spanish, we would have been up the rio (river) without a paddle.

Most of the cases were routine: families coming in with colds, muscle pains, head lice and stomach upsets due to parasites. It was clear to us that this was an important event for the people as they had dressed in their best clothes, even though they had to walk 4 or 5 or 6 hours to get to us. Over half our patients were from Nicaragua which means they had at least a five mile walk. We had several emergency cases, such as a broken leg, two hernia cases, an ulcer, a ruptured tendon, suspected broken jaw, and a machete cut wrist tendon. These patients had to be airlifted out by plane. John, Pudge and Wes were in charge of all the communications and logistics needed to coordinate this and, of course,

Wes flew the plane.

The pharmacy was always busy because just about everyone needed some meds and everything needed to be explained. Gabby helped translate here and also helped John dispense both reading glasses and sun glasses.

Then there was the dental office. So many people had bad teeth and there was nothing to be done but pull them out. Fortunately there was plenty of lidocaine. By the end of the clinic, Dan and JJ had extracted over 250 teeth. Despite the focus on sickness and pain, we had our light moments. Sarah, Deanie's daughter, became the expert at calming down the little terrified toddlers by blowing bubbles – lots of bubbles – in the examination rooms. Outside the clinic there was a festive air as people chatted, kids ran around, teens flirted, and pigs and chickens roamed freely. Then there was the river! Beautiful, cool, refreshing, and only a short walk from the village. The perfect way to cool off after a long hot day at the clinic.

One afternoon after clinic we walked through the village to the woodcarver's workshop and looked with sheer admiration at the beautiful scenes of village life carved in mahogany and



beautifully finished. Rosalio was the husband of Janeth, one of our translators, and it turned out she was learning this craft as well. I think we managed to buy up just about all of his (and her) current work.

On Sunday, we had a well-deserved day off. After Sunday dinner, Carlos guided some of us to a small village, about an hour's walk away, where the people fed and cared for the scarlet macaws – those spectacular long tailed scarlet parrots. As we were chatting with people, macaws were flying everywhere, landing in trees and wrestling on the ground! What a marvelous sight! After enjoying coconut water straight from freshly opened coconuts, we headed back. A good restorative day. A few days later it was time to pack up and go. Over the course of the clinic we had seen close to 1500 patients. The days had been long and exhausting. We had had moments of joy and of frustration but we had done our best. Perhaps more importantly, we had connected with people across barriers of geography, culture, and language, and had shared our common humanity.

**Deb Krichels**  
Interpreter



### I Go To Help, But Also To Learn

In Honduras we sit in a clinic and hundreds of people come to us with their health problems and we try to figure out some way to help them.

Taking a glimpse into the thoughts that go through my head one might expect me to be thinking "Wow, I am really making a difference!" but really, the majority of my thoughts are more like "Wow, what in the world is this???" or "Um, I've never seen that before" and "You have what problem, did I hear that right?".

Trying to treat people in Honduras takes several giant steps out of the medical world we know. I'm an urban ER nurse so I see a lot of stuff...but I don't see stuff like this. I don't see people with worms eating away their nutrients. I don't see people with old fractures that have healed wrong because they were not cared for. I don't see 8 year old girls that are the same size as their 3 year old sisters. I don't see young people with growths on their eyes disrupting their vision. I don't even see kids that have totally untreated asthma or a mouth full of rotten teeth. I love going to Honduras to "help people," but I also love going because it awakens something that falls asleep at my daily job. That is the desire

to see and learn new things. Some of them are interesting, while some are downright depressing.

Every day that we see patients in Honduras I am struck by how little I know and how much I have to learn. The beauty of that is that I come back with a new sense of wanting to learn. And what a great environment it is to learn! Surrounded by patients with different symptoms and few testing resources you are forced to recall what you know. If you can't figure it out, you are surrounded by interesting people you can ask to teach you something new. My team members came from all over and they all had something to bring to the table. They all had knowledge, life experiences, and stories, and it is always great to collaborate about a problem and see what can be done. I learned a lot every day and left with the desire to learn more to prepare me for next time I go. So yes, I go to help and we do in fact help a ton of people. But I get so much out of it too.

**Robyn Hansen**

## BelAire Team

During February, Our team was in BelAire, about 25 miles east of La Ceiba, as part of a medical brigade organized by International Health Service based in Minnesota. We met up in La Ceiba where we picked up medical supplies I·H·S had shipped to the Red Cross. During our 10-day clinic, we saw a total of 1275 patients, filled 2588 prescriptions, distributed 1157 packets of vitamins, gave out 250 reading glasses, 122 sun glasses, and referred 17 patients for further care. However, I think our impact was much more than medical. You can see the hope in people's eyes when they hug you to thank you. You can tell their appreciation when they offer to help you pack vitamins. You can see their struggles written all over their facial expressions, worn down by the unfortunate circumstances they have to endure. The beauty of it all is how resilient they are through it all.



We had an amazing team led by Renee. Our doctor, Jennifer, did an extraordinary job treating the patients. Jenine, our nurse, was so compassionate towards the patients and did everything she could to help them. Deb was exceptional at initial assessments of each the patients. In the pharmacy, we all had a great time. We had so many amazing helpers and got to see so many interesting cases. Tom and Dave did a great job setting up the swings for the children. Our hosts, Jose and Evelyn, were such gracious hosts. Our trip was not all work. In the afternoons, we got to swim in the river to cool off, play some soccer, or just play cards with the children. One day, we took a break and went to Cayos Cochinos for some snorkeling. It was a blast! We also went up in the mountains to try to reach some families who would have some trouble coming to the clinic. Overall, it was a great experience and I cannot wait for next year!

**Iman Badawy**  
Pharmacy Student



## Santa Fe Team

We joined some 90 other IHS volunteers for the February, 2013 mission. Our assignment was to Santa Fe, a municipality located just west of Trujillo on the Caribbean coast. Santa Fe has a population of around 7,500 and was a new site for IHS in 2013. The people are predominately Garifuna, but there are also a large number of Ladinos. Our team consisted of one doctor, three registered nurses, two paramedics, an oral surgeon, a dental assistant, a pharmacist, three 4th-year pharmacy students and a supporting cast of interpreters, an interpreter/engineer, a radio operator and a general helper/engineer, and two invaluable Honduran ladies, Idalia Maldonado and Yolanda Izaguirre.

After we arrived in Santa Fe, Mayor (Alcalde) Noel Ruiz hosted a welcome ceremony that featured Garifuna music and "punta" - a traditional style of courtship dance that we were invited to take part.



Our first three days were at the clinic in the village of Santa Fe, serving patients mostly from Santa Fe and the neighboring village of San Antonio. We then packed a supply of meds and clinical supplies for two days of work at the clinic in the village of Guadalupe. Guadalupe is located roughly ten kilometers to the west of Santa Fe and teeming with children of all ages. The dental team remained in Santa Fe to provide fluoride treatments and more tooth extractions - one long day they pulled 72 teeth. Our dental assistant, along with a couple of teammates and a helpful volunteer named Julian, made a guest visit to the Santa Fe schoolhouse to demonstrate proper brushing and flossing and to provide fluoride treatment to the school kids.



The weekend brought some well-earned respite and on Saturday afternoon, after a morning of clinical work, some of us took the opportunity to enjoy some snorkeling in the warm waters off Santa Fe beach. On Sunday the entire team, along with Mayor Noel and some of his staff were transported in boats provided by the municipality to a local reef for some swimming and for a tour along the coast.

The following week we visited remote coastal communities of Plan Grande and Quinito which are accessible only by boat due to the lack of roads. Fortunately, the morning and evening winds were calm enough to allow us to make our way safely to both villages. On Monday, Plan Grande's community leader, along with Mayor Ruiz, celebrated the first-time use of Plan Grande's new medical clinic, which was still awaiting some finishing touches. Quinito's clinic, located in the center of that peaceful seaside oasis, was visited by a large number of patients who were already waiting outside when we arrived. Both communities were gracious hosts and welcomed IHS into their homes for exquisitely prepared seafood plates. They were highly appreciative of the IHS mission and enthusiastically assisted with repacking and launching the boats through the time when we had completed



our task of serving every last patient. In many cases, our patients had to travel by foot or by horse for up to a day in order to reach the nearest clinic. Working out of four village clinics, each with its own set of trying circumstances, we provided all manner of non-urgent and preventative medical care. Some of the diagnoses included malaria, gastrointestinal worms, parasites and various skin conditions. Medications were also provided for chronic issues such as diabetes and high blood pressure. Reading glasses were in great demand and we prescribed 280 pair. We even performed some minor surgical procedures including a cancerous mole removal, excising an infected chin wound and removal of a non-functioning extra digit from the hand of a young child.

## Santa Fe Team



Some of the highlights of our stay were the sustained hospitality of the good people of Santa Fe; our paramedic, Rick Davis' magic tricks and balloon animals which entertained kids and adults alike; Steven Golub's game in which children of all ages jumped on him and attempted to drown out his one voice with their many; and evening soccer matches outside our shelter between local kids and team members Jon, Lainey, Amanda and others.

We concluded the trip with a final day back in the Santa Fe clinic. At the end of the day we were treated a closing ceremony with a return of the punta band and dancers and handcrafted gifts presented to each of us. We also learned more about the Garafuna history and cultural heritage. The ceremony marked the end of this year's IHS medical mission in Santa Fe, but also fostered a sense that this door, now opened, would remain so for many returns.

**Jon & Crystal Crittenden**

Recently, two Mendocino County Emergency Medical Technicians (EMTs) returned home after spending two weeks in Honduras as part of a medical brigade.

Rick Davis, a paramedic with the Laytonville Fire Department and Lu Alvarez, an EMT-1 with Coast Life Support District in Gualala, volunteered with IHS (International Health Service of Minnesota). The non-profit organization is one of several that provide volunteer based medical and dental services to low income populations and remote areas that have limited access to health services throughout Honduras. IHS has 32 years of experience providing not only medical assistance but has also helped build and maintain wells, water systems, bridges and other remote community infrastructures within the underdeveloped country.

About 90 volunteers consisting of physicians, nurses, paramedics, EMTs, dentists, dental assistants, pharmacists, interpreters, ham radio operators and general helpers were split into 5 different clinic teams that travelled to

different areas of this Central American country. That is in addition to many other volunteers on two surgical and one eye team. Rick and Lu, along with 16 other team members were sent to the village of Santa Fe, on the Caribbean coast. They were housed in the village hurricane shelter where they set up tents within the shelter. "The community was very welcoming and openly showed their appreciation for the services we were providing," Rick said. "The villagers expressed their eagerness and enthusiasm for our arrival through a traditional ceremonial dance performance called the Punta," added Lu. Village members also provided the brigade with cooking, laundry and security services.

The 18 team members saw nearly 2,300 patients, providing non-urgent and preventative medical, dental and vision care. Some of the treatments provided for included malaria, gastro-intestinal worms, parasites and skin conditions as well as providing medications for chronic issues such as diabetes and high blood pressure. Dental care consisted of extractions, cleaning and preventative care education. Eye exams and reading glasses were also provided by the group. The team even performed some minor surgical procedures including a cancerous mole removal, excising an infected chin wound and removal of a non-functioning extra digit from the hand of a young child. In addition to the clinic in Santa Fe, the medical team also visited 3 other villages, two of which were only accessible by boat due to the lack of roads. Some patients lived so remotely that they travelled by foot or horse for days to reach the clinics.

"It's rewarding knowing that we are providing care that many may never have received," says Rick. With the nearest hospital nearly 4 hours away, the pair have been invited back to the area by the local mayor to provide training and education for community members that will be staffing an ambulance that the region has recently been donated from the states, but has been held up at the Honduran port due to governmental bureaucracy.



The two joined the organization after a paramedic friend, Mike Vickers, spoke of an acquaintance who had volunteered with International Health Service. The three decided to experience the humanitarian effort, Mike spending his time in the remote jungle of La Mosquitia. Following their medical mission, the three spent the next 2 weeks traveling throughout Honduras, visiting such places as the bay island of Roatan, the ancient Mayan ruins of Copan and the country's capital, Tegucigalpa.

IHS is a non-profit organization. The group sends volunteers to Honduras twice a year, in October and February. Volunteers come from all parts of the world, no medical experience is necessary for the support people, though licensed care providers are especially in demand. There is no language requirement. The cost of the trip is about \$1,300 per person which includes travel, project fees and meals. The volunteers pay this cost. The organization is always looking for like minded volunteers and



funding for the organization is always challenging. Both monetary and medical supplies are donated to IHS through such groups as the Rotary and Lions Clubs and are greatly needed according to Lu.

"This really was a life changing experience and Lu and I both look forward to returning next year and once again seeing the smiling faces of the village children," says Rick. Many of them would hang out with the volunteers at the shelter following the long hours of clinical care each day.

If you are interested in volunteering or donating to the organization, you can contact International Health Service of Minnesota at [www.IHSMN.org](http://www.IHSMN.org) or email them at [Contact@IHSMN.org](mailto:Contact@IHSMN.org)

**Rick Davis  
Paramedic**

## La Ceiba Surgery Team



Our team consisting of Betsy Hundertmark, anesthetist, Maha van der Hagen, PA, Steve Moore, urologist, Laci Peterson, RN and Chelsea Moore, all around helper, got down to work immediately. On Sunday February 17<sup>th</sup> we began the big job of unpacking supplies and getting them organized for the next day's cases. Di' Antonni hospital OR workers, under the leadership of Alberto Busmail, worked very hard to help us get set up.

Monday morning we were immediately faced with some challenging cases that Dr. Gabriel Montoya had arranged for us. The first was that of a 26 year old man with an obstructed left kidney from birth who had a very serious spontaneous bleed into the kidney itself that proved to be a real surgical challenge. Nevertheless, he had an uneventful post-operative recovery and was very grateful for the care we provided. Another older patient that evening required open prostate surgery with a very severe obstruction of the bladder. By the time we finished it was already 9 pm... and that was just the first day! As the week went on, we had more and more challenging cases with two female patients requiring special repair of fistula

openings between the bladder and vagina. There were a number of patients with large kidney stones that required open surgery. In addition, there were several men who had prostate surgery. We had no complications to report and the hospital staff did an outstanding job of providing excellent post-operative care.

Betsy Hundertmark, our anesthetist, really stepped up to the plate and provided outstanding anesthesia care despite having patients with high risk medical conditions. Laci Peterson assisted us in the recovery room, with careful monitoring of patients' vital signs and pain control before they were transferred to the floor. She also organized rounds the next day to assure that wounds were properly dressed and catheters functioning. Maha worked tirelessly in the operating room sterilizing instruments, first assisting on major cases, transporting patients and communicating with the employees of the OR to assure that all the equipment was working in good order. Chelsea

helped Betsy prepare patients for the administration of anesthesia and really enjoyed the experience.

All in all, the mission was a great success and we are especially thankful to Steve Rice and all the work he did translating with staff and providing rides to and from the hospital. Special thanks to Dr. Gabriel Montoya for lining up such outstanding and interesting cases.

**Dr. Steve Moore  
Urologist**



## Suyupa Day Trip

In the midst of preparing for our 2013 mission a thought was introduced to the Board Members. An area close to La Ceiba was in dire need of medical and dental help. With the opportunity to help additional people of Honduras, a plan evolved.

Suyupa, "Lady of Miracles", a small community in La Ceiba was determined to be a "safe and secure" place to hold a One Day Clinic. I·H·S members, awaiting transportation to their own sites on the following day, would be providing care to some of the poorest people in the barrios from the hills surrounding La Ceiba.

The Advance Team was working hard in Puerto Lempira, the La Ceiba Surgery Team was setting up supplies and work stations, and the two mountain teams, Santa Fe and BelAire, were on the way to their villages. An incredible group remained at The Hotel Paris awaiting passage to their respective sites the following day.

These talented and skilled individuals were put to good use on an overcast Sunday morning in the barrio. Arriving in Suyupa at 8 AM that morning, we found a multi-room school building with a courtyard secured by walls and a gate. Meeting us were a multitude of people waiting to see the doctors and dentists. We quickly set up a Triage Area, two Medical Rooms, an Urgi-Center, a Dental Room, and a Pharmacy. The team was able to serve approximately 475 people that day.

The "Suyu Team" consisted of six Doctors, two Pharmacists, one Nurse Practitioner, three Dentists, Paramedics, Registered Nurses, Dental Assistants, Interpreters, General Helpers and Pharmacy Students.

Each and every one of these dedicated volunteers showed up with a desire to help the people of Honduras.

At the end of this day, worn out and tired, we piled onto a dilapidated old school bus in the pouring rain to return to The Hotel Paris. The most incredible moment for me was after I had gotten on the bus. I was slightly overwhelmed

with the buzzing excitement and the chatter of stories from this amazing day. I looked over at the seat across from mine and found an individual sitting there, head bent and tears flowing. I quickly asked "Are you ok?" and the reply was "I can't stop the tears, they just keep coming." Not knowing what to say, I stayed quiet. I wasn't sure what that individual was thinking, but I was vividly remembering the moment when it struck me that this is reality for these people, this is their life. I collected myself and relived, in my own thoughts, my first "moment" when on my inaugural trip to Honduras: the tears flowed like a river spilling across a delta. I could not stop them. Honduras is such a beautiful country, with such beautiful people – yet so impoverished, so underserved, so forgotten.

For some of our volunteers this was their first opportunity to serve in a third world country. For some of us this was another opportunity, another chance to serve the people we have come to love. We reap the rewards of smiling faces and their quiet "gracias". This was the first day of many more rewarding days that were about to come. The following day we continued our set journey into the villages scattered throughout, opened our clinics and served more of the people we have come to love and care for.

**Lori J & Scott H**

## Upcoming IHS Projects

### October Projects: October 20 – 28, 2013

We have fielded one team for the October Project – a medical/dental team. They will be visiting villages on the Kruta River.

In 2014 the October trip may have both a medical/dental and an eyecare team. This trip fills up early so do not delay an application.

–Questions or more information –  
[contact@ihsmn.org](mailto:contact@ihsmn.org)

### Planning Trip – Late 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](mailto:president@ihsmn.org)**

### February Project: February 14 – 27, 2014

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 surgery teams, two eye care teams, 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](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!

# St. Cloud Times

TUESDAY, MARCH 19, 2019



Scott Hamilton and his mom Barb Hamilton talk March 11 about their recent trip to Honduras. TIMES PHOTOS BY JASON WACHTER, JWACHTER@STCLOUDTIMES.COM

## MOTHER AND SON SERVE HONDURAS

Volunteers provide care, build bridges

By Amy Bowen  
abowen@stcloudtimes.com

**A** mother and son hope an 11-day volunteer mission to a remote corner of the world will show the good that can come from challenging personal comfort levels.

Barb Hamilton, Sartell, and Scott Hamilton, St. Cloud, returned home about two weeks ago from providing medical care and infrastructure support in Honduras.

The two volunteer for International Health Service. The Minneapolis-based nonprofit is one of several organizations in the state and country that provide volunteer medical assistance in countries with low-in-

come populations and limited medical services.

International Health Service provides medical and dental care and helps build and maintain wells, stairways and bridges in the Central America country.

Seven teams of volunteer doctors, dentists, pharmacists, engineers and general helpers spread throughout the country

See HONDURAS, Page 4A

## Honduras

From Page 1A

of 7.8 million people during the last two weeks of February. The Hamiltons and 13 other volunteers were stationed on the Mosquito Coast, an area on the eastern tip of Honduras.

Barb Hamilton was a general helper and team leader during the trip. Scott Hamilton worked with engineering and was a general helper.

"It's outside our comfort zone," Barb Hamilton, 67, said. "It gives us perspective."

Their team served almost 1,400 residents of the isolated region, which is home of the Mosquitia Indians. The extremely poor area is only accessible by airplane or boat.

Barb Hamilton has volunteered with the nonprofit since 1997 and is a past president. Her son started volunteering three years ago.

Between 90 and 120 of the nonprofit's volunteers travel twice a year to Honduras. They come from across the United States, Canada, Great Britain, China, Australia and Mexico.

The group provides preventative and non-emergency medical and dental care. Procedures include tooth extractions, cleanings and treatments for malaria, parasites and urinary tract infections.

The group also built ladders and stairways for a church and homes, many of which are built on stilts.



Scott Hamilton and his mom Barb Hamilton talk March 11 about their recent trip to Honduras. TIMES PHOTO BY JASON WACHTER, JWACHTER@STCLOUDTIMES.COM

## HONDURAS



TIMES GRAPHIC BY LISA MUELLER, LMUELLER@STCLOUDTIMES.COM

The nonprofit builds and repairs wells, and volunteers teach locals how to filter water. It helped build a bridge over a river that often flooded. The bridge will allow children to go to school during the rainy season.

Seemingly small items make a huge difference. Those benefiting from the help are appreciative, the Hamiltons say.

"It gives me a sense of accomplishment in my own life," Scott Hamilton, 37, said. "It's knowing I'm leaving the place better than when I came."

There is not a language requirement for volunteers. The Indians on the coast speak Mosquito. Repeat volunteers often pick up the language over the years, Scott Hamilton said.

Barb Hamilton started volunteering after a co-worker shared her own experiences with the International Health Service. She took her first trip to Honduras in 1997 and has gone almost every year since.

"I was so taken by it," she said. "I had to try it. It was the mystery and the intrigue of it. It was helping others and the humanitarian (acts). I came back a changed person. I realized how wasteful we are. I realized how blessed we are. We are our brother's keeper."

Scott Hamilton joined his mother years later. "It's right up my alley," he said. "I like to help people."

They travel once a year to Honduras. The nonprofit travels to the country twice a year.

As the group's leader, Barb Hamilton meets with village residents to set up housing, eating arrangements and clinic locations.

She is also the point person for members of the group. All are strangers at first and must work together. Barb Hamilton helps to mediate any issues within the team.

Women sleep in the local Catholic church, and men in the clinic. They sleep in mosquito tents to

protect from bugs, poisonous spiders and scorpions.

Village members cook for the teams. Meals include tortillas, rice and beans.

The trip costs about \$1,400 per person, the Hamiltons said. The price includes travel and project costs. Each volunteer pays his or her own way.

Many of the village residents have become friends throughout the years. They and the volunteers look forward to seeing each other.

"The smiles of the people are so gratifying," Scott Hamilton said. "They are so appreciative."

Follow Amy Bowen on Twitter @sttimesamybowen.

# HELPING in HONDURAS

Dr. Tom Haus had considered taking a medical mission to a third-world country since college.

"I always found a way to talk myself out of it," the family physician at Glacial Ridge Health Services in Glenwood said last week.

"This time, his 17-year-old daughter, Katie, a third-year Spanish student and junior at MAHS, was excited to serve as an interpreter for the mission to Central America.

She simply told her father: "We're going."

Dr. Haus and Katie Haus accompanied two other Glenwood residents who, in February, joined seven teams of volunteer doctors, dentists, pharmacists, engineers and general helpers to bring medical and dental services to remote villages in Honduras, a country of 7.8 million people.

Glenwood pharmacist Duane (Dewey) Essig also joined the team, and Glenwood resident John Kirkoff joined another team bound for Honduras.

The local residents volunteered for a two-week mission to the poverty-stricken country through an organization called International Health Service (IHS), a Minneapolis-based nonprofit that provides volunteer medical assistance in countries with low-income populations and very limited medical services.

Besides medical and dental care, IHS helps build and maintain wells, stairways and bridges in the Central American country by sending teams there in October and February each year.

The medical teams found crowds of Hondurans happy and excited to see them and to help them with their health needs. Mostly, the medical teams dealt with malaria, infections, dysentery, parasites, HIV and diabetes.

"We didn't see very many older patients," Haus explained. "The life expectancy in Honduras is 46 years for women and just 34 years for men."

The life expectancy issue is part of the reason the medical teams are there. Most Hondurans don't have the money to treat their health problems and many don't see a doctor or a nurse or a dentist except when the IHS teams visit the country on a yearly basis.

Dr. Haus said he also did some minor surgeries, but added that the dentists and pharmacists were very busy. A dentist with the team pulled between 50 to 100 teeth each day.

The group manned four different clinics on the Mosquito Coast on the eastern tip of Honduras and traveled by vehicle to remote areas on roads that were very difficult to navigate. They also traveled to two of the clinics by boat, "which were never big enough," Dr. Haus explained.

## The poverty was profound

The group didn't really experience any problems with safety or health issues, according to Dewey Essig, who worked the mission's pharmacies with volunteers from South Dakota State University Pharmacy School. "A few of the team got queasy a few times, but it really teaches you the value of drinking good water."

Essig said the team took precautions with the water they drank and said that many of the health problems arise from residents drinking contaminated water.

The medical team treated some 2,292 people in the two weeks they were in the country. So, it was a very successful trip," Haus said. "The trouble is that most of the residents will wait to get medical service for another year, when another IHS team arrives to open the free medical clinics."

"The poverty is profound," Dr. Haus explained, and many of the problems arise from poor hygiene, poor sanitary conditions and poor drinking water. He said his team spent time trying to educate people on good personal hygiene and healthier sanitation conditions.

Essig agreed, saying that drinking water and hygiene were typical problems, and education on that front was an ongoing effort. We made sure we spent time teaching the people about personal hygiene.

"The need is very great there," Essig explained. "We saw the best side of things with most people cleaned up and dressed to come to the clinics, and some walked for miles just to get the medical attention."

He said his pharmacy team provided some 6,000 prescriptions in the two weeks and "that doesn't count all the vitamins we handed out."

They spent a lot of time working with children. "The kids just grab your heart," Essig explained. "They are all very curious and affectionate."

One of the disappointments of the medical team was seeing people with chronic or fatal health problems while knowing the individuals would not be able to be treated further after the team left the country.



Dewey Essig with a native bird on his shoulder.

In fact, Essig returned from the trip determined to raise funds to help two people that he said needed further, expensive medical treatment.

One was a 7-year-old amputee whose prosthesis was getting too small, and young children need several new ones as they grow. The other was a 2 year old boy who was in desperate need of a heart operation: The infant's mother carried the boy, Anton Celix, on a half-day walk to get him to the clinic. "That little boy had a heart defect and will die without surgery," Dewey said. That's why he will be raising money for him, now that he's back in the United States.

"I will be raising money for both of them," Essig said, vowing to return to Honduras next February.

## Housed in a hurricane shelter

The team was housed in a hurricane shelter that did have a cement floor where they set up tents inside to escape from the mosquitoes and other bugs while they slept. There were no screens on the shelter, just openings to let in fresh air.

"You'd be very careful to make sure your screens were zipped tightly and quickly after entering the tents for the night," Essig explained. "And you made sure the screens were always closed up tightly on those tents."

Despite political unrest in Honduras and some drug trafficking, Essig said the people were very good to work with. "The people were very good at every village we visited and very appreciative of what we were doing," he said of the medical mission. "We felt very safe in the villages."

The poverty in the urban areas was just as profound, and it wasn't as safe. "There were lots of armed guards at the stores and hotels, everywhere," he added.

The police in those areas all carry automatic weapons, but he said the team was never threatened and was well taken care of. "There is violence there, but we didn't see it."

## Where in Honduras were the clinics?

The Minnesota contingent was part of a team that manned clinics in four villages in Honduras—Santa Fe, Guadalupe, Plan Grande and Quilito. The group traveled by boat to Plan Grande and Quilito. All the villages were on the coast, within 500 to 1,000 feet from the Caribbean Sea.

By **Tim Douglass**  
Publisher

## About International Health Services

IHS is a nonprofit, nondenominational, all-volunteer medical/dental organization based in Minnesota that provides care to the poor people of Honduras, Central America. People from the U.S. and world participate in the two yearly projects.

## Mission of IHS

To improve the quality of life of the people of Central America by providing medical and dental care and technology and education; working closely with the people and resources already in place; respecting the culture of those whose lives we touch; and fostering international understanding and mutual respect.



The people of Honduran villages, where the medical teams provided free clinics, would walk for miles and wait to be seen by volunteer physicians and nurses. Dr. Haus (with backpack) moves toward the entrance of one of the clinics.

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IHS Co-founders Knute Panuska and Rosario Arias

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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](mailto:secretary@ihsmn.org)

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

## IN MEMORIAM



Jack DeMorett, long-time volunteer and hard worker on behalf of I•H•S, passed away in March, 2013. His encouraging presence and his contributions will be missed.

**OCTOBER 2012 & FEBRUARY 2013 TEAM STATISTICS**  
**Total Patients Served – 9,432**

	<b>Dental Teams</b>	<b>Patients – 1,268</b>	<b>Extractions – 667</b>	<b>Other Procedures – 298</b>
	<b>Medical Teams</b>	<b>Adults – 4,014</b>	<b>Children – 2,692</b>	<b>Surgeries– 26</b> <b>Pharmacy RX's –18,077</b>
	<b>Surgery Teams</b>	<b>Surgeries – 26</b>	<b>Evaluations– 49</b>	
	<b>Eye Care Teams</b>	<b>Patients – 1,432</b>	<b>Prescription / Reading / Sunglasses – 1,982</b>	

**Dates to Remember**

**2013**

- August 15** Applications and deposit due for October Project
- September 9** Balance of October Project fees due
- October 1** Applications and deposit due for February Project
- October Project** **October 20 – October 28**
- 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

**2014**

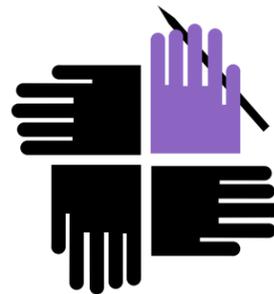
- January 1** Balance of February Project fees due
- January** Load containers in the Twin Cities
- February Project** **February 14 – February 27**
- May 1** I•H•S News Break team articles and photos due  
email to [newsbreak@ihsmn.org](mailto:newsbreak@ihsmn.org)  
or mail to I•H•S  
PO Box 16436, St. Pau, MN 55116-0436

**We Need Your Help!** *Please consider holding a fundraising event in your area to raise money for IHS. Be creative and consider holding a car wash, bake sale, spaghetti dinner, pizza party, garage sale, etc. Every dollar raised helps support IHS projects!*



**SEEKING:**

- Translators • Pharmacists
- Dentists • Physicians
- CRNAS • RNs and OR Nurses
- Surgeons • Dental Assistants
- Optometrists • “Fixers”



**Sign Up!**

...for an I•H•S Project and make lifelong friends and create new memories that you will think about for years to come!

**2013 I•H•S Teams**



**Team BelAire**

Back: Jamison NieWoehner, Dave Donnelly, Tom Klett, Bob Johnsen, Jim Welch  
 Middle: Iman Badawy, Katie Kann, Sarah Claque, Jenine Graham, Renee Donnwlly  
 Front: Sandra Monroy-Irish, Jennifer Thompson, Debbie Prokosch



**Team Kruta**

Left Row: Tom Brian, Joe Tombers, Lori Jackson, Teri Houle, Dan Walker, Genny Lainez, Karen DeMorett, John Pope  
 Right Row Rear: Ann Hesli, Jennifer Edwards, Anya Dharmasetia, Marianne Serkland, Rich Reiter, Jack DeMorrett, Rob Damico, Interpreters Roy and Andy



**Team Caratasca**

Back Row: Andi Martin, Mike Stapp, Jared Sogn, Tom Ziebarth, Karen Wander, Andres Martin, Teri Houle  
 Front Row: Kris Kirchner, Michael Vickers, Kelly Koehnen, Mary Bierman, Deb Fischer

2013 I•H•S Teams



**Team LaCeiba Surgery**  
Maha Vanderhaugen, Steve Moore,  
Laci Peters, Chelsea Moore,  
Betsy Hundertmark



**Team Lisangnipura**  
Back Row: Joe Tombers, Diana Biorn,  
Barb Hamilton, Lori Jackson, Ashley Squier,  
Lindsay Mintner, Hillary Leonard, Chris  
Knoff, Gilly  
Front Row: Hilario Nixon,  
Shailen Mhapsekar, Carlos Scheer, Michael  
Mintner, Larry Foster, Scott Hamilton



**Team PLP Surgery**  
Back Row: Ricardito Reiter,  
Jim Prater,  
Middle Row: Joan Gately,  
Jo-Ann Prater, Shaina Hunt  
Front Row: Rod Brown,  
Helen Walton

2013 I•H•S Teams



**Team Rus Rus**  
Back Row: Dan Jones, Pudge Forrester, Justin Jones,  
Sara Bockhorr, Vivian Rittmiller, Christine Golnick,  
John Kirkof.  
Front: Deb Krichels, Alanna Grabouski,  
Robyn Hansen, Sarah Henessy, Leslie Fox-Lewa,  
Michellie Locke

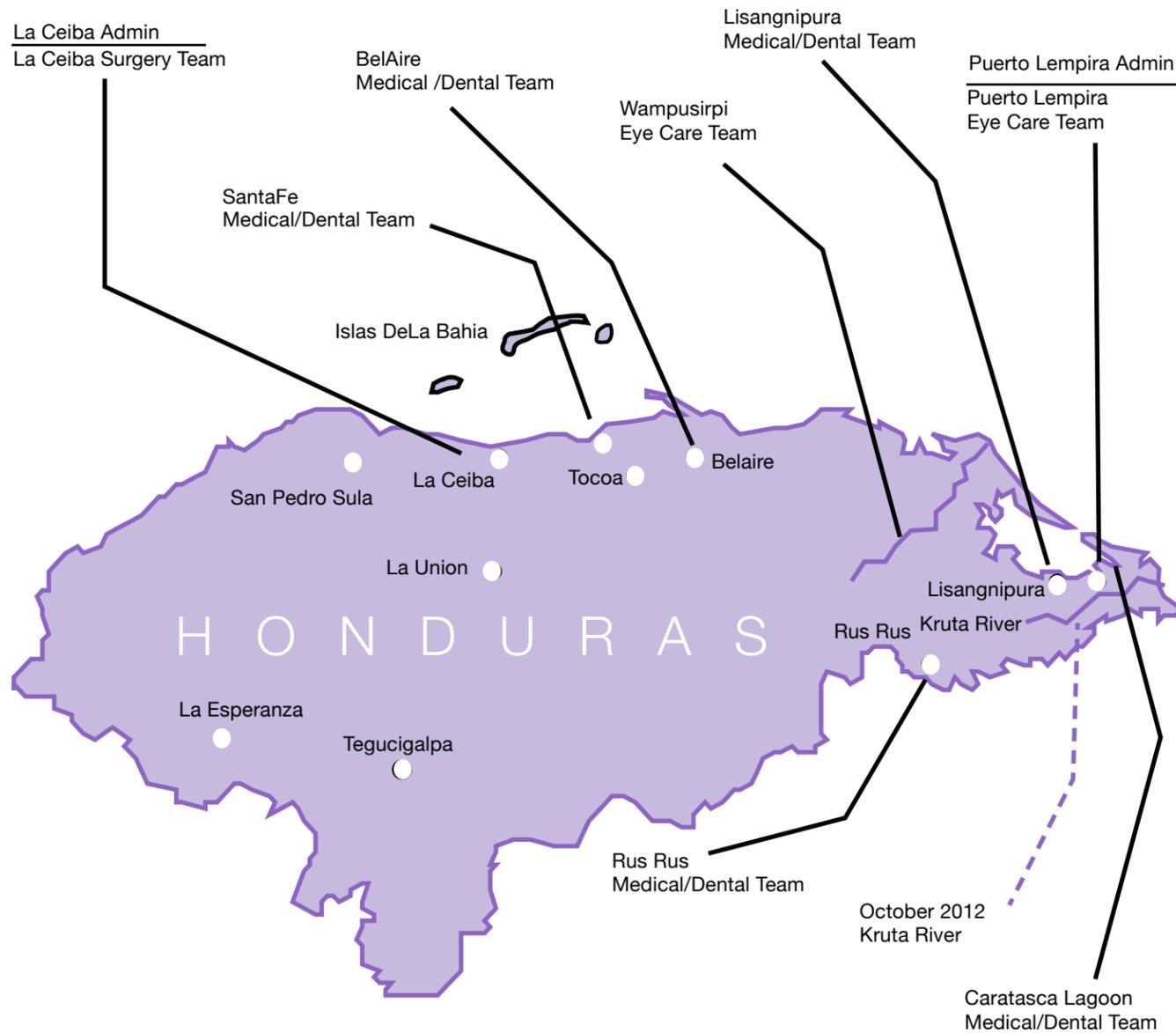
**Team Santa Fe**  
Back Row: Idalia Maldonado, Jon Crittenden,  
Duaine Essig, Crystal Crittenden, Adelina  
Alvarez, Rick Davis, Lainey Sunborg,  
Tom Haus, Rich O'Day, Stephen Golub  
Front: Yolanda Izaguirerre, Denis Roussel,  
Lorraine Daigle, Amanda Ludwig, Tonya Gross,  
Mallory Muntfering, Katie Haus, Tom Haus.



**Team Wampusirpi**  
Honduran Helper, Dr Bob Slider,  
Irene Schaper, John Pope, Julia Rodriguez



I•H•S Projects October 2012 & February 2013



**H O N D U R A S**  
Simplified location map of I•H•S Honduran projects  
I•H•S Projects:  
October 2012   
February 2013 



International Health Services

Participant Application – please print clearly

(Circle trip dates you are applying for)

**October 20 – 29, 2013**

**February 14 – 28, 2014**

**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 2014 mission begins Friday evening Feb 14 and ends Thursday evening Feb 27. Many participants in Feb will extend to Sunday, 2 March, 2014 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 \_\_\_\_\_

**October 2013 project** is smaller and teams go to one or two locations – contact Project Director for details.  
**February project only:** Please mark the type of team assignment(s) you prefer (check ALL that apply)

Admin team – La Ceiba \_\_\_\_\_ Logistics team – PLP \_\_\_\_\_ Eye care \_\_\_\_\_  
 River (i.e. Rio Kruta) \_\_\_\_\_ Remote (La Mosquitia) \_\_\_\_\_ Inland (mountains, etc) \_\_\_\_\_ Surgery \_\_\_\_\_ Any assignment OK \_\_\_\_\_  
 List specific team site preference (if any) \_\_\_\_\_ List any assignment you would NOT accept \_\_\_\_\_  
 Name of a person you would like to be on a team with \_\_\_\_\_

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 \_\_\_\_\_ Fluent \_\_\_\_\_

Application Deadlines & Project Fees

October Trip		
* Due August 15	Application/Deposit/Licenses	\$100
Due September 15	Project fee balance/Paperwork	\$450
	<b>Total October project fee</b>	<b>\$575</b>
-----		
February trip		
* Due October 1	Application/Deposit/Licenses	\$100
Due January 1	Project fee balance/Paperwork	\$575
	<b>Total February project fee</b>	<b>\$675</b>

\* Applications received before first due date for each 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:**  
 \$100 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 Services

**Mail application & forms to:**  
 IHS - Attn: Proj Dir Steve Rice  
 PO Box 16436  
 St Paul, MN 55116-0436

(application continues 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 SERVICES  
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 Services 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 Services 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 Services 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 Services 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 \_\_\_\_\_

**First time participants must also complete the Project Suitability Form on the next page.**  
*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.

<sup>35</sup>/<sub>17</sub> **October Trip – Available caps and t-shirts sizes might be limited so order ASAP.**  
<sup>35</sup>/<sub>17</sub> **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 \_\_\_\_\_ Caps @ \$12 – how many \_\_\_\_\_  
**Please include the cost for these items with your deposit and this application.**

( 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**

**Founders Gift – \$2,000 up**

Founders Gift -\$2,000 & up  
Eckhoff Devin  
Hunderetmark, Betsy and Jerry  
Rotary Club of Anoka MN  
Anonymous Board member #1

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

Anonymous Board member #2  
Bethlehem Lutheran Church  
Glenwood United Parish  
Good Shepherd Lutheran Church,  
LCMC  
Panuska, Knute  
Houle, Nick and Teri  
Living Word Lutheran Church  
St. Peter Lutheran Church  
Morales, Dr. Francisco Javier  
Haaga, Dr. James and Margie  
Rice, Steve and Marietta  
Boyle, Mary  
Logar, Jon and Ruth  
Moore, Steve and Cheryl  
Helgeson, Donald and Sue Shepherd  
Kubes, Dr. David  
Lindseth, Michael  
Thibault, Harold  
Walker, Daniel  
*In memory of Jack DeMorett*  
Watson, Robert

**Silver - \$250 Up**

Silver - \$250 and up  
CMH Chapter of the Kiwi Club  
In honor of Jo-Ann Prater  
Eckhoff, Rosalie  
First Presbyterian Church  
*in honor of Bob Slider*  
Kiwanis Club of Ely  
*in honor of Trudy Stabutz*  
Lebakken, Elizabeth  
Pflaum, Dr. Douglas  
Quad Graphics Inc  
Staubitz, Trudy

**Bronze - \$100 Up**

Smoger, Fred  
Aberdeen Lioness Club  
Bakula, James and Roxanne  
Baxter, Lavenia  
*In Memory of Sallie Mckemie*  
Bersani, Thomas and Joan Christy  
Bjorgum, Bruce and Jennifer  
Burtness, Bev  
Collova, Joseph  
Cooke, Donald and Judith



*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.*

Daniel, James  
DarrMarilee  
*In memory of Glenn Darr*  
Engman, Fred and Lynn  
Fernandez, Shanelle & William  
First Lutheran Church  
Girardot, Jean  
Hagberg Violet  
Hobday, Kathleen  
Hoff, Julie  
Hunter, Donald  
Intl .Organization of Women Pilots  
*In honor of Jim and Jo-Ann Prater*  
Jensen, Paul and Marilyn  
Johnson, Phillip and Lola  
Johnson, Robert and Joyce  
Kettner, Myrtle  
Kirckof, John and Karen  
Knoff, william and Elaine  
Krouse, Laurel and David Gagne  
Lobdell, Douglas and Julie Hoff  
Lopez, Leyla  
McKemie, William and Jennifer  
Merrian, Gene

Novak, Joan  
Pack, Suzanne Bush  
*In honor of Bob Slider*  
Pflaum, Doug  
Raycraft Terrance and Ardell  
Rosenberg Robert  
Roussel, Leonard  
Schluter, Dean  
*in honor of Rick Reiter*  
Scioto Valley Chapter Paula Hook  
Thordson, Joel  
Trillo, Lillian  
UnitedHealth Group Matching Gift Funds

Wolters, Rene  
*In memory of Jack DeMorrett*

**Copper – up to \$99**

Addicott, Linda  
Bahagry, Amhed and Beatriz  
Benge, Laurie  
*in memory of Jack DeMorrett*  
Boyle, Bonita  
Boyle, Mary  
*In memory of Jack DeMorrett*  
Bursell, Ellis and Sue  
Cavis, Susan  
Erdman, Linda  
*In Memory of Rosalie Eckhoffs Brothers*  
Greenberg, Charles  
Gunderson, Glenn and Sylvia  
Hansaker, William  
Harris, Clifford and Carxol  
Jernberg, James  
Johnson, Scott  
Kennedy, Donna  
Ludwig-Rasset, Lisa  
Magnolia Forwarding Co. Inc  
Maki, Jack and Donna  
*In honor of Teri Houle*  
McCarron, Michaelynn  
Melting, Bonita  
Navarro, Christine  
Nelson Caryl  
*in memory of Jack DeMorrett*  
Nickel, Mary  
Olsen, Ramona and Norman  
Olson, Kermit  
Panuska, Harold  
*In memory of Bud Peterson MD*  
Perval Elizabeth  
Rogers, Sandra  
Sanders, Lawrence  
*In Honor of Joy Huss and Jean Gir*  
Stapp, Mike  
Stephen, Gary  
Stock, Gordon and Bonita  
Sullivan Marc and Catherine

**Non Monetary Donations critical to the mission**

American Medical Systems and Shelly O'Reilly  
Anchor Scientific and David Potter  
CentraCare Kidney Program and David Walz and Noel Engelmeyer  
IPI Industries, Inc. and Steve Doro  
Katun Corporation and Jim Johnston  
Mission Outreach, Franciscan Sisters of Springfield, Illinois  
North Memorial Ambulance Service  
Pro Shine and Chad Jackson

Trinity Lutheran Church of Grove Lake  
Trumm, Jack and Jerry  
Walz, Arla  
*In memory of John Edwards*  
Zimmerman, Wayne and Char  
Zupan, Nancy

We have endeavored to list all contributors and apologize for any names that we have inadvertently missed

**Nonprofit Donation**

**Action for Community Transformation Washington, D.C.**

Barbara Joe, a Washington, DC, resident is a former Peace Corps health worker in Honduras and frequent volunteer with I•H•S in the La Esperanza region. In Washington, she was very involved with Action for Community Transformation (ACT), an educational and health oriented nonprofit with roots in Honduras. In 2012, due to age and health issues of its founder, ACT decided to shut down. Thanks to Barbara the money remaining in its coffers was transferred to I•H•S. This remarkable gift of \$10,300 will be put to good use in continuing service to the people of Honduras.

**Hospital Sisters Mission Outreach Chicago, Illinois**



*Lori, Jenine, Teri, and Rick selecting donated supplies*

For administrative costs of about \$1500, I•H•S was able to obtain medical supplies worth close to \$50,000 from the Hospital Sisters Mission Outreach in Chicago, Illinois. Volunteers with I•H•S traveled to Chicago to pick up this very significant contribution to our work.



**Thank you.**



**Need a Speaker for your Group?**

I•H•S would love the opportunity to speak to your group, club, church, or organization about who we are and what we do! For more information contact us at: [contact@ihsmn.org](mailto:contact@ihsmn.org)

**HELP US GROW!**



Consider IHS in your planned giving. You can help through a Monthly Pledge, Lump Sum Gift, Gift of Stocks, Estate Giving or a Donation in Memory of a Loved One.

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