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## IHS ORIENTATION MANUAL

### Introduction, Mission Statement & History

**Hola and Congratulations!**

You have been selected to participate in an International Health Service Honduras Project. We provide modern medical and dental care to people who often have no access to such services. For some, this is the only health care they will ever receive.

... Are you ready for your adventure? The information contained in this manual is designed to help you prepare for your trip, both personally and professionally. The manual contains information of interest to all participants, and also specific information by specialty. Please read all the information. Have a pen ready as you are reading and jot down all your questions. You can get answers to your questions by contacting any person from the list of resource people (IHS Officers, Board of Directors and Consultants) included in the information packet.

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Introduction, Mission Statement & History

This manual is not a substitute for contact with your team leader, team members, or any other resource person; it is intended to provide consistent, concise essential information prior to your trip to Honduras. Experience has shown that people enjoy their trips more and are more productive if they are fully prepared and comfortable with their preparation prior to the trip.

For specific information regarding your team’s work site, visit our web site www.ihsmn.org.

Politics and Religion

IHS, as an organization, has always stayed out of politics and is not aligned with any particular religious organization or viewpoint. IHS is strictly a healthcare organization and healthcare is the only thing we provide. We do not use medicine as a tool to sell any other agenda whether it be cultural, political, or religious. IHS has gained the trust and respect of many people in Honduras. IHS realizes the benefit from the diversity of skills, talents and philosophies of all participants working together for the common good of our Honduran neighbors. The success of our project and their support is dependent upon this independent philosophy.

Therefore, it is very important for all IHS participants, when traveling within Honduras, to respect the Honduran culture and not try to convert their communities into a “little America” or to get them in line with personal religious views. If you do not feel you can abide by this philosophy on the trip, please immediately contact our president or project director and withdraw your name for the project.

International Health Service Mission Statement

It is the stated mission of the International Health Service to improve the quality of life among the people of Central America. International Health Service will: bring technology, skill, and energy to this task in such a way as to complement the resources that are already in place respect the culture of those whose lives it touches foster international understanding and mutual respect through its missions and projects in foreign countries.

A Brief History of IHS

International Health Service was founded through the efforts of a number of individuals, but four men in particular followed their dreams to found the organization. Don Watson (DDS), Harold "Knute" Panuska (DDS), Jim Alexander (RPh), Roger Stubbins (DDS), and others who had been volunteering in Honduras with a medical/dental organization called Christian Medical Society. The Minnesota volunteers were bringing down so many other friends and interested participants that they gradually grew to feel they needed to branch out on their own. They knew which philosophies they wanted to keep and those they wanted to change. Besides providing medical and dental help to the people of Honduras, they also wanted to teach their skills to any Honduran medical people who were interested. They knew they could help more people this way and it continues to be a focus today. There was also a desire to change the geographical focus as well, concentrating on just one country -- Honduras.

With a small group of friends, a new organization was born in 1982. A determined effort was made to find where the needs for healthcare were located. They were able to develop, and maintain the logistical support to fill those needs in the Mosquitia area of Honduras. Reverend Stanley Goff and Father John Samsa of Puerto Lempira joined the effort early on and were key supporters of the IHS efforts since its beginning. The philosophy that has driven this organization was born from a desire to bring healthcare to the rural poor of Honduras, without bringing a religious or political agenda. The founding members had a desire to let the Honduran people know that IHS truly cared about their welfare, and that North Americans (and those who joined us from other countries) were sincere people. Preceding IHS, there had been a history of
some North American involvement that had left a sense of distrust in the air in Honduras. IHS founders wanted to dispel that attitude.

In the beginning, IHS focused on what they knew and brought dental care to areas in La Mosquitia. Over the years the organization has grown to over 100 people per project, coming from all over the world, bringing dental, medical, surgical, nursing care, and eye glasses to, not only the Mosquitia area, but to villages on the coast, in the mountains, and near La Ceiba.

New technology brings us new ways to help the people and many new participants are assuming leadership roles. IHS continues to look towards the future and the needs of the people of Honduras. IHS has been serving the people of Honduras for over 27 years, the future is indeed bright.

A Brief History of Honduras

Although we have several reasons for wanting to travel to Honduras, the early Spanish settlers of the 1500’s were searching for silver. Silver is still mined in Honduras, along with gold, lead, zinc, cadmium, and antimony. Today bananas, coffee, pineapples and textiles are the primary exports of Honduras. While banana and textile production has shifted to San Pedro Sula, La Ceiba has become the important center for pineapple production.

Tegucigalpa, the capital and largest city of Honduras, is one of the few capitals in the world with no railroad. The northern coast had the only railroads in the country. These railroads extended only about 65 miles inland from the northern ports and were built chiefly to carry bananas from plantations to the ports. The railroad is no longer used for transporting bananas. In October 1998 Hurricane Mitch devastated Honduras, leaving more than 5,000 people dead and 1.5 million displaced. It also destroyed many of the railroad bridges so now the railroad only serves as a taxi within the city of La Ceiba.

Those of us who are drawn to the coast of Honduras and the Bay Islands because of a love of scuba diving owe a big thank you to Christopher Columbus (known in Honduras as Cristóbal Colón), who reached the Honduran coast in 1502. Hernando (in Honduras: Hernán) Cortez later explored the area. Even earlier, Honduras was part of the Mayan Empire, which flourished from about AD 250 to AD 950. Spectacular artifacts of the Mayan civilization remain near Copan and are visited by thousands of tourists each year.

Honduras is about 2/3 the size of the state of Minnesota. The primary language is Spanish and most Hondurans are of both Spanish and Indian descent.

Honduras broke away from Spain in 1821, was annexed by Mexico, and later joined the Central American Federation, a short-lived attempt at Central American unity. Honduras broke away from the Federation in 1838 and became an autonomous state. Bordered by Guatemala and El Salvador on the west, Nicaragua on the South, and having both Pacific and Caribbean coasts, Honduras has played a key role in the political upheavals of the 19th century. Honduras has been an area of relative calm in an area of political unrest. For many years Honduras received a good deal of U.S. military and financial aid and one of the former first ladies was an American.

Mestizo Indians live in the thinly populated northeastern area of Honduras. This group is a mixture of native Indians, freed black slaves, and other groups. They speak the Miskito language. Most are Christians; Catholic is the primary church with many others belonging to the Moravian Church, a Protestant sect. The northeastern plain (La Mosquitia) is the least developed and most thinly populated region of Honduras. It has some small Indian communities and a few little towns.

Tropical rain forests cover much of the region. The plain also has grasslands and some forests of pine and palm trees. The Garifunas (descendants from freed black slaves who came from the West Indies) dwell along the northwestern coast of Honduras. The people of the Bay Islands, which lie off the northern coast, are mostly English-speaking Protestants.

About 60 percent of the people of Honduras live in rural areas. Among all the countries in the western hemisphere, Honduras has one of the highest percentages of rural dwellers. These people are poor peasants who have poor transportation and communications, and are cut off from the life of the cities.

Modernizing changes are taking place in the cities because of expanding industry and education. But such changes are only slowly reaching the rural communities.

Honduran law requires children to go to school from the age of 7 through 12, but many do not do so. Honduras does not have enough schools, especially in the rural areas, and about 43 percent of all adult Hondurans cannot read or write.

About 7.6 million people live in Honduras - Mestizo 90%, Amerindian 7%, black 2%, white 1%. In 1930, there were only about 850,000 people in Honduras. Tegucigalpa, which today has a population of over 1.4 million, is the largest city, with San Pedro Sula second largest, and La Ceiba the third largest. Life expectancy in 2008 was 69.3 years and Honduras has a 28% unemployment rate.
Our Host City - La Ceiba

La Ceiba is a tropical city on the northern coastal plain of Honduras. The city has been host to IHS operations since 1982. Its friendly and helpful people assist us in every phase of our Projects. All IHS Projects begin and end in La Ceiba. During our stay, gracious and charitable La Ceiba residents act as host families and house our participants. An active Honduras committee facilitates our arrivals, departures, and transportation within the country and assists us in any way possible. The Red Cross of La Ceiba allows us to use a portion of their building for year-round storage of our supplies and additional space for organizing and packing for IHS Projects.

The city has about 170,000 residents and a flavor unlike any other Honduran city. It is a hub of international and domestic air travel. The city is named for giant ceiba trees that grew near the old dock, which finally fell into the sea in late 2007. The Hotel Gran Paris has always been the Honduran headquarters for IHS during the Projects. We have a great relationship with the hotel and they allow all participants to use the pool, even those staying with host families, and provides space for our office, meetings, banquets, has internet capabilities, and caters our banquets.

Teams or groups of participants often choose to go out on the town to eat lunch or dinner. La Ceiba has a number of fine restaurants and you will also find Pizza Hut, Burger King, Wendy’s, Church’s Chicken and Applebee’s.

Transportation is excellent in La Ceiba and taxis are plentiful to take you anywhere you want to go in the city.

The north side of the city is defined by a sand beach of the Caribbean Sea. A new hotel, Quinta Real is located on the beach. It is part of a new revitalization project in that area of La Ceiba. Four blocks from the Hotel Gran Paris is a central market place where just about anything you could want is sold. La Ceiba also has shopping malls.

IHS Project Fees

The project fee for February is $600 and $500 for the October trip. An initial, non-refundable deposit of $100 is due with your application with the balance due by September 15 for the October Project and January 1 for the February Project. Deposit checks are normally cashed immediately and refunded only if your application is not accepted by IHS.

Project fees are used for:


Every year IHS tries to get as many items donated as possible to keep costs down. Some medications and supplies are donated by the medical and dental professional communities and suppliers. Participants also work to get donations, equipment and supplies through their place of business, by contacting their own medical/dental professionals, and by raising awareness of the great work we do and speaking to other organizations who then make donations.

IHS has been very fortunate over the years to have Standard Fruit Company of Honduras, (Dole in the U.S.) contribute the use of containers and ocean freight from Gulfport MS to Honduras to ship our yearly supplies. IHS pays the shipping from Minneapolis to Gulfport. Yet, a number of things must be paid for and the project fee is a large source of income for these expenses. The project fee is appreciably less than fees charged by other Non-Profit Organizations doing foreign missions.

Team Field Expenses and Money

Each team in the field will have certain expenses while in the villages. These expenses are covered by the project fee and will be paid by the team's recorder/treasurer. However, IHS is not a large organization and teams need to help keep costs down by spending IHS money cautiously. Shortly before departure to the villages, each team recorder/treasurer will be given an envelope of Lempira to cover team expenses. Each team recorder will meet with the board treasurer before departure to obtain a clear understanding of what is and what is not a legitimate IHS field expense.

Example: alcoholic beverages are not an IHS expense while in La Ceiba or in the field. (This is a matter of practicality and liability - not a moral statement). Many participants do; in fact some teams organize this and
purchase bottles of wine before heading into the field, others will order a cold beer with meals if that option is available. But again, all this is at the volunteer’s own expense. A good practice is to pay for each alcoholic beverage as it is ordered... this will keep a restaurant bill ‘clean’ for any IHS expenditure. Interpreters are not normally paid - although a reasonable tip for good service is a legitimate IHS expense – this also depends upon who the translator is. Cooking services and any food purchased in the field for the team are all IHS expenses. Many participants also pay a small amount to a local Honduran who will wash some of their clothing during the project.

After many years of operations in Honduras, IHS has carefully defined the expected financial requirements of its teams in the field. Each team will be supplied with an amount of money that should cover all transportation, housing, food and miscellaneous expenses. If a team runs short of cash, team members may pool their resources and request reimbursement upon return to La Ceiba for legitimate expenses incurred by the team. All teams leaving project sites must pay all expenses and collect detailed receipts for all expenses. This is important because on occasion IHS has been asked to pay bills that are of questionable merit. Without receipts, there is a risk that IHS may end up paying the same bill twice. The recorder will keep detailed records of all expenses in a logbook, which will be provided, and is responsible for turning it in to the Project Director at the end of the project.

The current exchange rate for the Honduran Lempira can be found online. Some web sites will help you create a converter sheet you can carry on your trip. Try Go Currency.com, www.gocurrency.com. We recommend bringing both travelers checks and some U.S. bills (not coins).

**Clarification of Expenses & Travel Info**

Currently traveler’s checks have to be cashed in banks which have very long lines and move slowly. U.S. one dollar bills will come in handy for tips, taxis and small purchases. Dollars can be changed to Lempiras in La Ceiba and other larger cities but not in the small villages; in the villages it will also be hard to get change for large denominations of Lempiras. You will be able to exchange dollars at the Welcome Banquet on the first night in La Ceiba... one of our Honduran committee members will have Lempiras available.

How much money to bring? That is up to you. You will need money for hotel rooms if you are not staying with a family, however you can put it on a credit card. Money for meals in La Ceiba - soda, bottled water, drinks, and food around the pool, taxis, many go eat at restaurants, and money for gifts and souvenirs.

It is recommended that each participant bring some Lempira into the field with them. Occasionally there are local crafts available for sale and other items of personal interest. Large quantities of personal money are not advised in the field. Money, passports, etc. can be left in the safe at Hotel Paris or in the safe at the IHS office.

To leave Honduras, you will pay exit taxes of $37.00 or the equivalent in Lempira. Plan ahead and have at least that much left over at the end of the trip.

**IHS Policy Clarification - Paid and Unpaid Expenses**

Each year, there is some confusion over just what IHS pays for during the project. Here is the clarification: the IHS Project fee covers the participant’s food, lodging, and transportation while the participant is working on a Project. The Honduran Committee arranges housing, for participant’s who choose to stay with a host family, for a specific time - usually one to two nights in La Ceiba at the beginning of the trip and one night at the end. Those participants who do not choose to stay with a host family while in La Ceiba will have to pay their own hotel fees.

Many returning participants, and those who travel long distances to get to Honduras, choose to arrive in La Ceiba before the beginning date of the Project and many others stay a day or two after to relax or see local sites. These arrangements are made and paid for by the participant. Some participants have developed friendships with their longtime host families, look forward to seeing them each year, and independently arrange their own housing. IHS pays for one room at the Hotel Paris that is used
for office space. A locked storage room is also provided to IHS by the Hotel Paris for personal bags to be stored while participants are in the field.

The final preparation work is done by volunteers who arrive days early to unload supplies, sort them at the Red Cross, and get those going to PLP shipped out before the official project starts. IHS rents a pickup truck to assist this effort and provides meals for those volunteers who do this work. However, again if they stay at a hotel they pay that fee themselves.

In the villages, IHS arranges housing facilities for each team. If you choose to stay elsewhere while in the village you are responsible for all fees.

No part of travel to and from La Ceiba, Honduras is paid for by IHS. The IHS Project begins and ends in La Ceiba. Transportation to and from Project work sites during the scheduled Project dates are paid by IHS. At the end of the trip, many participants take the opportunity to travel to nearby areas for recreation. Those arrangements can be made through Frances Romero McNab, our Honduran Travel Agent. Look for her information in handouts.

Airfare To & From Honduras

Airfare to and from La Ceiba is paid by the volunteer participants. When determining your travel days, be sure to consider any extra days needed for helping before the project officially starts or vacation days after the project officially ends.

Only three US airlines fly directly to Honduras: Continental, American and Delta. Other airlines that fly to Miami can connect you with Taca airline which flies between San Pedro Sula and Miami.

At the beginning and end of the project - IHS provides a bus option from San Pedro Sula on minimal days/times- still at your expense but cheaper than airfare, and only on one day – the before the Project begins. See transportation form for details as you will need to register and pay for this in advance!

You will need to make your own arrangements - by bus or plane to get back to San Pedro Sula at the end to make your connection. These flights do fill up fast, so please make the arrangement in advance. Again our Honduran Travel Agent can help you do this. All participants must provide the Project Director with their itinerary. Participants who fly to La Ceiba are met at the La Ceiba airport by team members and brought to the Hotel Gran Paris, our base of operations. In town most participants prefer to walk the short distance from their host family, or they may choose to take one of the many prevalent taxis. IHS has one or two rental vehicles for participant and cargo transportation only. These vehicles are usually occupied with transporting cargo and teams to and from the Red Cross facility so coordination and waiting is inevitable. IHS does not cover taxi fares.

What Happens & When

Project Schedule of Events

Planning the February Project - A small team of volunteers, many of whom are board members, travel to Honduras to visit villages, meet with village leaders, meet with the Ministry of Health, and meet with the Honduran Committee to find where the most need lies and where we can logistically support teams.

OCTOBER PROJECT

IHS also runs a one-week Project in the La Mosquitia are during October. This gives those, who can only participate on a one-week Project, the opportunity to still get involved with IHS and help the people of Honduras. If you are interested in participating, look for the application online and contact a board member.

NOVEMBER

After the planning trip, final team sites are chosen and applicants are matched with these sites. While the team sites won’t change at this point – do not expect the team makeup to be final. There are a numerous reasons why a team’s makeup might change – the most common reason is that someone has to drop from the trip for personal reasons. At some point in November participants are notified, packing begins, and excitement builds.
Team leaders should contact each of their team members. And team members should start talking with each other to plan packing their boxes personal boxes and team boxes that will go down to Honduras in January. Participants need to make their travel arrangements as soon as possible, but not before they have been accepted on a team. If you have any questions regarding travel arrangements - contact the Project Director.

DECEMBER
The sorting, listing, prioritizing, labeling, and general packing of the shipment are fully underway. All personal & team boxes must be sent to the designated IHS shipping site by mid-December – see online shipping form for address (The general shipping location changes from year to year. Periodically we are looking for someone to give up garage space or provide temporary warehouse space for this each year – mostly from October through December.) If you live in the Twin Cities area we need your help with the packing and organizing of the roughly 1500 boxes which are shipped in January of each year. Please contact a Board member during November or December and ask how you can help. Your assistance will be very much appreciated!

JANUARY
Project fees are due in full on January 1. The shipment is sent off to Honduras in early January. Time to finalize your plans for in-country transportation. This is a very busy month for the Board of Directors. Participants are doing their last-minute packing and getting really excited about the trip.

FEBRUARY
Finally! It’s time to go to Honduras! (If you would like to go early and help with getting everything ready, please contact the Project Director to make arrangements.)

THE FEBRUARY PROJECT BEGINS!
Friday. Most project participants will leave the United States on Saturday morning and arrive in La Ceiba late that afternoon or early evening. There is a welcome banquet in the evening for everyone to meet and get focused for the Project. An advance team for La Mosquitia teams flies to Puerto Lempira today as there are no flights on Sundays. Saturday. In the morning a mandatory orientation/breakfast meeting is held for the entire group. In the afternoon meetings are held by each specialty, i.e. medical, dental, and engineering, etc. These meetings are designed to go over any last-minute questions or problems. There will also be a meeting for all team leaders and team recorders – this meeting is mandatory! Always check the IHS bulletin board in the lobby of the Hotel Paris for announcements, schedules, changes, etc. Packing is scheduled at the Red Cross according to teams. Contact your team leader to see what time you are to go. The entire team does not need to attend; the team leader can designate a packing crew. Each team will have a “pile” of boxes labeled with their team color and assigned name. Teams that fly need to number and weigh each box (forms will be available for recording boxes) – forms get turned in to the Project Director. Personal gear needs to be recorded as well but does not get added to the “pile” (estimate weight) – keep personal gear with you.
Each team is responsible for their inventory, boxes and making sure they get where they are supposed to go.

Important!!! Prioritize your boxes!!!

Priority 1 – Supplies that you need to start clinic on day 1.
Priority 2 – Supplies that you could get by without for 1 or 2 days – includes give away items.
When you are not in sessions or at the Red Cross, the time is your own. Many people use it to explore La Ceiba and do some shopping.
Important departure schedules will be posted on the bulletin board – Please read and follow instructions!
Sunday - Mountain Teams head out.
Monday - La Mosquitia Teams head out.
These days begins very early, about 4:00 or 5:00 a.m., with participants meeting at the hotel with their personal gear and ready to go. For teams heading to PLP, a bus picks you up at the hotel and heads to the airport to catch the flight. Some teams may
leave by truck, van, or bus for inland sites. These teams load their team supplies and themselves into their vehicle and head to their work site. This is Plan A... be flexible because we might end up using Plan B, C or Plan ?...

Critical information:

1. Team leaders must know where their team members are housed in case there is a change in departure and timing of activities are altered.
2. Team leaders need to know their box label and how many boxes there are. Team leaders should appoint a team member (engineer, radio operator, etc) to make sure all team supplies are accounted for with each logistical move.
3. Team Leaders should have found and corralled all team supply and medical boxes before the day of departure. Report any missing boxes/tubs to Project Director ASAP so they can be located. Depending on the departure schedule, teams may or may not have the opportunity to eat before departure. Teams that have a long bus or boat ride will have a travel box packed with snacks and juice for the journey. Participants are urged to check with their team leader for details and remember a bottle of drinking water is a "must". Everyone must be absolutely sure he or she and their personal gear are on the right bus, airplane, or truck, or at the airport at the right time. Every year fiascoes occur when someone forgets a piece of equipment at their host family's house, a camera on a bus, or a piece of luggage at the hotel. Please be alert and don't let this happen to you.

Teams going to remote parts of La Mosquitia - from Puerto Lempira, will be transported to their villages. Be prepared to travel by almost any means imaginable. Take snacks with you. In the past, the lagoon teams and river teams are transported by kayuka (dugout canoes). If you will be traveling this way, plan on placing your equipment in the boat and realize it will get wet, both the stuff on the bottom and the top (due to the spray). You will also get wet; rain gear works well here. If anything cannot get wet, pack it in plastic inside the boxes, or line your boxes with plastic trash bags and put your personal bags in plastic bags. Remember you will need more bags for the return trip too.

The entire team and gear many times won't be able to travel together, so all will need to be prioritized. And it's a good idea to have "sit and wait" things to do - iPod, book, Sudoku, etc.

Some teams will be transported by a small airplane. This may be a Cessna 206 (6 passenger aircraft) or smaller, so it takes several trips to get an entire team in place, but it is quick if there is a "landing strip" in your village. If you are traveling by this mode, again, be sure to have your cargo prioritized, both by importance and by load size (some big with some small, some heavy with some light, for each trip).

These are the primary modes available to us. If our primary plans fail, we rely on backups. Be prepared and be flexible. When you arrive in your villages you will immediately set up your living quarters and clinic. By the time you are ready for bed, you will be exhausted. Get a good night sleep, because the clinic opens bright and early the following morning.

Monday/Tuesday through the second Wednesday.

Clinics open each day bright and early. You will notice people starting to line up around sunup (between 5:30 and 6:00). Each team sets their own pace, but most work from 8 am to sundown (5:00 to 5:30) when it becomes too dark to be productive, with an hour or so set aside for lunch in the afternoon. Clinics run each day, but some villages do not have clinic on Sunday. Check with your team leader – the team needs to respect the wishes of the local villagers.

Departure back to Puerto Lempira, and then back to La Ceiba will begin on either the second Wednesday or Thursday, depending on the transportation modes available. Your team leader will keep abreast of the travel plans via the radio contacts with headquarters each day.
Packing up to return to Puerto Lempira and La Ceiba. Every team needs to inventory and carefully pack left over supplies that will be brought back and stored for following projects. Forms and instructions will be given to team leaders in La Ceiba prior to team departure to the work sites. Members of each team may need to spend time repacking at the Red Cross. The plan is to have everyone back in La Ceiba in time to get all supplies squared away at the Red Cross... however; there may not be time on Thursday to complete everything. The remaining work will continue on Friday morning.

**Thursday Evening Banquet.**

All teams gather back in La Ceiba for a Welcome Back banquet to share experiences and stories. It is always a fun evening! Friday - This is the "fudge" day. If your team was delayed you might be returning today. We cannot guarantee you will make your flight home if you schedule it on this day. It doesn't take much rain to delay planes, boats, trucks, and buses. Most participants use this day to go shopping, relax, go on day trips - white water rafting, to the rainforest, butterfly museum, etc. with new friends, or kick back and absorb everything they just experienced.

**Supplies & Shipping**

The last Saturday and Sunday. Free day. Most participants are returning home or heading off on side trips. Many people choose to go to Roatán for scuba diving and snorkeling, to Tela or Copan to explore, or on day trips to the rainforest. All these arrangements, costs, and reservations are your responsibility. Our Honduran Travel Agent can help you make all of these arrangements ahead of time or when you arrive. Also check the IHS Bulletin Board for side trip options that may be posted. Participants can leave La Ceiba as of Friday. HIS will help coordinate a very early morning bus back to the San Pedro Sula airport on both Saturday and Sunday for participants who need to make connections—same cost as arrival bus. Some people will be staying late to do final "clean up" and paper work at the end the Project. Some people will be staying late to vacation.

**MARCH**

You will receive a survey asking questions about the trip. Your responses are important. The Board will discuss many things brought up by participants and use those suggestions to improve the program. Work begins on the IHS newsletter - News Break. One member from each team needs to write an article and also send pictures. You don't need to be a professional writer, none of us are. Stories that would be appropriate would be about your general experiences, a specific incident (funny, profound, or sad), a trip highlight, and your feelings about the country or about the project.

**MAY**

Make sure you pack a small notebook and pens... you can jot down notable events, experiences and have a good start on your article before you even return home. Deadline for newsletter articles and photos is the first week in May. E-mail them to the Newsbreak editor: newsbreak@ihsmn.org. This method is preferred; if this is not an option you can send articles and photos to IHS, P.O. Box 44339, Eden Prairie, MN 55344. Thank you in advance for your contribution!

**Collecting Supplies**

Throughout the year, many IHS participants collect the items needed to support the upcoming Project. These materials are usually held by individuals until November/December and then shipped to a designated location in the Twin Cities area where they are stored until just before the January shipment. A standardized shipping container has been found to be desirable; for cargo shipments a good size is 12 x 18 x 14 inches and should weigh less than 40 pounds. Rubbermaid or similar containers work well because they are waterproof and can take more abuse than cardboard boxes. These cartons should be as durable as possible and clearly labeled with a detailed packing list of the contents and an extra copy of the packing list loosely attached the box to be entered into the master manifest.
Some items cannot be kept in the cold or allowed to freeze. Make sure those items get stored in a heated location until they can get taken to our warehouse.

A copy of the required packing list can be found on the website participant pages. Please print as many as you need. Boxes that do not have the proper packing list completely and are not correctly filled out will not be accepted – they will not go to Honduras.

Cargo Shipping

Each IHS Project requires a great deal of equipment and materials, much of which is donated. A typical Project may require a cargo consisting of 1500 cartons and misc. equipment. To facilitate getting this cargo to Honduras a number of requirements have been established. Cooperation by all participants is necessary to meet established deadlines. If you live in the Minneapolis area and can help move, sort, label, etc in the warehouse – please give the Engineering Director a call. Also, many volunteers are needed the Saturday we load the containers for shipping – mark your calendars and help us out – it generally takes about 3 hours (from 7-10 am).

Personal Supplies & Housing in Honduras

Thank you to those who send their tubs on time and with legible packing lists!

Sending Volunteer’s Cargo To Honduras

Volunteers are allowed to ship one box of personal gear on the shipment... when packing remember that what you ship down has to be carried back or left in Honduras. And since we ship supplies several weeks before we travel down to Honduras there is a chance that some supplies do not get on the container. Important cargo that misses the shipping deadline will have to be taken down as baggage by individual participants when they fly to Honduras. Check your airline for current fees and luggage restrictions.

Cargo Management in Honduras

An advance team of IHS participants arrives in Honduras to receive the cargo shipment, clear it through Honduran customs, sort and organize by team and color, and secure it at the Red Cross. Additional supplies to supplement the teams are packed at the Red Cross and included with the rest of the team boxes. On the official starting date of the Project, IHS participants complete the final check that supplies are there, in order, and marked according to team and by color.

When two or more teams heading to their villages travel together, there is a risk of mixing boxes. Everyone needs to pay attention to what is going on to avoid mistakes. Do NOT assume that someone else will handle it! Do NOT Assume someone else grabbed all your team’s boxes. Double check! All need to be constantly aware of the total box count.

When teams are transported from Puerto Lempira to their village by small plane, another challenge presents itself. Since several trips are necessary to place a team, the people and cargo must be carefully prioritized by the team leader. Those leaving on a small plane should, ideally, have their support equipment with them to facilitate minimum delay in setup and productivity. As an example of the logistics involved in this sort of operation, the 1992 Raya team required six flights, and took two days by a Cessna-206 before all members and equipment were in place. Depending on team size, sometimes the flights cannot all be completed in a day and provisions must be made for team members left behind to be housed. Equipment left sitting on the Puerto Lempira runway must be attended to and some provision for protecting the equipment from rain, sun and theft are a must. Any equipment not transported to a village by sunset must be transferred to a secure area (or you won’t have to worry about how to transport it the next day... for it will be gone forever.)

Supplies leftover at the end of each project.
At the end of each Project, leftover supplies are either disposed of according to IHS protocols (see section titled Disposal of Surplus Supplies and Medications), or they are cleaned, sorted, inventoried, and repackaged for next year and then returned to PLP or La Ceiba Red Cross. Every team leader needs to ensure this is done at the end of the Project.

**Project Housing - La Ceiba**

While in La Ceiba, participants have a choice of staying, at no cost, with one of the many families who open their homes to IHS every year, or staying at a hotel at their own expense. Arrangements for staying with host families are made ahead of our arrival for each participant by name. If you choose to stay with a family, please do not change your plans once you arrive; your host family is expecting you and will be very offended if you don’t stay with them – it is an honor for them to host us. For those of you who will be hosted at a home, it is nice to bring them a small gift of appreciation. Chocolates, picture calendars, items from where you are from (e.g., wild rice from Minnesota) are acceptable gifts.

If you should choose instead to spend your time in La Ceiba at a Hotel, you may do so at your own expense. Many participants stay at the Hotel Gran Paris, our base of operations. Some participants double up to save on cost.

When you return from your fieldwork, you will once again stay with your host family or at the hotel for a night or two. Generally speaking, any extra luggage you have that does not need to come into the field, or that you brought for other vacationing plans, can be left at your host family while you are gone. If necessary, some storage facilities are located at the hotel. If, for any reason, you aren't going to return to the same home, you must tell the family of your decision: they will worry if you don't show up. Please extend common courtesy.

**Housing and Sleeping in the Villages**

Most teams will be working in villages where there is no electricity, no clean water or commercial accommodations. You will need to plan to be in these areas as if you were going “tent” camping. Your accommodations could be in the clinic, a church, a school, a community building, or with a family. Be prepared for anything.

Most participants will need to provide their own sleeping equipment. Mosquito netting is recommended for remote teams. They not only are handy for mosquitoes, but also for other critters that go bump in the night. Many participants have found the self-supporting mosquito net “travel tents” to be convenient, easy to set up, and small and light to pack. These are available from Long Road Travel, (www.longroad.com or call 1-800-359-6040). For other sources of more traditional tie-up style netting visit an outfitter in your area.

Since most of the time you will be sleeping on concrete or wood floors, a sleeping pad is recommended to keep your back healthy. A “therm-a-rest” style, self-inflating mat is light and compact to pack; of course, any pad you find comfortable is recommended. If you are scheduled to be working in La Mosquitia, plan on bringing light covers for the night. A rule of thumb, bring the type of covers you would normally use on a summer night, be it a sheet, light sleeping bag, or blanket - whatever is comfortable for you. If you will be working in the higher elevations in the central or western part of the country, plan on bringing warmer clothing for the evening and warmer covers for sleeping. It can get into the high 50's to low 60's during the night at higher altitudes.

**We STRONGLY recommend that you pack mosquito nets/ travel tents, your bedding and sleeping pads ahead of time and send them to be shipped out with our big shipment.**

It doesn't make sense to take up valuable checked luggage space for sleeping gear, and now those extra bags cost money to bring along. Contact your team leader for more information. But remember you also have to save room in your luggage to bring it all back home again.
Village Life

Each team is different, yet each team has similarities. There are some consistencies between teams and what you can count on in the villages and during the project. Upon arrival in the village, the team leader and interpreter will talk with the village leaders or the health department to find the villagers who have been previously requested to help the team with cooking, laundry, carrying water, registering patients, packaging pills, etc. Since IHS sends teams to a number of different villages, refer to the Team Site document included in the information packet for details regarding your assigned village and you can also find it on the IHS web site.

Meals: Nobody Starves on a Project

Meals during the Projects are included in the project fee. In La Ceiba, participants are entitled to three meals a day at the IHS designated restaurant; you must wear your identification button to be able to sign for your meals. Host families are not expected to feed participants, although on occasion many participants are invited to join the family at mealtime.

In the Field: Three meals a day are also provided in the villages, although travel may disrupt an occasional meal. Teams or individuals may find that the tropical environment may change their eating habits to preclude an occasional meal. Eating arrangements will vary from team to team, and from village to village, but each team will have made arrangements for food. Many remote teams will carry staples such as rice and beans. Other teams may bring produce that is hard to find in some villages, while the villagers supply the staples in some areas. Many teams depart through Puerto Lempira at the end of the project. Teams usually eat together for the day they spend there, and again, meals are paid for by the project fee.

Many individuals bring some small snack foods for their own consumption. Please consult with your team leader about what you can/should bring for snack food. While it is good that no one goes hungry, all that food is heavy and hard to carry. We strive to have just the right amount and variety.

Personal Safety Concerns

When on foot, be observant especially after dark. Do not walk by yourself after dark, a group is best. Do not walk after 9:00 PM. Use common sense about where and when you are walking. And remember that taxi’s are cheap and a safer way to travel. A handout will be provided with emergency phone numbers so you can make copies and give it to the significant people in your life.

We recommend that you don’t flash cash in public or wear gold chains, other distinctive jewelry, or Rolex or similar watches. It’s best to leave your jewelry safe at home!! Don’t leave items unattended – unless you do not want to see them again. Example: If at the beach, at least one person needs to stay with belongings while others swim. If you are at a restaurant, hang your purse from your knee, keep it on your lap or between your feet – never hang it from the back of the chair, nor just toss it under the table. One bag was stolen from under a table a few years ago while many people sat at that table.

Be aware of increased vulnerability after using alcohol. Don’t carry packages for anyone you do not know and KNOW what is in the package you agree to carry. The north coast cities, Tegucigalpa, San Pedro Sula, and the Department of Olancho have traditionally experienced more crime than other parts of the country. However, since the hurricanes devastated the country, and now the bad economy too, more crime has moved to La Ceiba. Don’t leave objects near windows as people will reach in and take them.

Five danger signs – for attack.
Excessive or prolonged eye contact. Remember the old adage - The only people who will look you in the eye on the street are bad guys or cops.

People who appear to approach you deliberately. This is one of the fastest ways to spot problems in crowds. Everybody is going with the flow except this guy.

People who move (with you) when you do.

Predatory movements. Watch out for circling, splitting up, and trying to get behind you. Distractions. This may be verbal or physical such as being bumped.

**Luggage and Packing**

International travel limits each passenger to 2 pieces of checked baggage (various fees are now charged for each piece of luggage) and one carry-on. Please check with your airline to get specifics. Due to the amount of supplies that need to go in February, IHS asks people in Minneapolis to bring only one checked bag and one carry-on. The second available checked bag will be used for last-minute boxes and baggage necessary for the Project.

**In your carry-on:**

Pack medications, valuables, and essential items you will need for the first night banquet (which is casual and comfortable, not at all formal). Also recommended is to pack whatever you would need to get through the next 24 hours in case you get separated from your luggage for an extra day – i.e., change of underwear, clothing and bathing suit in case you want to swim in the hotel pool. (Assume your luggage will be delayed for 24 hours.)

Be sure to label your checked luggage and you may want to take a photo of it and carry it on you. In the event your luggage doesn’t arrive when you do, you can show the photo to the customs people to expedite claiming lost bags and/or to the IHS staff who will be heading back out to the airport to get the bags. And hang on to your luggage claim tickets or will not be able to get your luggage!

**Clothing**

While the climate of Honduras is generally considered tropical, the higher elevations and even some nights near the ocean can be cool. We come during the end of the rainy season, so bring rain gear, and pack your travel gear with rain in mind. River and lagoon teams should bring shoes that will handle muck, mud, and wet walks. All teams should wear shoes such as tennis shoes that keep your feet covered and protected most of the time. Reserve sandals for showers and beach time. There are critters and plants that would just love to have a chance to get at your toes through your sandals. Don’t give them that chance. You will be spending a lot of time on your feet... wearing comfortable shoes is very important.

While working in the villages, scrubs are easy, light, and comfortable to wear. They have long pants that can be rolled up while working and rolled down in the evening to protect from bugs and mosquitoes. They help easily identify our team members, and 2-3 pairs of scrubs make for very light packing for the field. In most villages, it costs next to nothing to have your personal laundry done. There are some scrubs available in various sizes in La Ceiba that you can borrow. They must be returned clean to the Red Cross at the end of the project. Other options would be to ask your local hospital if they have a few pair they would donate to you or purchase a couple of pairs (you can get them at Wal-Mart).

If you cannot find scrubs, or prefer not to wear them, you can wear cool, comfortable clothing, keeping in mind the customs of the people of the area. Many participants wear zip-off pants that allow for quick update of your outfit depending upon where you are.

The culture of Honduras is still conservative in dress. Even in the poorest of villages, all the women will be wearing dresses, below the knee. Short skirts or short shorts are not appropriate, but walking length shorts or split skirts are fine. Men do not
need a tie, but in most restaurants and churches, plan to wear long pants. Please be cognizant of the culture we are in. We are their guests.
Rule of thumb: Pack lightly! You will be carrying what you pack, and it very well may be for a long way through not-so-friendly terrain.

**Packing List**

This packing checklist has evolved over several years. The strongest message we can give you is to PACK LIGHTLY. We ask those who fly out of the Minneapolis airport to only bring ONE check-in bag so that your second checked bag can be a box of medical supplies if needed. You may bring a carry-on as well. Your carry-on bag should include EVERYTHING you will want in La Ceiba on Friday and Saturday, as your personal luggage may arrive in La Ceiba or come through customs on a different schedule. There will be a place to leave some personal items in La Ceiba while you are in the field.

<table>
<thead>
<tr>
<th>Clothing (depending on where you are going)</th>
<th>TEAM SUPPLIES (check with your Team Leader and other team members about who is bringing what, some items do not need to be brought by each participant.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ rain gear</td>
<td>_____ snack foods - peanuts, nuts, trail mix, M&amp;Ms, cheese &amp; cracker packs, granola bars, etc. ***</td>
</tr>
<tr>
<td>____ light shoes, tennis shoes, sandals, flip-flops</td>
<td>_____ powdered drink mixes, Crystal Lite, Gatorade, teas ***</td>
</tr>
<tr>
<td>____ hooded sweatshirt (mountains)</td>
<td>Hydration is critical, drink ALOT.</td>
</tr>
<tr>
<td>____ light weight long pants (zip-offs work well)</td>
<td>_____ duct tape (critical for teams who are traveling)***</td>
</tr>
<tr>
<td>____ cotton socks</td>
<td>_____ camp stove &amp; fuel - very handy for a quick breakfast ***</td>
</tr>
<tr>
<td>____ scrubs to work in</td>
<td></td>
</tr>
<tr>
<td>____ bathing suit</td>
<td></td>
</tr>
<tr>
<td>____ sun hat or cap (especially for river teams)</td>
<td></td>
</tr>
<tr>
<td>____ clothing of choice for La Ceiba*</td>
<td></td>
</tr>
</tbody>
</table>

| Medications                                  |                                                                                                                          |
| ____ personal medications*                   | _____ screw driver, pliers, other tools (engineer) ***                                                                   |
| ____ imodium or lomotil (anti-diarrhea drugs) | _____ water purifier and filter                                                                                         |
| ____ prophylactic antibiotics as desired     | _____ small lantern that uses batteries & extra batteries **                                                          |
| ____ Cloroquine (malaria medication)         | _____ citronella candles or mosquito coils***                                                                        |
| ____ insect repellent with deet              | _____ candles, matches, lighter***                                                                                   |
| ____ creams for itching - bug bites          |                                                                                                                          |
| ____ sunscreen                               | MISCELLANEOUS (strongly recommended)                                                                                   |
| ____ copy of prescriptions*                  | _____ flash light with extra batteries & bulb                                                                          |

| Bedding                                      |                                                                                                                          |
| ____ mosquito netting/jungle hammock/tent string/rope - clothes line/pins *** (see team assignment) ** | _____ extra contacts or glasses                                                                                       |
| ____ plastic tarp, may want more than one of these *** | _____ sunglasses                                                                                                      |
| ____ sleeping bag (lightweight blankets or sheets for La Mosquita) | _____ small day pack (to keep at work site)                                                                          |
| ____ pillow ***                              | _____ personal dishes (cup, plate, spoon, etc.)                                                                        |
| ____ sleeping pad (some sites have cots) ***  | _____ one quart canteen or water bottle                                                                                 |
| ____ towels, soap, shampoo                   | _____ sewing kit / safety pins                                                                                         |

| Miscellaneous (nice to have)                 | _____ personal first aid (band-aids, etc.)                                                                             |
| ____ photographic supplies - camera           | _____ zip lock bags (keep water & bugs out of your clothing, snacks, etc.)                                           |
| ____ film (expensive to buy in Honduras)      | _____ small funnel for filling canteens                                                                               |
| ____ extra batteries (expensive to buy in Honduras) | _____ pad locks - combinations are nice                                                                               |
| ____ army knife with small scissors (is nice) | _____ Spanish/English dictionary                                                                                       |
| ____ notebook / journal - pens, pencils, paper | _____ wash/dry towelettes                                                                                             |
Your Health - Reasonable Health Measures

Please read this very important section on Reasonable Health Measures as we want you to be prepared to stay healthy. No immunizations are required to enter Honduras; however, we recommend typhoid, polio, and hepatitis A and B, that you are up to date with tetanus, and prophylactic medication for malaria. Bring personal medications, prescriptions, and corrective lenses with you. Contact your physician and/or our medical director with any questions you have. Many clinics now have a travel doctor on hand. There are also travel clinics you can contact for up-to-date information.

For the most current information, visit the US government web site, www.cdc.gov, that monitors illnesses, etc. throughout the world and check out recommendations for Honduras.

Past participants have suffered the following: malaria, amoebic dysentery, traveler’s diarrhea, parasites in the feet, had surgery in the field, sand flea bites, and scabies. We cannot make Honduras perfectly risk-free for our volunteers. You must accept some risk to your health. Our goal is to minimize that risk.

IMPORTANT TO READ BEFORE THE TRIP
Advice to ALL IHS participants

While on your project in Honduras you will be at risk of potentially serious illnesses or injury. Hurricanes make these risks even more formidable. The climate, food, water, insects, snakes, bacteria, and viruses are different from those back home. You need to be cautious about your hygiene and your eating and drinking habits. You will also need to exercise great caution when traveling, as we use many forms of transportation. IHS wishes to maintain its excellent record of keeping participants healthy during the project.

The following is a discussion of health issues, considerations, and suggestions that you might find useful in preparation of your trip to Honduras. However, THE RESPONSIBILITY FOR PROPER MEDICAL ADVICE AND CARE FOR ALL PARTICIPANTS LIES WITH THE INDIVIDUAL AND HIS OR HER PHYSICIAN.

Vaccination and Disease Information Follows

<table>
<thead>
<tr>
<th>Recommendations or Requirements for Vaccine-Preventable Diseases</th>
<th>Drink alternately from each glass until thirst is quenched. Supplement with carbonated beverages or boiled water as desired.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>SEXUALLY TRANSMITTED DISEASES (STD)</td>
</tr>
<tr>
<td>Recommended if you are not up-to-date with routine shots such as influenza, chickenpox (or varicella), measles/mumps/rubella (MMR) vaccine, poliovirus vaccine, etc.</td>
<td>The information available about the prevalence of STDs in Honduras is limited to the high risk population, namely prostitutes in Tegucigalpa. Here studies have shown that 4% of the female prostitutes are positive for HIV (human immunodeficiency virus--AIDS or SIDA in Spanish), 17% have active syphilis, 25% gonorrhea, and 31% incidence of Chlamydia. Some studies have been done in San Pedro and the results are similar except that the incidence of HIV+ is higher. Because of lack of verifiable data it is likely that the incidence of STD among the prostitute population is much higher. Sexual contact</td>
</tr>
<tr>
<td>Tetanus/Diphtheria (TD)</td>
<td></td>
</tr>
</tbody>
</table>
working in countries with intermediate to high levels of endemic HBV transmission and who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment, such as for an accident, and for all adults requesting protection from HBV infection.

Typhoid
Recommended for all unvaccinated people traveling to or working in Mexico and Central America, especially if visiting smaller cities, villages, or rural areas and staying with friends or relatives where exposure might occur through food or water.

MALARIA
Malaria is endemic in Honduras. You will come into contact with patients who have malaria. Malaria is caused by a parasite, Plasmodium sp. that is carried by the female Anopheles mosquito. These mosquitoes bite primarily at night. In order to prevent contracting this disease the following is recommended:

1. Mosquito repellents containing 30% to 50% DEET (N,N diethymetatoluamide) as the active ingredient. Avoid prolonged application of the high strength product to large areas of skin. Do not get repellent containing DEET into the mouth. DEET is toxic if swallowed. Higher concentrations of DEET may have a longer repellent effect; however, concentrations over 50% provide no added protection.

2. Wear long sleeve shirts, pants and hats during high risk times of the day, dusk and dawn. If you can, remain indoors in a screened or air-conditioned area during the peak biting period for malaria.

3. If not sleeping in an air-conditioned or well-screened room, cover beds with nets treated with permethrin. If no nets, spray room with products effective against flying insects, such as those containing pyrethroid.

4. Travelers should take a flying insect spray on their trip to help clear rooms of mosquitoes. The product should contain a pyrethroid insecticide; these insecticides quickly kill flying insects, including mosquitoes.

5. Clothing, shoes, and camping gear, can also be treated with permethrin. Treated clothing can be repeatedly with this population strongly discouraged.

We have only limited information on the occurrence of HIV positivity in the more rural areas where you will be working. The Pan American Health Organization found in December 1992 59,723 confirmed SIDA cases in Latin America and the Caribbean. More recent data published by UNAIDS (www.unaids.org) reveals that there are 390,000 cases of HIV+/SIDA in the Caribbean. HIV+/SIDA in Latin America is estimated to be about 1.4 million. The Honduran Government recently set up a task force to work on the SIDA pandemic. Their estimates indicate a 2% infection rate (approximately 60,000 HIV+ cases) in the general populace. Therefore we are recommending the use of "Universal Precautions" with all patient contacts. Basically this involves the use of gloves, glasses and masks, if you feel you are going to be exposed to the patient's body fluids. Universal precautions will also provide protection against contracting Hepatitis B (HBV).

IHS does have antiretroviral chemoprophylaxis available should you sustain a percutaneous exposure with potentially infected material.

TYPHOID
The hallmark of typhoid infection is persistent, high fever as high as 103° to 104° F (39° to 40° C). Other common symptoms and signs include headache, malaise, anorexia, splenomegaly, a rash of flat, rose-colored spots, and relative bradycardia (4). Many mild and atypical infections occur.

Typhoid vaccination is not required for international travel, but CDC recommends it for travelers to areas where there is a recognized risk of exposure to S. Typhi. Vaccination is particularly recommended for those who will be traveling in smaller cities, villages, and rural areas off the usual tourist itineraries, where food and beverage choices may be more limited. While immunization is recommended, travelers should be cautioned that none of the available typhoid vaccines is 100% effective, nor do they provide cross-protection against other common causes of gastrointestinal infections. Typhoid vaccination is not a substitute for careful selection of food and drink.

HEPATITIS TYPE A
This is a viral infection which is endemic in developing countries like Honduras. Good hygiene and care to avoid contaminated food and water is important. HAV is shed in the feces of persons with HAV infection. Transmission can occur through direct person-to-person contact; through exposure to contaminated water, ice, or shellfish harvested from sewage-contaminated water; or from fruits, vegetables, or other foods that are eaten uncooked and that were contaminated during harvesting or subsequent handling.
washed and still repel insects. Some commercial products (clothing) are now available in the United States that have been pretreated with permethrin.

6. Your health care provider will decide which antimalaria drug is the right one for you. Some drugs may not be effective in some countries of the world. A medical condition may prevent you from taking a particular antimalaria drug.

7. Currently chloroquine phosphate 500 mg weekly is the recommended antimalaria drug. This should be started one week prior to traveling to Honduras, taken weekly and on the same day of the week while there, and continued for four weeks upon returning home. This medication is usually well tolerated, with side effects being headache and nausea. These can be avoided by taking the dose with meals, taking the dose at bedtime, or splitting the dose and taking it twice a week. Aralen® is more expensive but better tasting than the generic chloroquine phosphate. For those who do not tolerate chloroquine phosphate, please discuss this with your physician.

8. Pregnancy is not a contraindication to taking chloroquine or hydroxychloroquine in the above doses. However, you and your physician must make this decision.

While Malaria is a major concern to all participants, IHS members scheduled for work in the Mosquitia need to take particular note of this disease. During Project '94 one of our participants did develop malaria. This illness probably occurred because this individual did not take prophylaxis for the full four weeks after returning from the project.

Know the Signs and Symptoms of Malaria

You can still get malaria despite taking an antimalaria drug and using protection against mosquito bites. Taking an antimalaria drug greatly reduces your chances of getting malaria. Symptoms are very flu-like and can include fever, shaking chills, headache, muscle aches, and tiredness. Nausea, vomiting, and diarrhea may also occur.

Malaria symptoms will occur at least six to nine days after being bitten by an infected mosquito. Therefore, fever in the first week of travel in a malaria-risk area is unlikely to be malaria; however, ill travelers should still seek immediate medical care and any fever should be promptly evaluated.

It is a viral infection of the liver caused by hepatitis A virus (HAV). HAV infection may be asymptomatic or its clinical manifestations may range in severity from a mild illness lasting 1-2 weeks to a severely disabling disease lasting several months. Clinical manifestations of hepatitis A often include fever, malaise, anorexia, nausea, and abdominal discomfort, followed within a few days by jaundice.

HEPATITIS TYPE B (HBV)

HBV is transmitted through activities that involve contact with blood or blood-derived fluids. Such activities can include unprotected sex with an HBV-infected partner; shared needles used for injection of illegal drugs; work in health-care fields (medical, dental, laboratory, or other) that entails direct exposure to human blood; receiving blood transfusions that have not been screened for HBV; or having dental, medical, or cosmetic (e.g., tattooing or body piercing) procedures with needles or other equipment that are contaminated with HBV.

In addition, open skin lesions, such as those due to impetigo, scabies, or scratched insect bites, can play a role in HBV transmission if direct exposure to wound exudates from HBV-infected persons occurs.

As a health care provider you are at risk of coming in contact with body fluid from one of these infected patients. Hepatitis B vaccination series is indicated. This is a series of three injections, the second given 1 month after the first, and the last given 6 months after the first dose. Many of you have likely already been immunized.

Clinical manifestations of HBV infection range in severity from no symptoms to fulminant hepatitis. Signs and symptoms of hepatitis B may include fever, malaise, anorexia, nausea, and abdominal discomfort, followed within a few days by jaundice.

CHOLERA

The risk of developing cholera for U.S. travelers in an infected area is thought to be less than 1 per 500,000 travelers. In 1991 there were seventeen reported cases of cholera in travelers to Latin America from the U.S. and all had consumed high risk items such as raw or undercooked seafood or unboiled water. Hurricanes or tropical storms often cause flooding in our primary service area. It is of extreme importance that the measures discussed above in the paragraphs about preventing traveler's diarrhea be strictly
If you become ill with a fever or flu-like illness while traveling in a malaria-risk area and up to 1 year after returning home, seek immediate medical care. Delaying treatment can lead to serious complications such as coma, kidney failure, and death. Tell your health care provider where you have been traveling and that you have been exposed to malaria.

DENGUE FEVER

Dengue has become one of the most common viral diseases transmitted to humans by the bite of infected mosquitoes (usually Aedes aegypti); it is the most common cause of fever in travelers returned from the Caribbean, Central America, and South Central Asia.

Symptoms of dengue include fever, severe headache, retroorbital eye pain (pain behind the eye), joint and muscle pain, and rash. Dengue can produce a range of illness from mild to severe, as well as fatal hemorrhagic fever. Travelers are at risk for dengue infection if they travel to or reside in areas where dengue virus is transmitted; the preventive measures outlined below can reduce their risk. The mosquitoes that transmit dengue breed in man-made and natural containers, which are especially common in and around houses; therefore, dengue is common where many houses are clustered.

Aedes mosquitoes, the principal mosquito vector, usually are active at dusk and dawn, but may feed at any time during the day, especially indoors, in shady areas, or when the weather is cloudy. Unlike malaria, dengue is often transmitted in urban as well as in rural areas.

Prevention Measures for Travelers

No vaccine is available to prevent dengue, and there is no specific treatment other than therapeutic support. Travelers can reduce their risk by protecting themselves from mosquito bites:

- Use insect repellent containing DEET or Picaridin on exposed skin. DEET concentrations of 30% to 50% are effective for several hours. Picaridin, available in 7% and 15% concentrations, must be applied more frequently. When using sunscreen, apply it before insect repellent.
- DEET formulations as high as 50% are recommended.
- Followed. Cholera vaccine is available but is of limited effectiveness and is not recommended.

RABIES

Any mammal can carry rabies. Please do not try to be friendly with the dogs, other pets or animals that you may see. A bite or salivary contamination from a rabid animal could be fatal. Several years ago, one of our participants was bitten by a pet monkey. If you plan to be working with animals, or you are a Veterinarian, you should have a series of pre-exposure vaccinations.

The majority of this information is from the U.S. Department of Health and Human Services Centers for Disease Control - CDC Health Information for International Travel 2008, web site: http://www.cdc.gov

MISCELLANEOUS

Common Sense - Don’t leave home without it! In spite of our organization’s concern for medical maladies, accidents remain by far the greatest cause of death to travelers. Some Latin American countries have an automobile death rate 17 times higher than that of the U.S. Always use seat belts and think “safety first” in everything you do on an IHS Project. Hurricanes have caused much poverty and homelessness.

Personal crimes against our participants have occurred and will be more likely to occur as the economy worsens. It is not advisable to be out in the city alone at night. There are places in La Ceiba e.g., the beach, the disco that should be avoided at night. If you are unsure of what places are safe, ask one of the IHS veterans.

Medication - If you require daily medication for a health problem try to bring a little extra and always pack it in your carry-on – NOT in your checked luggage. This also applies to eye-wear; bring an extra pair of glasses or contacts.

Chronic Illness - If you have ongoing health problems (e.g. diabetes, seizure disorder, asthma, or severe allergies) you need to inform the medical director and your team physician. They will work with the Project Director to make a contingency plan for your health care should a problem occur.

Acute Illness - If you develop an acute medical problem while in Honduras inform your team physician and the Project Director so appropriate treatment can be instituted or steps can be taken to assure your safe transport to a medical facility that can care for you. IHS strongly recommends all participants purchase Traveler’s Insurance with Medical Evacuation for the trip.
Wear loose, long pants and long-sleeved shirts when outdoors.

- Indoors, spray insecticide where the Aedes mosquito likes to linger: closets, behind curtains, and under beds. If practical, empty or cover containers containing water.
- Air conditioned, screened rooms furnished with mosquito nets provide further protection.
- Empty or cover containers that can collect water (e.g., uncovered barrels, flower vases, or cisterns), because mosquitoes that transmit dengue breed in standing water.

Additional Information

Proper diagnosis of dengue is important; many other diseases may mimic dengue and health-care providers should consider dengue, malaria, and (in South Asia and countries bordering the Indian Ocean), chikungunya in the differential diagnosis of patients who have fever and a history of travel to tropical areas during the 2 weeks before symptom onset.

Prior exposure to Dengue may result in a more serious form of the disease when re-exposed to a different serotype. This is called "Dengue Hemorrhagic Fever" (DHF). This disease causes bleeding of the gums, gastrointestinal tract and skin. It is a medical emergency which may require fluid replacement as well as replacement of blood products. DHF is rare in Central America comprising roughly 5% of DF cases (MMWR Vol 44 #2 Jan. 20, 1995).

The incubation period for may be as long as 14 days so be aware of this possibility if you become ill even after you return from your project (MMWR Vol 43 #46 Nov. 25, 1994). Personal protection from mosquito bites should be followed as per the discussion regarding malaria.

DIARRHEA

Travelers' diarrhea (TD) is a clinical syndrome resulting from microbial contamination of ingested food and water; it occurs during or shortly after travel, most commonly affecting persons traveling from an area of more highly developed hygiene and sanitation infrastructure to a less developed one. Thus, TD is defined more by circumstances of acquisition than by a specific microbial agent. In fact, there is considerable diversity in etiologic agents, which include bacteria, parasites, or viruses. A similar but less common syndrome is toxic gastroenteritis, caused by ingestion of pre-formed toxins. In this syndrome, vomiting may predominate, and symptoms usually resolve within 12-18 hours.

Nutrition - Weight loss is quite common for IHS participants. This is caused by getting more exercise, loss of appetite from change in climate, and a change in food type. It can also be caused by dehydration. Please remember to drink adequate amounts of safe beverages every day. It would also be reasonable to take one multivitamin each day to insure adequate utilization of the food we do eat.

Sunburn - The high level of solar radiation in the lower latitudes surprises a lot of first-time participants. Extreme and dangerous burns can occur within a few hours depending on your sensitivity to sun. Packing a sun-screen lotion with a high ultra-violet blocking number (SPF of 15 or higher) is a good idea.

Allergies - If you are prone to allergies, special care should be taken in a tropical environment with new irritants. If you are allergic to bee stings, ask your doctor about a pen-sized Adrenalin self-injector called EpiPen -it could save your life. For contact dermatitis (like poison ivy) consider a topical steroid cream.

Snake bites - the fer-de-lance has been seen on a couple of projects. It is deadly and can be aggressive. At least three other poisonous snakes are indigenous to the areas we work in. Anti-venom is expensive and can cause significant allergic reactions. IHS maintains a connection to a limited supply of anti-venom during each project should the need arise.

Skin Diseases - Many of the patients that you will be treating have a parasitic skin infection called scabies. Past IHS participants who have had close patient contact have elected to treat themselves with a topical application of Lindane (Kwell@) at the end of their project. Kwell@ Lotion is applied from the neck to the toes in a thin layer and left on for about 12 hours.

Usually overnight is sufficient. It is then washed off. Clean clothes should then be worn and potentially infected garments washed.

Bathing & Water Contact - Remote teams will have to bathe in rivers and streams. Fast moving water located away from latrines and livestock waterholes is preferable to stagnant water. The local villagers can usually direct you to a good bathing spot. IHS has tested some rivers and found them to be very clean. However, don’t submerge your head if the quality of the water is unknown. Many teams also bring along and set-up solar showers. Leptospirosis, a disease of farm animals, has been reported in Nicaraguan refugees who have had contact
On average 30-50% of travelers will develop traveler’s diarrhea (TD) during a 1-2 week stay. Travelers’ diarrhea is characterized by the fairly abrupt onset of loose, watery or semi-formed stools associated with abdominal cramps and rectal urgency. Symptoms may be preceded by a prodrome of gaseousness and abdominal cramping, and additional symptoms, such as nausea, bloating, and fever, may be associated. Vomiting may occur in up to 15% of those affected. Travelers’ diarrhea is generally self-limited and lasts 3-4 days even without treatment, but persistent symptoms may occur in a small percentage of travelers. Medical attention should be sought for diarrhea accompanied by a high fever or blood. A number of bacterial, viral and parasitic pathogens are responsible, including Giardia, E. coli, Salmonella, Shigella, and Campylobacter. Honduras has all of these critters!

Avoid uncooked or poorly cooked meat, seafood, shellfish, fruits and vegetables. Wash and peel your own fruit if you are in an unknown sanitary environment. Do not eat from the street vendors in the cities. Unpasteurized milk should be avoided. Salads should be treated with suspicion. Safe beverages include carbonated soda pop, mineral water, beer, wine, and hot coffee or tea. When working in rural areas all water must be boiled (vigorous rolling boil for one minute) or treated with iodine. We will provide iodine and the directions for its use. We also recommend that you bring along your own personal supply of tetraglicine hydroperiodide (Potable-Agua®, Couglan’s®, etc.) and some type of a canteen. Don’t forget to use some form of safe water when brushing your teeth. Don’t assume ice cubes in the villages are made from potable water. A good general rule to follow: “Boil it, cook it, peel it, or forget it”.

There are many medical studies that have been done to determine the efficacy of prophylactic antibiotics in preventing TD. The official Center for Disease Control position is that “prophylactic antimicrobial agents are not recommended for travelers”(diarrhea). Notwithstanding it seems that most of the past IHS participants have taken prophylactic antibiotics. Suggestions include: TMP-SMZ DS (Bactrim® or Septra®) 1 tablet daily or Doxycycline (Vibramycin®) 100 mg daily. Ciprofloxacin (Cipro®) 500 mg daily has also been used. TMP-SMZ and Vibramycin do increase the risk of sun sensitivity. All three would also be contraindicated in pregnancy. Serious allergic reactions could potentially occur with all three antibiotics and it is for this reason that the CDC feels the risks of therapy outweigh the benefits.

A non-antimicrobial alternative for TD prophylaxis would with infected water.

Alcohol - IHS does not allow the use of alcoholic beverages during working hours and during times that we travel as a group to and from our field destination. Impaired judgment in the former situation has obvious consequences. Travel in Honduras has high risks of its own and this should not be compounded by intoxication.

DISCLAIMER

THE RESPONSIBILITY FOR PROPER MEDICAL ADVICE AND CARE FOR ALL PARTICIPANTS LIES WITH THE INDIVIDUAL AND HIS OR HER PHYSICIAN. THE INFORMATION CONTAINED IN THIS DOCUMENT IS BASED ON IHS FIELD EXPERIENCE AND IS NOT TO BE CONSIDERED COMPLETE FOR ALL INDIVIDUAL HEALTH SITUATIONS. BEFORE TAKING ANY MEDICATION BE SURE TO BE AWARE OF CONTRAINDICATIONS AND ADVERSE REACTIONS. IF YOU ARE, OR WILL SOON BE PREGNANT, OR IF YOU ARE UNDER THE AGE OF 16 YEARS OF AGE, USE OF MANY OF THE ABOVE MEDICATIONS MAY NOT BE APPROPRIATE. VACCINATIONS MUST BE INDIVIDUALIZED ACCORDING TO YOUR PARTICULAR HEALTH STATUS. PLEASE CONSULT WITH YOUR PERSONAL PHYSICIAN.

REFERENCES


4. SCIENTIFIC AMERICAN MEDICINE --CONSULT.


be Pepto-bismol. Two tablets chewed four times a day may decrease the risk of TD by 60% over placebo in controlled studies. Side effects may include blackening of the tongue and stools, constipation, nausea and ringing in the ears.

Should you develop TD, relief may be obtained by using diphenoxylate with atropine (Lomotil®) or loperamide (Imodium®). The latter medication may be purchased “OTC”. These drugs are antimotility agents and can be used for up to 48 hours. They should be avoided if you have a high fever or bloody diarrhea.

Dehydration is the immediate health risk of most traveler’s diarrhea. The need for fluids should be obvious, but the condition often takes away any desire to drink anything. It is important to disregard your body’s normal signals regarding thirst and drink lots of fluids during a bout of this normally self-limiting condition. Oral rehydration packets should be available at most pharmacies should you need them. An oral replacement formula can be made up in the following manner:

**FIRST GLASS**
*Orange, apple, or other fruit juice (8 oz) as a source of potassium*  
*Honey or corn syrup (1/2 tsp) as a source of glucose*  
*Table salt (one pinch) as a source of sodium and chloride*

**SECOND GLASS**
*Boiled or carbonated water (8 oz.)*  
*Baking soda (1/4 tsp.) as a source of sodiumbicarbonate*

Continued in next column.......................→→→→

11. Lecture Notes Travel Medicine “Staying Healthy Around the Globe” Susan L.F. McLellan, M.D., M.P.H.

Communications, Valuables, Distribution of Gifts

**Our Communications**

It is important for all IHS participants to have a working knowledge of our communications capabilities. Anyone with an interest in becoming an IHS radio operator is encouraged to do so. If you have any communication questions, contact the IHS Communications Director.

**While in La Ceiba**

The following communications options are available:
1. The Hotel Gran Paris may has fax, copying, internet service available for their guests; check at the front desk.
2. Telephone. Hondutel offers direct connections to an AT&T operator. Calls can also be made from the hotel; you will incur a surcharge. If credit cards are used to make a call, your card must be guarded. Two documented cases of credit card fraud have occurred during IHS projects.
3. E-mail can also be sent from one of several Internet Cafés – there are several within 2-4 blocks of the Hotel Gran Paris.

**During Your Field Assignment** Once in your village, the communications picture changes dramatically. Each team is normally equipped with a short wave transmitter/receiver, HF portable antenna, battery, and charging system. These radios work well most of the time, but we are dependent upon the condition of the ionosphere which is not 100% dependable. We have had occasions when this layer was very poor and provided frustratingly intermittent communications for some teams. For the most part, this form of communications has been quite dependable.
Radio operators on each team check in with IHS headquarters at scheduled times every day. Important messages are passed on at this time. Voice messages and e-mails can also be sent out by the radio operator. There are land lines in some villages but not always dependable. The Project Director has a Honduran cell phone with him at all times. They are also starting to function in some villages so a few team leaders or board members will have them with them as another way to stay in contact with headquarters.

**Keep Valuables Safe**

Over the years, Project participants have occasionally lost money, passports, generators, cameras, credit cards, and other personal effects. Over 26 years, the actual rate of theft (considering where we go and the number of us involved in each Project) is quite low -- probably lower than the theft rate on a high school band overnight field trip in the US. But it can happen and there's a common thread to all of the losses of which we are aware. In every case, an IHS participant put himself/herself or his/her valuables in a vulnerable position. The Honduran culture has "finders-keepers" ethics about lost stuff. If you lose something, don't expect to see it again. A Project '95 participant lost a fanny-pack with credit cards, passport and money in a small village. It was obviously found, but not returned. U.S. passports are worth a lot of money on the black market, so are credit cards. Drug trafficking has brought a lot of "street wisdom" to even La Mosquitia.

Hondurans are far more security-conscious than North Americans. Our lack of concern (expressed in the way we count the change once and pocket it while our Honduran counterparts count it 3 times and we never see where they carry it) promotes an "open season" attitude on our possessions. In the villager's mind, anything that can be reached through an open window is more or less fair game because of the (to them) unbelievable lack of care in placing it there. To them, it's pretty obvious that we don't care much about these possessions or they wouldn't have been left in reach. Being hyper about security is alien to us. To the villagers, such a loss would be devastating. Add to this the cultural perception that we are wealthy beyond imagination (and, when compared to the villager's net worth, we are wealthy) and you have the recipe for a potential theft. Project participants/volunteers need to try to think like the local people. Don't put your possessions at risk and you'll bring them home with you. Before leaving for fieldwork, most participants put passport, money, credit cards, and any other important papers in a large Ziploc bag and give it to the IHS Project Director to place in the safe. No system is 100% fool-proofs but to date this has cut way down on theft issues during the trips.

**Distribution of Gifts to Local People During Projects**

**RATIONALE.** Many participants bring small gifts to give their patients and use them as rewards to local helpers or merely gifts of friendship and goodwill. It feels good to give gifts to those we care about and the practice is potentially a builder of goodwill.

**BACKGROUND AND CONCERNS.** In spite of a long history of gift distribution, the practice is not without its problems. Many field reports confirm that the distribution of gifts has the potential of being a negative experience. Those who received gifts may proudly flaunt them making other local people feel shortchanged. Groups of foreign missionaries and relief groups have been visiting Honduras for many years and many have conducted wholesale handouts of clothing and supplies. In some areas, this leads to an expectation of IHS teams handing out material gifts that can overshadow the real gift of time, medication, and improved health.

Most of the ugly scenes reported have involved the process of distributing gifts - not the actual thought and intent of the gift givers. Obviously, if there are 12 t-shirts to give away, it would be unwise to open up a box in front of a clinic crowd and give them to the first 12 hands that grab them. This is sending no message of goodwill and only fostering a frenzy of greed. Small gifts given discretely to helpers at the end of the project or to the villagers as a routine part of a medical or dental visit have the potential to enhance our project.

**POLICY**
1. IHS does not limit gifts purchased by participants and distributed to local villagers in the interest of goodwill or enhanced health. However, thought needs to be given to the appropriateness of any gift.

2. Due to cost, workload of handling, and logistics to deliver, donations or gifts in large quantities (clothes, school supplies, etc) of more than one box cannot always be considered... especially for remote teams. If you have a large donation, contact the Project Director to determine if it is appropriate for shipment to Honduras. You may not be able to give a large donation to a remote village but the donation could go to one of many needy organizations in or near La Ceiba.

3. The team leader will work with his/her team and establish a policy on giving gifts. This will be based on the entire available pool of gifts available to the team. The total number of people expected and how many villages are on the itinerary should be taken into account.

4. It is determined that gift giving is most effectively done at the END of a village visit - just before departure. If given at the beginning... people expect gifts and will not be as willing to help. At the end a gift can be a reward for a person helping the team.

5. Gift giving should be done as discretely as possible and the reason for the gift carefully explained when applicable.

6. At times it is appropriate to give gifts publicly... in a presentation. If you are giving supplies for school children you may give these gifts to a teacher in front of several other people from the village. Then the teacher cannot sell the supplies to the children later.

**Disposal of Surplus Supplies and Medications**

At the end of each Project many teams will find that they have a surplus of supplies and/or medications. For various reasons, it is not practical or desirable to take certain of these supplies back to La Ceiba for storage. There are some guidelines that must be followed in leaving surplus materials behind.

1. Never leave drugs in the hands of anyone who does not have understanding of their safe usage. Remember, instructions on drugs normally will not be in Spanish and, even the most obvious contraindications may be missed if English is not understood. Keep in mind the need and the ability of the person or facility to administer and use the materials you are leaving.

2. Always have a plan worked out ahead of time for the disposal of materials. This avoids a situation where the last person you see in the field ends up with the supplies.

3. Have a good idea of what sorts of things are always returned to La Ceiba.

4. Remember that left over materials have political value. We try to distribute left over supplies to people and facilities that have assisted us during the Project.

5. Keep in mind the store-ability of the surplus materials. Consider the expiration dates, broken cases, impaired sterility, etc. The Sunday morning orientation session in La Ceiba at the beginning of each Project is where a plan should be made regarding disposal of surplus supplies. If you do not have a good idea of where these materials will be left, ask your team leader, Medical Director, Pharmacy Directory, or Dental Director. The situation is different for each team and location, so careful thought must be applied to surplus materials.
Hard Work and Hard Play

IHS attempts to balance hard work with free time to explore Honduras. While time is scheduled carefully to maximize productivity, even during the Project itself most participants find free time. The culture of Honduras recognizes Sunday as a day for family and church; we respect that and don't ask them to disrupt their lives to get us to the villages.

In most villages, Sundays are a day of recreation or reduced activity allowing a walk on the beach or a picnic depending upon location. Some teams see patients on Sunday or at least part of the day; the team should discuss this with the villagers to determine what is appropriate.

Upon returning to La Ceiba at the end of the project, Saturday and Sunday are free days except during the fairly short time a participant might be scheduled to help repack supplies at the Red Cross on Friday morning. Many IHS participants schedule a trip to other parts of Honduras or Central America before or immediately after the project. Some of the enjoyable recreational activities that can enhance your Project are:

Side Trips & Money

1. Diving and snorkeling in the Bay Islands. Roatán and Guanaja are just a 30-minute flight from La Ceiba. Diving is also available in Ambergris Caye in Belize, and Cozumel in Mexico.
2. There are a wealth of archeological finds to be had in Copan, near the Guatemala border, and Tikal in Guatemala. Further north in Mexico are many ruins from Mayan history.
3. The very old city of Antigua in Guatemala is beautiful and just a 2-hour drive away is Lake Atitlan, nestled in the valley of 3 volcanoes. Chichicastenango is another 2 hours away - known for its marketplace and indigenous peoples.
4. Nearer La Ceiba is Tela, where the locals go for fun. There is a botanical garden and beach area.
5. Through travel agents in La Ceiba, you can arrange jungle river trips, trips to see Manatee, and rain forest excursions.
6. There is an archeological dig at Ceren, El Salvador. This is our new world version of Pompeii. It was perfectly preserved by an eruption of the Loma Caldera volcano in AD 590. It was discovered in 1976, but the war kept work on it to a minimum. Now, work is going strong and more than a dozen buildings have been identified and many artifacts found.
7. Other Honduras places of interest include Placios, Pico Bonito, San Pedro Sula, Comayagua, and Siguatepeque. Frances Romero McNab of Tourist Options www.hondurastouristoptions.com has worked with IHS participants for a number of years arranging side trips - e-mail: touristoptions@caribe.hn

Please be certain to plan your excursions with the IHS project dates firmly in mind and recognize that travel plans, which are intended to begin the last weekend of the project, can be thwarted or delayed due to weather. Flexibility is essential to successful travel in Central America.

Resources

IN THE UNITED STATES BEFORE THE PROJECT. In the information packet is a list of people who are here to help you and to answer any questions you may have. It is a list of International Health Service's Officers and Board of Directors. Do not hesitate to call any one of these people.

IN HONDURAS DURING THE PROJECT. While in Honduras, there are FIVE sources of information available to you...
1. Your team leader.
2. The IHS information bulletin board located in the lobby of the Hotel. This is your primary source for information about schedules, changes in plans, notices, etc. Check this bulletin board frequently as new information that you need is posted there.
3. The official IHS office in the Hotel – Room 121. This office is manned each day by a member of the IHS Administration team during daytime and evening hours. This is your office, please feel free to stop by with any concerns you may have.
4. The Project Director or Assistant Director.
5. IHS Board members – they will be introduced at the Welcome Banquet so you will be able to identify them, and feel free to contact them with your questions. Don't pay attention to rumors. If the information was not obtained from the bulletin board or any of the above sources, ignore it! These are the only official sources of information.

Traveler’s Checks

Travelers' checks yield a slightly poorer exchange rate than hard cash. Travelers’ checks simply aren’t as negotiable as cash and Hondurans are fussy about torn corners, skipping ink pens, and illegible signatures. This has lead to difficulties and many places no longer accept them. You will need to cash them at a bank and bank lines are always long and move very slowly. Remember a passport is always required when cashing traveler’s checks.

Make sure the cash bills you bring down are all in excellent condition or they will be refused. Do not exchange money on the street. Save your luggage claim tags... you will not be given your luggage without the tags.

Project Medical Supply Need List

Each project to Honduras depletes our supply of medical pharmaceuticals and consumables. To assure another successful project we will need the items listed below. This is a request for your assistance in filling this need. If you have a working relationship with a hospital, pharmaceutical supply, clinic, grocery store, or civic organization, your assistance in supplying these needs is vital. Remember, each year there are some items we simply end up buying.

Medical participants will need to bring some of your own supplies. We recommend Otoscope, Ophthalmoscope, suture instruments, BP cuff and stethoscope; any lab testing equipment you desire; medical, nursing, pharmacy reference books.

IHS volunteers coordinate the collection of these supplies. Donations should be shipped as soon as possible... Contact the Medical Director, Nursing Director or Pharmacy Director of the supplies you have collected...Contact the Engineering Director for SHIP TO address. Thank you!

Medical Supply List

<table>
<thead>
<tr>
<th>Alcohol (isopropyl)</th>
<th>Thermometers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol wipes</td>
<td>Tongue blades (jr and regular size)</td>
</tr>
<tr>
<td>Adhesive tape</td>
<td>Tourniquets</td>
</tr>
<tr>
<td>Band-Aids</td>
<td>Tubex holders (12)</td>
</tr>
<tr>
<td>Basins, rectangular plastic</td>
<td>Tegaderm dressings</td>
</tr>
<tr>
<td>*Betadine (12 gal.) scrub</td>
<td>Vaseline gauze</td>
</tr>
<tr>
<td>*Betadine solution (12 gal. total)</td>
<td>Umbilical cord tape and clamps</td>
</tr>
<tr>
<td>Bulb syringes</td>
<td>Unsterile ua/uc cups and lids</td>
</tr>
<tr>
<td>Butterfly wound closures</td>
<td>Waterless hand wash (ie-se Ptsisol foam)</td>
</tr>
<tr>
<td>Butterfly needles (23 ga, 19 ga)</td>
<td>SPECIAL GIFTS</td>
</tr>
<tr>
<td>Carpuject holders (12)</td>
<td>To use for Cruz Roja and School Gift Sets</td>
</tr>
<tr>
<td>Cautery, small battery operated, hand held – 8 Chux</td>
<td>Steri-strips 100</td>
</tr>
<tr>
<td>*Cidex (12 gal. total)</td>
<td>Band-Aids, various sizes) 500</td>
</tr>
<tr>
<td>Cotton tip applicators, sterile</td>
<td>Triangular bandages 50</td>
</tr>
<tr>
<td>Cotton balls, unsterile</td>
<td>Hydrogen Peroxide, 8 oz. 24</td>
</tr>
<tr>
<td>Cotton, sterile absorbent</td>
<td>Merthiolate Tincture, 1 oz. 24</td>
</tr>
<tr>
<td>Eyeglasses, reading only</td>
<td>Cotton, sterile, 2 oz. 24</td>
</tr>
<tr>
<td>Exam gloves (Large Size Only)</td>
<td>Gauze, roller, 2 in 24</td>
</tr>
<tr>
<td>EZ scrubs</td>
<td>Eye wash drops, 1/2 oz. 24</td>
</tr>
<tr>
<td>Eye shields and eye patches</td>
<td>Aspirin tablets, 325 mg 2400</td>
</tr>
<tr>
<td>Feeding tubes, pediatric (12)</td>
<td>Tylenol tablets, 325 mg 2400</td>
</tr>
<tr>
<td>Foley catheters, sterile, assorted sizes</td>
<td>Antibiotic ointment, 1 oz. 24</td>
</tr>
<tr>
<td>Gastrolyte packets</td>
<td>Gauze pads, 3 x 3 240</td>
</tr>
<tr>
<td>Gauze, roller gauze (1-1 1/2 inch)</td>
<td>Silver Nitrate Sticks (100)</td>
</tr>
<tr>
<td>*Hibiclens</td>
<td>Splints, finger, wrists, ankle, knee</td>
</tr>
<tr>
<td>*Hydrogen peroxide (8 oz bottles)</td>
<td>Slings</td>
</tr>
<tr>
<td>*Iodine/merthialate - 1 oz bottles</td>
<td>Soaps, sample size bar soap – need lots**</td>
</tr>
</tbody>
</table>
Plus other items that may come to mind.
Samples must be broken down (shelled) and a packing list of contents of each box put on the outside of the box. Boxes should be approximately 12" x 18" x 14", not to exceed 40 pounds. All of this works much better if you do not wait until the last minute to send donated supplies because we need time to purchase those supplies that have not been donated. Please notify IHS Engineering Director in advance of all shipments.
Thank you in advance on behalf of the People of Honduras!
No Anti Hypertensives, A.C.E. or "Hi Tech Samples", please.

### Medical Emergency Box

Team physician and team pharmacist must upon receiving their team emergency box, take the beginning inventory. At the end of the project they must take a closing inventory and then turn the emergency box and the inventory sheet to the Pharmacy Director.

**Medication Assigned**

<table>
<thead>
<tr>
<th>Quantity Beginning Inventory</th>
<th>Quantity Closing Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atropine 0.4 mg Injection 2</td>
<td></td>
</tr>
<tr>
<td>Ceftriaxone 1 gram Injection 2</td>
<td></td>
</tr>
<tr>
<td>Dexamethasone 4 mg/ml Inj. 5 1</td>
<td></td>
</tr>
<tr>
<td>Dextrose 50% Injection 50 ml 1</td>
<td></td>
</tr>
<tr>
<td>Diazepam 10 mg Injection 2</td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine 50 mg Injec2</td>
<td></td>
</tr>
<tr>
<td>Epinephrine 1:1000 Injection 3</td>
<td></td>
</tr>
<tr>
<td>Flumazenil 0.1 mg/ml Injection 1</td>
<td></td>
</tr>
<tr>
<td>Furosemide 100 mg Injection 2</td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone Sod.Succ 100 2</td>
<td></td>
</tr>
<tr>
<td>Ketorolac 60 mg Injection 2</td>
<td></td>
</tr>
<tr>
<td>Lidocaine 1% Injection 2</td>
<td></td>
</tr>
<tr>
<td>Magnesium Sulfate 1 gram 4</td>
<td></td>
</tr>
<tr>
<td>Meperidine 50 mg Injection 5</td>
<td></td>
</tr>
<tr>
<td>Mephergine 0.2 mg Tablet 4</td>
<td></td>
</tr>
<tr>
<td>Midazolam Injection 1</td>
<td></td>
</tr>
<tr>
<td>Naloxone 0.4 mg Injection 2</td>
<td></td>
</tr>
<tr>
<td>Oxytocin 10 unit Injection 2</td>
<td></td>
</tr>
<tr>
<td>Phenytin 100 mg Injection 2</td>
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</tr>
<tr>
<td>Medication Assigned Quantity</td>
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<tr>
<td><strong>Beginning Inventory</strong></td>
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<tr>
<td>Phytonadione 10 mg Injection 1</td>
<td></td>
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<tr>
<td>Prochlorperazine 10 mg Injection 1</td>
<td></td>
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<td>Silver Sulfadiazine Cream 2</td>
<td></td>
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<tr>
<td>Sodium Chloride 0.9% Bacteriostatic Inj. 3</td>
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<tr>
<td>Tetracaine 0.5% Oph Sol. 1</td>
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<tr>
<td>Tubex/Carputuret Holder(s) 2</td>
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<tr>
<td>Dextrose 5% Injection 500 ml 2</td>
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<tr>
<td>Sodium Chloride 0.9% Inj. 500 ml 2</td>
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<tr>
<td>Standard IV Set 2</td>
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<tr>
<td>Butterfly Set 6</td>
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<tr>
<td>Airway (Adult) 1</td>
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<tr>
<td>Airway (Pediatric) 1</td>
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<tr>
<td>Syringe 3 ml 6</td>
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<tr>
<td>Syringe 12 ml 6</td>
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<tr>
<td>Needles 22 ga 1 1/2 inch 12</td>
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<td>Kelly clamp 2</td>
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<tr>
<td>Tourniquets 2</td>
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<tr>
<td>Alcohol Wipes 10</td>
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<tr>
<td>Gauze pads 4x4 4</td>
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<td>Ambu Bag 1</td>
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<td>Suction Catheter 1</td>
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<td>Urinary Catheter 1</td>
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<td>Intracath 2</td>
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**All IHS Team Members**

**Policy on Qualification, Licensing, and Training/Briefing of IHS Project Participants as it Relates to Effective Implementation, Professional Care, and Liability**

POLICY
1. All IHS professional participants must provide a copy of their professional license(s) to IHS with their application for participation. Physicians must also provide a copy of their medical school diploma.
2. All IHS participants will pay the project fee as scheduled by the Board of Directors to financially support the various costs - individual, several, and collective - of conduction the project. Any exceptions must be approved by the Board.
3. All Project participants shall be familiar with, accept, and follow IHS policy on conduct, professional standards, and acceptable conduct as is it conveyed through briefings, orientation meetings and occasional publications and mailings.
4. Each participant in an IHS Project shall submit an application that includes suitability information and other personal data for the purpose of screening by the Board of
Directors.
5. Any person assisting IHS, and who holds citizenship other than Honduran, must similarly participate in licensure, screening, financial support, and training/briefing on IHS policy and standards.

RATIONALE

1. IHS comes to Honduras through a very specific, documented process. The organization maintains the highest standards while maintaining itself largely through donations and project fees. Persons affiliating themselves with IHS independently create a very high liability potential for the organization. To limit its liability, IHS trains, briefs, and otherwise informs its participants of acceptable performance standards. Individuals who attempt to "tag along" do not support the organization financially, are not in sync with IHS standards and policy, and are not under IHS direction. IHS has no formal knowledge of such people's competence, legal professional status, suitability, or skill level.

2. With authority comes responsibility. But "dropin" (undocumented) helpers create a situation where IHS has responsibility for the individual and his professional work, yet is denied the authority to control the individual. Safety of both such individuals and the organization are compromised.

3. IHS assumes some limited responsibility for the actions of any individual who it allows to function within its work program. Because IHS assumes some limited liability, it is entitled to the documentation, financial support, and screening procedures necessary for the organization to function within its guidelines.

BACKGROUND

There are occasions when IHS teams encounter non-Honduran individuals in the villages who are willing to participate in IHS work. For the protection of these individuals, the maintenance of IHS standards, and the fiscal welfare of the organization, these individuals must be bona fide members of the IHS Project.

All IHS Team Members

FUNCTION

Regardless of what other titles participants may carry, all are team members. The team, medical, dental, or other, is the basic functioning unit of IHS operations in the field. The function of an IHS team member is to participate fully in the Project within the scope of their abilities and enthusiasm. Team approach to problem solving is the norm.

DUTIES AND RESPONSIBILITIES

1. Aid other team members in movement of supplies, safekeeping of supplies and other duties necessary for housekeeping and team morale under direction of team leader. 2. Be respectful of host country customs and morals at all times. 3. At each project site, cooperate with the team leader and other team members concerning set-up and organization of the site. 4. Provide help in daily tasks not directly associated with specific job description, as needed, in order to help the Project run smoothly. 5. It is common for team members to wear multiple “hats”. For example, a Team Dentist may also be a Team Leader and a Team Radio Operator. A Team General Helper may also be a Dental Assistant, etc.

QUALIFICATIONS

1. Be enthusiastic.

2. Be willing to work.
3. Be able to communicate.


5. Be innovative.

6. Have a sense of humor

You will be working with people from diverse backgrounds. Please bring along extra patience, a good attitude and leave all inappropriate comments and sexual harassment behind.

Team Planning

EVERY TEAM MEMBER NEEDS TO READ THIS SECTION.

There are an endless variety of details about "how does this work" that do not fit neatly into any other section of "preparing to go". The team leader has responsibilities, the physician, nurse and dentist have tools and supplies to gather, each participant wants to know what their job is and what they can do ahead of time to get ready.

1. There is some studying you can do ahead of time - read about Honduras on the web and please read through the assortment of items attached to, or included, in the e-mails or other communications you receive from IHS or on the web site. Putting some thought towards packing will save you time and frustration at the other end. But the whole paradox of bringing health care to Honduras cannot be done in the manner, or with the supplies, to which we are accustomed. The bottom line is that bringing yourself, your knowledge, your good intentions, and your desire to help others is 90% of the undertaking for this project. So 90% of the prep work is already done.

2. Even though undetermined circumstances can interfere with the team make-up, as nearly every year we have to make some last minute switches in personnel, we strongly encourage you to have contact with your teammates prior to February. Your team leader is there to answer your questions.

3. Depending on where you will be working, as a team you will need to make a plan for your time in the field. For example, if you are on a remote team, or a river team, approaching this trip like a 10 day camping trip in the tropics will give you more options in the field. Your team should have at least one camping type stove, a cook pot for heating water, and a water filter. Each person should have a cup, bowl, and utensils. If you are in a village base camp; your team may have a local woman cooking for you every day, so these other things may be unnecessary.

4. Regarding clothing, our basic clothing/packing list is a culmination of 28 years of experience. Each person will have individual preferences that cannot be anticipated. Hopefully your team leader has experience in the village or can get info from someone who went there before. For mountain teams you will need a sweater for the cool evenings... for river teams and other remote areas a sweater may not be necessary but could be nice on rainy days.

5. How to run the clinic? Remember each team has a veteran member who can help explain how it has worked before. The team members, personal practice preferences, and facilities available in the community will dictate how you set up. You are not a M*A*S*H unit expected to be at 100% maximum efficiency the first hour in the village. The pressure of 100 people standing outside your door the first day may make you feel like you should be, but you have to work out your logistics in the field - there is no formula. If you are a traveling team, you will figure out your priorities of set up as the days pass.
6. The Honduras health care system, as it is, will not be able to help as much as you would like them to. Their referral system comes with financial, language (Miskito interpreters in the cities), cultural (remote village person in a large city) and logistical difficulties. The patient, as well as family member(s) will need to travel, be housed and fed and they may not have family or friends to stay with while being treated at a hospital in the city (University Hospital Escuela in Tegucigalpa). While IHS is in the area, there is a limited form of referral available for remote teams. We will have a surgeon in Puerto Lempira who can take your surgical referrals and we will have a plane that can come get your patient. Sometimes we can even bring a patient to La Ceiba for care - but remember the patients you see have no money, so we can't just drop them off at a hospital. In the past, team members have, at their own discretion, pulled together personal money to help a family, but IHS has no funds for this occasion. We also have a radio check-in system available every day, 3 times per day - atmospheric conditions permitting. A physician or nurse can call into the "net" with questions for a specialist who is practicing in another village in order to get a second opinion or advice. We often have an assortment of medical specialties within the project - cardiology, internal medicine, ob/gyn, family practice, etc.

7. Our teams are by design and by necessity, non-hierarchical. Certainly the physician or dentist needs authority to make medical decisions, and the team leader may be called upon to make some critical logistical decisions, but as much as is reasonable, the team must work as a team to be successful. The translator and general helpers are as essential to success as any other member of the team. It is very helpful for smooth operations if you share amongst yourselves who needs what - to eliminate the guesswork. For example, the radio operator on a traveling team needs time every day to set up the antenna, time away from whatever else they are doing (like pharmacy) to make the radio contacts, and may need assistance in electrical power management and carrying equipment. Pharmacists still have work to do after the last patient is seen; that means the medical clinic closes up before dark so the pharmacy still has light enough to fill prescriptions, and so on. Most of the team members are functioning in more than one role; the team leader may be the team nurse, the engineer is doubling as a helper for the dentist, the general helper is helping in pharmacy, taking blood pressures, and is also the radio operator.

**Team Leader Job Description**

8. Team safety is the responsibility of everyone. IHS sends a planning team to Honduras each October to visit the villages, meet with local leaders, look at the clinic work site, look at where you will be living, and try to set the stage for you. While in the field it is important that you remember... this is a camping trip in the tropical swamp (in La Mosquitia) and there are snakes, bugs that bite, scorpions, and drinking water from the river is a bad idea. Take some time as a team to organize your living situations, remind each other of safety precautions, use bug spray, wear sunscreen, keep hydrated with good water (at least 2 quarts per day), make sure you rest - even during the day, and laugh frequently.

9. Each team member needs to read through the information included in this manual and other e-mails or information from IHS Admin Team. Feel free to talk to Veteran IHSers about your specific job assignments. They can give you valuable insights that you may not be able to get from any other source. If you need contact information for any of these people, please ask your Team Leader, contact the Project Director, or ask any other member of the Board of Directors.

**TEAM LEADER**

The function of the Team Leader is to be a resource for the team. Preferably it is someone who has gone on an IHS project before, who can assist in answering questions and help everyone get organized before the Project begins. The Team Leader also provides leadership during the project and has overriding authority over all team decisions, excluding medical or dental decisions.

**DUTIES AND RESPONSIBILITIES before the project.**

The team leader should provide his/her team members with information about IHS Projects, the timeline, shipping personal
box, supplies needed for the team and location, team site. This communication should begin in November, once assignments are given out. Especially important is helping new participants get comfortable, find information, get paperwork turned in, pack personal container, etc. A Team Leader Guide is available with more information on the IHS web site and other materials provided by the Project Admin Team.

New team leaders are encouraged to draw on the knowledge of the Project Director, the more experienced team leaders, and the entire IHS Board of Directors.

1. Contact and welcome each team member and give them any information you have about the work site, La Ceiba, appropriate clothing, etc.
2. Give team members your name, address, phone, and e-mail and invite them to contact you at anytime.
3. Arrange for those needed one-of-a-kind items for the team... camp stove, kettle, lantern, sun shower, bucket, etc.
4. Make arrangements as to who will help with the end-of-project clean up and storage of supplies.
5. Let team members know what food will be provided and if they can’t live without something... bring it. Discourage bringing too many snacks since many will be provided.
6. Discuss end of trip options – side trips, etc.
7. Remind all participants to be flexible, that weather alone could change any factor at any time.

DUTIES AND RESPONSIBILITIES during the project

1. Be knowledgeable of the transportation and route the team will be taking.
2. Be comfortable with the contact person(s) traveling with the team.
3. Know the tentative time schedule for the team.
4. Be willing and able to obtain input from the team members and make fair decisions for the entire team.
5. Be aware of resource persons within IHS.
6. Be aware of financial resources and cost considerations.
7. Be closely involved in team’s preparation of supplies from Red Cross. The team leader is responsible for organizing the repacking of his/her team’s supplies at the end of the project.
8. Communicate with Project Director or other Board members as necessary and be cognizant of the relationship between IHS and the Honduran Government.
9. Should be aware of back-up plans for basic contingencies or situations including: Dealing with emergencies, Alternate sites, Referrals
10. Guiding principles for decision making include, but not limited to: Safety of participants, Impact on total project, Cost containment, Availability of alternatives, Logistical feasibility

QUALIFICATIONS

1. Must have traveled with IHS previously and have demonstrated understanding of the philosophy of IHS.
2. Have demonstrated leadership skills in previous IHS project or in professional and / or personal life.
3. This is an important position and affects how participants feel about their entire experience, so please take it seriously, be prepared, knowledgeable and fair.

Team Interpreter

FUNCTION: The function of the Team Interpreter is to facilitate communications between team members and the villagers they are serving.

DUTIES AND RESPONSIBILITIES

1. Must be available to all team members to facilitate communications with the villagers. Upon arrival in the villages, the interpreter will help with the introductions between the community and the team. Working with the
team leader, the interpreter will help arrange housing, cooking, village crowd control, etc. During clinic hours, the
interpreter is especially needed in triage, determining the symptoms of the patients, and helping to explain
treatments and medications.

2. The translations must be concise and accurate. This is important in both the medical clinic and the day-to-day
living in the community. There are very distinct cultural nuances that we must be cognizant of and respect. Exact
translations will facilitate goodwill between the villagers and the team.

3. The sole responsibility of the interpreter is to translate. If the villagers have questions regarding IHS policies or team
specifics, the interpreter will translate those questions to the team leader and the team leader will provide the
answers. All policy decisions are the responsibility of the team leader and must be made within the bounds of IHS
policy.

QUALIFICATIONS
1. Must be comfortable speaking, and understanding, Spanish and English.
2. Willingness to tackle one of the busiest jobs in the team. You may be called on to help day or night.
3. Must have a working voice; it will get very little rest.
4. Must be able to communicate under stressful and tiring situations.

Team Recorder/Treasurer

FUNCTION
The role of the recorder is to monitor financial resources for the team, record patient contacts and describe demographics
of various villages and clinics visited. Detailed records kept by each field team recorder include the number of patients, all
referrals, treatments, and diagnosis.

DUTIES AND RESPONSIBILITIES
Detailed records of each Project must be kept. This includes a daily log of financial, medical, dental, pharmaceutical, and
equipment records. Records should also be kept on the status of communication facilities in each village, airport conditions,
habitation conditions, key contacts, and medical anomalies encountered. Any information that a future team may want to
know would be helpful. All records are turned in to the Project Director or a Board Member immediately at the end of each
Project – this is a critical responsibility.

Is accountable for the team’s budget, to include paying for meals, transportation, services, interpreting, cooking etc., and is
accountable to the Treasurer of the IHS Board for carefully spending money and returning money not needed during the
Project. Is accountable to communicate with team leader and team members as necessary.

QUALIFICATIONS
1. The ability to keep a checkbook and record all expenses.
2. An understanding of the relative value of services (cook, laundry, etc.)
3. An understanding of the purpose of data gathering for
future IHS teams.
4. Previous travel with IHS is preferred.
5. The ability to pay attention to details.

Team General Helper

FUNCTION: Every year we have many people volunteer to help the teams as General Helpers in the “I’ll do anything – I just
want to help” category. General Helpers can be lifesavers on the team and are an important part of how each team is
organized.

DUTIES AND RESPONSIBILITIES: The paradox for the general helper is that you need to define your job (with the help of your
team leader) on the job. Some of the possibilities are:
1. Double as the Engineer - responsible for the generator and other logistical support. This would be for those who are
mechanically inclined and like to fix things.
2. Double as the Radio Operator. This would need to be arranged in advance.
3. Fill the role of Dental Assistant – training on the job with emphasis on safety in handling needles, instruments, etc.
4. Provide support for the Pharmacist – labeling and packaging medications.
5. There may be a day when you need to run triage – you’ll need to meet with the physician and translator to discuss what the rules are to follow to make triage work.
6. You might need to run the “pip and vit” line – a time during the day when we try to give parasite medicine and vitamins to all the kids.
7. Work with team Engineer to make sure team has water - Water purification pump / filter system.
8. Help set up the clinic and team living space.
10. Help with medical clinic – scrub and dress wounds / sores, scrub scabies babies, take and record blood pressures, urine analysis, etc.
11. Assist team leader with finding local village people and work with them in doing laundry, clinic work, translating and cooking.
12. Assist with team transportation.
13. Anything that needs doing that someone else is not doing.

QUALIFICATIONS

Team Engineer

FUNCTION: The role of the Team Engineer or General Helper is of a supportive nature. The role will be as varied as the team’s environment. The term “engineer” has, generally, evolved to refer to a General Helper or other person who has or has developed some mechanical or electrical expertise in IHS field operations. The term “General Helper” has evolved to mean someone with little IHS experience or limited mechanical or electrical expertise but is capable of doing many tasks to support the team.

DUTIES AND RESPONSIBILITIES:
1. Maintain equipment as needed during the project - generators, suction machines etc...
2. Be aware of the needs of the team for assistance during operations. This awareness may take many forms: Aid other team members in movement of supplies, safekeeping of supplies and other duties necessary for housekeeping and team morale under direction of team leader. Assist with arrangements for or preparation of meals. Assist with setup of radio, electrical and other equipment as needed. Assist villagers as time permits with various mechanical or electrical repairs. Assist Pharmacist, Dentist or Medical team as needed.
3. Coordinate or supply a basic amount and variety of tools necessary to facilitate the project.
4. Be responsible for return of equipment to La Ceiba. Return equipment in good working condition, prepared for storage and/or with detailed information on what that equipment repairs are needed and/or equipment replacements needed before next year’s operation.
Note: Fuel is not to be transported in planes—discard prior to returning.
5. Be, or become, a Jack or Jill of all trades.
6. Set up and maintain outhouse and shower facilities. Coordinate this with help from local people if necessary.

QUALIFICATIONS
1. Have a broad background in mechanical apparatus. 2. Exhibit better than average awareness of safety. 3. Be comfortable with tools. 4. Be familiar with practical logistics. 5. Have good multi-tasking abilities.

FOR THE ENGINEERS - Thank you for joining our project as an engineer. IHS administration will direct you on what to do with any extra fuel.

On the first Saturday at the Red Cross, one of your first jobs will be learning about the basic equipment that you will have with you, a generator, suction machine and water purifier. You will learn how they work and each piece will be tested to
make sure it is functioning properly. All boxes for teams will be color-coded with each team’s color. It is helpful if you count the boxes for your team so that you know if they all arrived at your destination. You are also responsible to make sure your team gets gas and water jugs, and that they get filled, (where they get filled will depend on where your team is assigned to work). You don’t need to do this by yourself, but it is your responsibility to see that they get filled. Ask your team leader at what point this needs to be done. You also need to verify that tarps (and ropes or other tie-down) are packed for your team.

Upon arrival at your first clinic location, the dentist, physician, you and team leader will have a short meeting to decide how to set up the clinic. This meeting should include a discussion regarding electric power needs and what items (padlocks, etc) are available to secure supplies and equipment. (There must be a secure location for all of the equipment and extra cargo.) You will then help as needed in the set-up process. The ropes and tarps may be used to divide the room for dental, medical, and pharmacy. This is where you must use your imagination to accomplish all that is asked of you in designing the clinic.

It is your job to find a suitable place to set up the generator. It should be downwind from the clinic, (both for the fumes and to keep the ambient noise down in the clinic), not in direct sunlight, and out of the sand, as fine sand will clog the filter. You will also be asked to help the radio operator set up the antenna in time for the first evening’s contact. When the clinic is operational, you may be required to help in various capacities wherever needed; counting pills for the pharmacy, scrubbing dental instruments, crowd control, etc. Each team is issued a Team-site Information Document at the Saturday morning Team Leader & Recorder session to keep track of village and team information. The document is fairly self-explanatory, but if you have any questions, please don’t hesitate to ask them.

Each part of the team is responsible for packing and inventorying their own equipment when it is time to leave the village. It is helpful if you get a final count of the boxes to be sure all of them arrive back with the team. Assist member of team in making sure a detailed inventory of what is inside is affixed to the outside of any boxes which will be stored at the Red Cross or in PLP for the next year’s Project. The team leader should gather up the second copy and turn them into The most important thing to remember is to be flexible. Many times plans will be changed without much notice. We may need to move your team in a different fashion than originally discussed. You may need to wait longer than planned. Please be patient and realize that IHS Administration is doing everything in their power to help your team get to where it is going. We usually have two or three backup plans and all we have to do is implement them. We won’t forget about you. Back in La Ceiba you will be asked for your help in returning equipment to the Red Cross. Please notify the Engineering Director if any of the equipment needs to be repaired before next year’s project so that repairs can be done before it becomes critical.

**Items Typically Contained in Engineering Supply Box**

*Quantities may vary. Please check with your Team Leader and/or Director of Engineering/Logistics.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>250 ft. nylon line</td>
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<tr>
<td>100 ft. ¼” rope</td>
<td></td>
</tr>
<tr>
<td>Roll of baling wire</td>
<td></td>
</tr>
<tr>
<td>Roll Monofilament line</td>
<td></td>
</tr>
<tr>
<td>Eye screws</td>
<td></td>
</tr>
<tr>
<td>Hooks &amp; eyes</td>
<td></td>
</tr>
<tr>
<td>Hasps</td>
<td></td>
</tr>
<tr>
<td>Sky hooks</td>
<td></td>
</tr>
<tr>
<td>Door pulls</td>
<td></td>
</tr>
<tr>
<td>Volt meter</td>
<td></td>
</tr>
<tr>
<td>Padlocks with keys</td>
<td></td>
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<tr>
<td>Security cable</td>
<td></td>
</tr>
<tr>
<td>Chamois for filtering gas</td>
<td></td>
</tr>
<tr>
<td>3 sizes of funnels</td>
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</tr>
<tr>
<td>Pump water purifier &amp; extra filter</td>
<td></td>
</tr>
<tr>
<td>Gravity feed bag filter</td>
<td></td>
</tr>
<tr>
<td>Socket set, inch &amp; metric</td>
<td></td>
</tr>
<tr>
<td>Set of box wrenches</td>
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</tbody>
</table>
Team Dentist

FUNCTION: The function of the team dentist is to provide the appropriate dental care to patients and provide basic oral hygiene instruction.

DUTIES AND RESPONSIBILITIES

1. Provide oral surgical and/or operative dentistry.
2. Determine well before the project trip what type of dentistry is applicable at your site (surgical, operative). IHS should be able to provide the proper supplies and equipment - contact the Dental Director.
3. Check with team leader and determine if there are any special indigenous languages that should be taken into consideration.
4. Make yourself available to other team members and especially to new participating dentists to answer any questions regarding preparation for the project.
5. Check with previous team dentists to determine any special dental needs in that area.
6. While in La Ceiba, be available to gather and pack the dental supplies and equipment needed for your team. The team leader, engineer or dentist is generally responsible for receiving the proper generator. The dentist, along with the Engineering Director, should confirm that all equipment is in good working order.
7. At each site, the dentist will cooperate with the team leader and other team members concerning setup and organization of the site. The team translator will assist you in working with local individuals, who are always very helpful, regarding organization of volunteers for instrument cleaning, translating, and control of patient flow. 8. The Dentist is responsible for inventorying items/equipment prior to getting started and again when finished. Return and properly store all unused materials and equipment for use in future projects. After the project, the Dentist must e-mail the Dental Director with this information so correct supplies can be ordered for the following year.

QUALIFICATIONS: Must be licensed to practice Dentistry.

Copy of dental license and diploma: (One copy is sent with application and one to be carried with you.)

CONTACTS: If you have further questions or concerns please contact the Dental Director or any past-participating dentists. IHS has found it is best to clear up any questions before the project starts. Of course, if there are questions on what to ship, those questions have to be answered prior to the shipping deadline in the middle of December.

PREPARATION: This section will explain what is required of a team dentist regarding equipment needed, supplies, organization
and philosophy. A discussion of the areas and people we deal with is needed here so the dentist will understand how and why we recommend the procedures we do. We are working in some of the most remote areas of Central America, and therefore are working in areas that have no electricity, plumbing, or sanitation, but have all the other third world problems associated with extreme poverty: lack of education, poor transportation, and no organized infrastructure. Most dental teams will be doing oral surgery exclusively; however, there are usually one or two dental teams who will do operative dentistry.

INSTRUMENTS, SUPPLIES, EQUIPMENT: Several weeks before the Project the dentist should begin checking on supplies that are provided and include any supplies and instruments they want that are not normally used at this clinic. It is most convenient to carry the instruments in a toolbox that's large enough to carry all the forceps, headlight (battery operated is best – bring extra batteries), hand piece, gel foam, sutures, pens, etc. As much equipment and supplies as possible should be packaged and shipped with the January shipment. You will also be able to get equipment from Dr. Delgado in La Ceiba or someone from the La Ceiba Admin team can try to locate them for you.

Items supplied by IHS: You and the team Engineer are responsible for picking up these items up at the Red Cross and putting them with your team supplies. Discuss electrical needs with the team Engineer and work with him to make sure all of the equipment is working properly.

Dental Forms for record keeping:

- Disposable needles
- Portable dental chair
- Carpules anesthetic
- 5-6 Dishpans
- Germicide (Cidex or equivalent)
- 2X2 gauze sponges
- Toothbrushes to distribute
- Generator and power cables
- Gasoline container
- Funnel

Dental Instruments Needed:

- Surgical burs
- (your favorite type) 2 Scalpels and blades
- Scalers 4 Mirrors and mirror heads
- Surgical suction tips and handles 4 Explorers
- Hand piece
- (Kerr electro-torque or something similar)
- 2 Scissors
- Retractors 2 Cotton pliers
- Upper bicuspid forceps 2 Bulb syringes
- Upper molar forceps 2 Needle holders
- Lower molar forceps 4 Syringes
- Mouth prop Tongs
- Tissue hook Periostal elevators
- Universal forceps Regular Potts elevators
- Cow horn forceps Straight elevators
- Cusped hook and forceps Root and Root Tip eleva-
- Rongeurs Curette

37
Portable headlights & bulbs
(electric best - but battery operated
may work better in the
field)
Any other instruments you
like to use in surgery

CLINIC SET UP: Your team could be using village churches, schools, public community buildings; Ministry of Health sponsored clinics, or even private homes as clinic sights. Some type of tables can usually be located in each village. They may be school or church benches, but if you are resourceful, they can become tables. A table drape will make it a cleaner area. When the patient is dismissed, the instruments are placed in the water/cidex basin. A "scrubber", usually someone from the village, then uses the scrub brushes on the instruments and they are placed in the cold disinfectant basin where they will sit as long as possible, and then are placed in the rinse water. When a new patient is seated a new paper towel is placed on the chux and appropriate instruments are placed on top. **Important Note:** Keep your supplies and instruments far enough from the windows so that people cannot reach in and take them.

Making the most efficient use of time is very important. Many patients will diagnose themselves, pointing to what tooth hurts. However it is prudent to look around as there may be other teeth that also need urgent attention. The dentist will usually diagnose and anesthetize 3-4 patients and have them sit in a waiting area in the dental clinic. Often numbed up patients will spit on the floor if no other spit box is available for them while they are waiting, so make available several boxes with plastic bags in them available for their use. Learn the words for NO SPIT!

We are curiosities to the local children, they want to follow us and imitate us. We need to make sure they are not allowed to play with our dangerous garbage!

**Sharps:** Get bottles from the pharmacist to keep sharps in and to make it easier for you to pack them out.

PATIENT FLOW: Usually several local people are used to control the crowds that inevitably form. We use patient dental forms as the backbone of patient control. The forms have a tooth chart on which we record the diagnosis for which extractions are necessary. On it are spaces for the patient's name and village. We ask a local volunteer, usually a leader, teacher or minister, to keep order. It is his/her assignment to triage dental patients as to who needs our services the most. He will then get the patient's names and villages written on the form, and assign each patient a number which is written on the form. Usually by mid-morning he will have 30-75 names with assigned numbers. If the triage person has signed up 75 people and only 30 can be seen, then we will start with number 31 the next day. (There are many exceptions to this however. If a family has walked 10 miles to see us and have to get back to their village, they should be seen. This has to be strictly enforced and the person in charge of patient flow has to be warned not to favor people from his own village.) It is this person's job to keep the people outside the clinic. The dentist or dental assistant will inform him when we want 3 or 4 more patients to anesthetize. It is best to keep as many patients outside the clinic as possible then everyone is more comfortable!

Lots of children will need extractions on both the left and right side. If they live in the host village, one side should be extracted that day and the other side the next day. If he's from a far off village, all the extractions may have to be done the same day. The individual dentist will have to make the assessment both medically and dentally for each individual case.

Sometimes other local people are utilized. Often people will volunteer to help the dental team by translating. They will generally operate with the dentist or dental assistant and be available to help control patients and answer questions. They may not be fluent in English, but they usually speak Spanish and Miskito. The dental team generally doesn't need a translator like the medical team does, but there are several times when translation is necessary to make diagnoses and ease patient's queries. Use of the English to Miskito translating sheet is very valuable. With them, about 90% of the patients can be seen without the use of a translator. The usual questions, “Where does it hurt?” or the statements "Open up", "Don't spit", and
a few other key phrases in Miskito or Spanish are usually sufficient to work on most patients.

**STERILIZATION**

You will receive blue basins. Fill the 1st basin with dish water – use bleached water, but not too much bleach or the instruments will rust. Fill the 2nd basin with Cidex and the 3rd basin with team drinking water. Scrub the instruments well before placing them in Cidex. The Cidex will last several days. Cover it with another basin at night or the bugs will get in it. Read the instructions on the Cidex bottles for disinfection times. If instruments are running low, ask the local helper to find patients for whom you have instruments.

**SPECIFIC CARE**

Many 1st time dentists have concerns about disinfection procedures, infections, use of antibiotics, and extracting teeth without x-ray support. The lack of any oral hygiene in most areas where IHS works of course produces an extremely high DMF rate. Often times it is very depressing to the dentist to take out a tooth that could be restored if the patient lived in a more affluent country.

The reality is that in many areas there are no dentists or oral hygiene instruction. The Mosquito Coast area, Department of Gracias Adios has no full time dentists. If a patient has a cavity, that tooth will eventually abscess. When an abscess is present, morbidity and sometimes mortality result. Given the fact that restorative dentistry will not be performed, then extractions are indicated.

Fortunately, although their gums look horribly painful, many of the teeth are so severely decayed, often to the gingival level, that the pulps are exposed. The more the infected pulp tissue is allowed to constantly drain, the less pain is probably present. This is the difficulty, deciding when to restore versus extract. If there is missed interpromixal decay it may be more painful in the long run as the pulp is less likely to be able to drain through a filling.

Antibiotics are seldom given after extractions except when swelling or fever or severe pain is present. Through feedback, we find it appears that dry sockets and post op infections are rare. Because of the high incidence of anemia and periodontal disease, there is more postoperative bleeding. While we should be concerned about this, it probably keeps postoperative infections to a minimum. Most dentists report that suturing to control bleeding is warranted. Gel foam can be used along with suturing if the patient is bleeding and it has not stopped after a reasonable time. Sometimes gel foam saturated with bovine thrombin is necessary.

Patient histories prior to extractions are usually very minimal. Drug interactions with the anesthetics are rare because few patients are on any prescribed medicines. One note of caution, however, high blood pressure is common. BP’s should be obtained on older patients and use of anesthetics with epinephrine should be curtailed. If the dentist has several types of anesthesia, the ones containing epinephrine should be used on the younger patients while the older patients should receive anesthetics using the non-epinephrine vasoconstrictors or the ones using no vasoconstrictors.

Another concern often expressed is the lack of good suction units. Most dentists just use gauze to obtain a clear operating field. Broken root tips should be recovered; however, if too much damage would occur, then it should be left. This is a decision each dentist has to occasionally make themselves.

**PACKING OUT**

Please inventory supplies used and make note that all IHS forceps, elevators, instruments, etc. get back to the designated storage in La Ceiba, otherwise it is likely they will disappear before the next Project!
Local nurses or dentists may want the unused anesthetic. In the Mosquitia, if we don’t leave it they have none to use. However, we don’t know if they have any training to use it, so use your best judgment and ask questions of those who want it. Maybe require that they observe for a day, or if you don’t feel comfortable leaving any, then don’t.

Extra gauze, etc. gets packed up and stored either in La Ceiba or Puerto Lempira. Sharps – take them back to La Ceiba in labeled containers. They will be properly destroyed at the hospital. Pack sterile forceps DRY or they will rust! They may need a shot of WD40. The climate in Honduras is hard on instruments and the IHS budget is tight, so please pack them carefully.

**Team Physician**

**FUNCTION:** The function of the team physician is to provide the appropriate medical and/or surgical care to patients.

**DUTIES AND RESPONSIBILITIES**

1. Provide medical / surgical care, referrals as appropriate.
2. Determine well before the project trip what type of medicine is applicable at your site and procure special supplies and equipment.
3. Check with team leader and determine if there are any special indigenous languages that should be taken into consideration.
4. Make yourself available to other team members and especially to new participating physicians to answer any questions regarding preparation for the project.
5. Check with previous team physicians at your site to determine any special needs in that area.
6. While in La Ceiba, be available to gather and pack the medical/surgical supplies and equipment needed for your team.
7. At each project site, the physician will cooperate with the team leader and other team members concerning setup and organization of the site. This may include working with team interpreter and local individuals regarding recruitment of local helpers for instrument cleaning, translating, and control of patient flow.
8. Before leaving the U.S. the physician will review the medical data information sheets on your team members. The physician will talk to team members who have significant medical conditions such as diabetes, heart disease, and seizure disorders. The physician will insure that the team member or the physician has the supplies to treat possible emergencies related to these health conditions.
9. The physician will be responsible for the medical data sheets for the team members.
10. The physician or pharmacist will be responsible for the emergency drug box. It should be with you while traveling and it should be with you at night when the clinic is closed.

**QUALIFICATIONS**

1. Must be licensed to practice Medicine.
2. Knowledge of Tropical Medicine is helpful.

**Team Anesthetist**

**FUNCTION:** Coordinate with surgical team members to provide appropriate anesthetic care. This includes pre and post-op recovery care as well as assisting in medical emergencies as necessary.

**DUTIES AND RESPONSIBILITIES**
1. To provide safe anesthetic care.
2. Work with other IHS anesthetists in obtaining ALL anesthetic drugs, equipment and supplies necessary for the number and type of cases expected.
3. Check with previous anesthetists to determine any special equipment needs in the area and assist with obtaining it.
4. Assist with packing team supplies and equipment in La Ceiba.
5. Assist other team members with the set-up and organization of site and patient flow.
6. Evaluate patients pre-operatively as well as postoperatively which may include actual recovery with the patient.

QUALIFICATIONS
1. Licensed and certified (CRNA) to practice anesthesia.
2. BLS-ACLS
3. Ability to practice independently and to be creative with limited resources.
4. Must have the ability to be a team player.

Team Nurse

FUNCTION: The Team Nurse may have a variety of responsibilities within the team. Roles vary from assisting the MD, to pharmacy, to triage, to independent patient care. Prior to arriving in the village, the team nurse often takes a critical role in planning for and organizing medical supplies.

DUTIES AND RESPONSIBILITIES:

1. In partnership with the Team MD, assure that team medical supplies are planned for prior to leaving for Honduras.
2. Assist with packing at the Red Cross.
3. Assist with setting up the medical clinic in the villages.
4. Operate or assist with the dispensing of medications. If operating the pharmacy, please read the Pharmacist Job Description.
5. In the field, be cognizant of patient triage, patient flow, and patient well-being. Provide for privacy as much as possible.
6. Make yourself available especially to new nurses to answer any questions regarding preparation for the project.
7. At each village, the team nurse will cooperate with the Team Leader and other team members concerning setup and organization of the site. This may include working with the team translator and local individuals regarding recruitment of local helpers for instrument cleaning, pharmacy assisting, translating and local arrangements for public health of the team.
8. The team nurse has the greatest overall opportunity to include the local health care providers in the project. Enlisting their help in the project, and teaching them as you go is one of the most long-lasting services IHS can provide.

QUALIFICATIONS
1. Must be licensed to practice Nursing - bring copy of nursing license
2. Must be extremely flexible, willing to learn and work in areas of nursing perhaps unfamiliar to usual work practices.
Regular Nurse.

FUNCTION: The nurse may have a variety of responsibilities within the team. Roles vary from assisting the MD, to pharmacy, to triage, to independent patient care. Prior to arriving in the village, the nurse may take a role in assisting with organizing medical supplies.

DUTIES AND RESPONSIBILITIES

1. Assist with setting up the medical clinic in the village
2. Assist with dispensing of medications
3. Assist with patient care
4. Assist team nurse

QUALIFICATIONS

1. Must be a licensed to practice Nursing - bring copy of nursing license
2. Must be extremely flexible, willing to learn and work in areas of nursing perhaps unfamiliar to usual work practices.
General Guidelines for Physicians & Nurses

This section is designed to provide some guidelines for preparing to practice in Honduras. It is by no means all-inclusive, but is a beginning for where you can prepare to work in the field. Reading the section on Patient Flow in the Dentist section of this manual gives some good ideas for crowd control.

Fieldwork in Honduras is almost entirely hands-on with no backup for testing unless you bring it. IHS provides glucometers to check blood sugar and hemo-Qs to check Hgb. IHS usually sends 50 dipsticks for UA's with each team; if you can bring more please do so. IHS does not provide cards for fecal occult blood. You need to plan for no electricity at all during the field portion of the trip. If your team has a dental component, you will have a generator, but should not plan on its use for recharging batteries or plugging in anything.

Included in this section is a medical supply list. IHS does try to provide some of these things, but it would be very helpful if each medical team could supply what they can from the list. For example, we will purchase large bottles of Cidex for each team, but you should gather most of the dressing supplies you may want. IHS receives donations throughout the year, however, they are totally dependent on what others consider as leftovers, so the content of our "central supply" varies. We have found that pre-packing the supplies and medicines you will need makes you much more efficient.

The standard Pharmacy Service Formulary list is included in this manual so you can see what medications you can depend on having. Please talk to your team members to see what they are bringing so there is no duplication of effort. Bring stethoscope(s), BP cuffs (adult and ped), an otoscope and ophthalmoscope with extra batteries and thermometers, as we do not have these in supply.

In our experience each team will see somewhere between 600-900 patients in the 10 working days. IHS provides mebendazole and piperazine since it is so much less expensive when purchased in Honduras.

Finally, it is handy to have a small reference book with drug dosages and drugs of choice for certain illnesses. Several of the drug companies publish these books. Mosby's Nursing Drug Reference and Nursing 1995 Drug Handbook (Springhouse) are other possible resources. We have also benefited from bringing along a "Tropical Medicine" reference book. These are heavy to carry but quite valuable in the field.

You will be receiving a selection of articles from our medical director in reference to some specific illnesses like cholera and pit viper bites. Illnesses you can also expect to see are malaria, TB, chronic pain, parasites (internal and external), skin lesions, ear trauma and joint trauma from diving, gastroenteritis and URI's in kids, failure to thrive, chronic malnutrition (only in some villages), a lot of women complain of UTIs but it is often the "symptom of the day' which seems to get passed along amongst the waiting crowd.

The Honduran people are typically pretty shy. The women are definitely not used to pulling off their clothing for a checkup. We make sure we have an area with curtains, and often have a female nurse or assistant available for exams where women need to be exposed. Most of the villages we go to are used to having relief medical workers come, so they know about exams, complaints, pharmacy, but the Miskito language and the cultural norms around explaining and understanding them are very different. You are in a culture with few (if any) watches and no calendars so the typical litany of questions about frequency, and duration are really not understood as we mean them to be.

If you are a new physician or nurse to the IHS project, we strongly recommend that you contact one of the medical or nursing directors in your planning and while questions are fresh in your mind.
Each year we work to prepare our participants, and each year we learn new things we "should" have tried to include in orientation. We appreciate your feedback in such preparations.

### Suggested Supplies to be Pre-packed for Medical Teams

**ITEMS (BY CATEGORY OF USE) THAT WOULD BE PRE-PACKAGED FOR EACH TEAM.**

<table>
<thead>
<tr>
<th>General:</th>
<th>Lab:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clipboards - 2</td>
<td>Sharps disposal - 1</td>
</tr>
<tr>
<td>Chux pads - 24</td>
<td>Rubbing alcohol – 1 bottle</td>
</tr>
<tr>
<td>Exam gloves - 1 box large and 1 box medium</td>
<td>Cotton balls, non sterile – 1 bag</td>
</tr>
<tr>
<td>Cidex (1 gallon if no dentist on the team)</td>
<td>Alcohol wipes - 1/2 – 1 box (optional)</td>
</tr>
<tr>
<td>Waterless hand wash - 4</td>
<td>Urinalysis dipsticks - 100</td>
</tr>
<tr>
<td>Basins - 6-12</td>
<td>Urinalysis cups - 24</td>
</tr>
<tr>
<td>Sheets, cloth and paper - 12</td>
<td>Glucometer and 25 strips</td>
</tr>
<tr>
<td>Towels - 12</td>
<td>Treatments:</td>
</tr>
<tr>
<td>Towel clamps - 12</td>
<td>Eyeglasses</td>
</tr>
<tr>
<td>Patient gowns - 2</td>
<td>Tumbling hand eye chart - 1</td>
</tr>
<tr>
<td>Protective goggles - 2 pair</td>
<td>Small hand soaps - 200</td>
</tr>
<tr>
<td>Disposable diapers - 6-12</td>
<td>Lice combs - 10</td>
</tr>
<tr>
<td>Paper towels</td>
<td>Toothbrushes – 200 - 400</td>
</tr>
<tr>
<td>Kidney Basins - 3</td>
<td>Sunglasses</td>
</tr>
<tr>
<td>Items to perform an exam:</td>
<td>Nutritional supplements – 2 - 4</td>
</tr>
<tr>
<td>Tongue blades - 1 box</td>
<td>Formula – 2 - 4</td>
</tr>
<tr>
<td>Thermometer - 1</td>
<td>Pedialyte – 2 - 4</td>
</tr>
<tr>
<td>K-Y jelly - 1</td>
<td>Special items:</td>
</tr>
<tr>
<td>Vaginal speculums - 2</td>
<td>Bulb syringes - 2</td>
</tr>
<tr>
<td>Cotton tip applicators - 1/3 box</td>
<td>Cord clamps - 2</td>
</tr>
<tr>
<td></td>
<td>Foley catheters - 2</td>
</tr>
<tr>
<td></td>
<td>Coude catheter</td>
</tr>
<tr>
<td></td>
<td>Eye patches/shields - 2</td>
</tr>
<tr>
<td></td>
<td>Ophthalmic spud</td>
</tr>
<tr>
<td></td>
<td>Ear syringe</td>
</tr>
<tr>
<td></td>
<td>Wax curette</td>
</tr>
<tr>
<td></td>
<td>Cerumex drops</td>
</tr>
<tr>
<td></td>
<td>NG tubes - 3</td>
</tr>
<tr>
<td></td>
<td>Infant feeding tubes - 3</td>
</tr>
<tr>
<td></td>
<td>IV/IM Supplies:</td>
</tr>
<tr>
<td></td>
<td>Tape – 3 - 4 rolls</td>
</tr>
<tr>
<td></td>
<td>4 x 4’s, sterile</td>
</tr>
<tr>
<td></td>
<td>3 x 3’s, sterile</td>
</tr>
<tr>
<td></td>
<td>Non-sterile 4 x 4’s</td>
</tr>
<tr>
<td></td>
<td>Cling bandages</td>
</tr>
<tr>
<td></td>
<td>500 ml sterile water for irrigation - 2</td>
</tr>
<tr>
<td></td>
<td>500 ml Sterile NaCl for irrigation - 2</td>
</tr>
<tr>
<td></td>
<td>Wound suture supplies:</td>
</tr>
<tr>
<td></td>
<td>Assorted suture material</td>
</tr>
<tr>
<td></td>
<td>2.0, 3.0, 4.0 prolene, ethicon, vicryl</td>
</tr>
<tr>
<td></td>
<td>Instruments-2 sets (possibly sterile)</td>
</tr>
<tr>
<td></td>
<td>Drapes, clean or sterile - 8</td>
</tr>
<tr>
<td></td>
<td>Scalpels – 3 - Scalpel blades #10 and #15</td>
</tr>
<tr>
<td></td>
<td>Steri-strips – 4 - 6 packs</td>
</tr>
<tr>
<td></td>
<td>Xylocaine</td>
</tr>
<tr>
<td></td>
<td>Bones:</td>
</tr>
<tr>
<td></td>
<td>Slings - 5</td>
</tr>
<tr>
<td></td>
<td>Ace wraps - 8</td>
</tr>
<tr>
<td></td>
<td>Safety pins</td>
</tr>
<tr>
<td></td>
<td>Arm and wrist splints - 2</td>
</tr>
<tr>
<td></td>
<td>Finger splints Casting supplies (optional)</td>
</tr>
<tr>
<td></td>
<td>Special items:</td>
</tr>
<tr>
<td></td>
<td>Elephant syringes - 2</td>
</tr>
<tr>
<td></td>
<td>Cord clamps - 2</td>
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<tr>
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<tr>
<td></td>
<td>NG tubes - 3</td>
</tr>
<tr>
<td></td>
<td>Infant feeding tubes - 3</td>
</tr>
</tbody>
</table>
Suggested Supplies to be Pre-packed for Medical Teams, continued.

**ITEMS THAT HAVE TO BE BROUGHT BY EACH PRACTITIONER**

<table>
<thead>
<tr>
<th>Sterile gloves - 4-6 pair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scrubs</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
</tr>
<tr>
<td>Stethoscope</td>
</tr>
<tr>
<td>Otoscope / Ophthalmoscope</td>
</tr>
<tr>
<td>Fetal stethoscope or Doppler (1 per team)</td>
</tr>
<tr>
<td>Reliable light source</td>
</tr>
<tr>
<td>Vaginal Speculum (if plastic is not OK)</td>
</tr>
<tr>
<td>Electronic thermometer (if desired)</td>
</tr>
</tbody>
</table>

Talk to the team Engineer about any equipment that may need electrical power such that he can determine all team needs. If you are bringing battery powered equipment, don’t forget extra batteries and bulbs.

**BOOKS YOU MIGHT WANT TO BRING:**

- The Travel and Tropical Medicine Manual
- Tropical and Geographical Medicine Companion Handbook
- English and Spanish Medical Words and Phrases
  Springhouse Corp, Springhouse Penn. ISBN 0-87434-

**Team Pharmacist**

**FUNCTION:** To coordinate safe and secure medication dispensing and distribution during the project.

**QUALIFICATIONS:** Licensed pharmacist, or RN (under close supervision of the team physician).

**DUTIES AND RESPONSIBILITIES**

1. If necessary, assist with packing medications and supplies, for transport from the warehouse in La Ceiba to the project village. *This has usually been completed before most teams arrive in La Ceiba.
2. Review, inventory, and update Emergency Box. It is the pharmacist's responsibility to keep the emergency box close at hand during transport to and from the project site and during the project. At the close of the project, the box needs to be inventoried, and the inventory returned to the Pharmacy Director. The contents of the box should be communicated to the team MD. The purpose of the box is to help with team medical emergencies.

3. Set up and organize the pharmacy at the project site. Coordinate with the Dentist and patient clinic areas. Set up shelving well away from windows, where people can reach through and take things. Organize medications by therapeutic category and dating. A dispensing desk should be close to a doorway. Analgesics and vitamins are the most frequently used items, so they should be close to the desk. Allow enough room in the desk area for labels, and mixing suspensions. A beginning inventory should be taken.

4. When the clinic is open, the MD is in charge of all medical issues. Communicate with the MD, NP, or PA on medication selection. (i.e. specific drug and dose, or therapeutic selection and dose by the pharmacist based on diagnosis and patient parameters.)

5. Dispense medications - labels must include patient name, generic drug name and dose, and directions. Remember to pay attention to precautions, and contraindications due to age, pregnancy, or diagnosis. Preprinted labels are available in Spanish for some of the most frequently used medications such as analgesics and vitamins, also for liquids, pills, and ointments. Times of the day are designated by pictures of the position of the sun. Many of the patients cannot read, so instructions should be given verbally, with help from translators, or local helpers. There are also simple dictionaries available for Spanish and Mosquito. The drug, dose, instructions, and quantity should be noted for each Rx on the patient record.

6. Statistics:
   a. Record # of Rx's
   b. # of adults
   c. # of children
   d. # of referrals
   e. Give this information to the team recorder.

7. Supervise administration of anthelmintics: This is usually done by general helpers, or local helpers just outside of the pharmacy after the patients have picked up their medications. This needs to be monitored closely, as pregnant women and small infants should not receive some medications.

8. Disposition of unused medication at the end of the trip.
   f. Outdated, or soon to outdate.
      Dump into a bucket of water to create slurry and dump down the latrine to keep people and animals from rummaging through trash. Do this discretely.
   g. Meds that will outdate April thru Jan of the coming year. These may be left with a local healthcare provider, either an MD, or Nurse, who would be competent at safely using them. Use your best judgment about what could be safely left. If there is no health care provider to leave them with, package separately with inventory and dating, and return to La Ceiba or Puerto Lempira, where they might be able to be used.
   h. Meds that will be in date for the next February project should be inventoried, and packed in a large plastic bag in a sturdy box. The inventory should be taped on the outside of the container with the team name on it. These should be returned to La Ceiba, or Puerto Lempira.

9. Inventory lists for leftover meds, and emergency boxes should be returned to the Pharmacy Director. The containers and emergency boxes need to be locked in the warehouse in La Ceiba, or PLP.

10. Each pharmacist is responsible for bringing his/her own reference book, which contains adequate adult and pediatric dosing. (Lexicomp's Drug Handbook is a good reference). Other helpful items include a scissors, small calculator, black marker, pens, pocket tool/knife, and measuring device such as a 100 ml specimen cup.
11. The team pharmacist is responsible for supervising pharmacy students and general helpers that are assisting in the pharmacy with pre-packing of bulk medications, packing/unpacking.

12. The team pharmacist is responsible for security of the pharmacy area and transport of supplies, along with other team members.

NOTES

Prescription volumes are high. The pharmacist is usually the last person finished, so the clinic must end in time for the pharmacist to finish before it begins to get dark (usually by 4PM). Try to pre-pack a good supply of analgesics and vitamins ahead of time - use your general helpers for this.

The pharmacy area can become congested with people waiting around. Try to keep people off the porches and out of doorways. Utilize local helpers to help with this. Families are usually seen together, so it is not uncommon for a couple groups of 8 to arrive at once at the pharmacy, contributing to the congestion.

Storage conditions are not ideal in Honduras. It is hot and humid. Examine all medications to make sure they are ok. Vitamins quickly become messy, so try to keep the bags sealed and try to use them all up. They do not store well. Antibiotic suspensions sometimes get a little clumpy too. If they are bad - throw them. Try to use up as much medication as is legitimate.

The local helpers work hard right along with us. When they come through after seeing the MD, be generous - an extra bag of Tylenol, or an extra tube of antibiotic ointment. The local people like the empty large bottles, so don’t throw them away (i.e. from a Tylenol 1000 tab). Take breaks, eat snacks, and drink plenty of fluids.

Typical schedule:

1. Travel to village (usually 4-10 hours)
   a. Unload supplies
   b. Set up and organize pharmacy. Begin to pre-pack meds.
   c. Eat supper and go to bed

2. Chickens and sometimes church bells start about 4AM
   d. Breakfast about 7
   e. A HUGE CROWD OF PEOPLE has gathered to be seen. The crowd will remain large throughout the day. Local helpers are getting people registered.

3. The clinic opens by 8 AM and the Dentist begins.
   f. The pharmacy should be pre-packing meds

4. In about 15 minutes, patients begin to arrive in the pharmacy area with all their Rx's. It will be very busy. As people exit, they get the anthelmintics.

5. There will be a very short morning and afternoon break.

6. Lunch will be at around 12, and we will break for about an hour.

7. Try to finish with Rx's by 4:45, clean up, reorganize pharmacy, do stats

8. It is dark by 6:30 Eat supper/shower

9. Visit with team-members, stargaze, read by flashlight
Last day in village - begin to organize for packing and inventory. Dispose of anything that needs to be disposed of. Organize box for local MD or Nurse if appropriate. When clinic is done, begin to pack and inventory. Boxes will need to be labeled and taped up well for transport. All packing will need to be done, as departure will be early the next morning.

*Remember to keep the emergency box handy for anything that could happen en route.

**IHS Pharmacy Service Formulary**

The formulary is selected based on medical problems that are commonly encountered, costs, safety, and availability in Honduras.

**Medication**

<table>
<thead>
<tr>
<th>ANTI-INFECTIVES ANALGESICS</th>
<th>nitroglycerin earwax removal drops</th>
</tr>
</thead>
<tbody>
<tr>
<td>metronidazole tablet/suspension Acetaminophen tablets/suspension</td>
<td>lisinopril/ enalapril</td>
</tr>
<tr>
<td>albendazole/mebendazole tablets ketorolac injection</td>
<td>hydrochlorothiazide RESPIRATORY</td>
</tr>
<tr>
<td>piperazine liquid hydrocodone/apap 5/500</td>
<td>CNS albuterol tablet syrup</td>
</tr>
<tr>
<td>fluconazole 150 mg tablet ibuprofen tablets</td>
<td>phenobarbital tablets/liquid guaifenesin DM syrup</td>
</tr>
<tr>
<td>ciprofloxacin tablet aspirin tablet</td>
<td>diazepam tablet pediatric cough/cold syrup</td>
</tr>
<tr>
<td>ceftriaxone injection methocarbamol 500 mg</td>
<td>diphenhydramine capsules</td>
</tr>
<tr>
<td>erythromycin tablet</td>
<td>GASTROINTESTINAL TOPICALS</td>
</tr>
<tr>
<td>doxycycline capsule ELECTROLYTE</td>
<td>ranitidine triple antibiotic ointment</td>
</tr>
<tr>
<td>nystatin suspension Normal Saline 1000 ml</td>
<td>mag/al antacid tablets miconazole cream</td>
</tr>
<tr>
<td>chloroquine 250 mg tablet hydration salt packets</td>
<td>loperamide clotrimazole vaginal cream</td>
</tr>
<tr>
<td>sulfa/trim tablet/suspension Lactated Ringers 1000 ml</td>
<td>triple sulfa vaginal cream</td>
</tr>
<tr>
<td>gentamicin injection</td>
<td>MISC hydrocortisone cream</td>
</tr>
<tr>
<td>cefazolin injection EYE, EAR</td>
<td>dexamethasone inj selenium sulfide lotion</td>
</tr>
<tr>
<td>cephalixin capsule/suspension sulfacetamide 10%</td>
<td>prednisone tablet silver sulfadiazene cream</td>
</tr>
<tr>
<td>amoxicillin capsule/suspension artificial tears</td>
<td>glipizide tablet permethrin (Sarpiol) lotion</td>
</tr>
<tr>
<td>eye wash</td>
<td>LOCAL ANESTHETIC VITAMIN</td>
</tr>
<tr>
<td>CARDIOVASCULAR tetrahydralazine</td>
<td>lidocaine 1% adult multivitamin with iron</td>
</tr>
<tr>
<td>propanolol tetracaine</td>
<td>lidocaine with epi 1% children chewable vitamin</td>
</tr>
<tr>
<td>atenolol neo/poly/hc otic</td>
<td>infant multivitamin drops with prenatal vitamin</td>
</tr>
</tbody>
</table>

**Team Radio Operator**

**FUNCTION:** The Team Radio Operator is the chief communications link for the team to (and from) IHS administration headquarters, family, friends, and associates back home. The Radio Operator may have a multi-function role, generally combined with engineer. There are also situations where an eye-glass team is sent to a location on its own and the Radio Operator will also need to work in the eye-glass clinic. Refer also to IHS Field Communications section in this manual.

**DUTIES AND RESPONSIBILITIES**

1. Secure equipment including power source, radio, and antennas or other accessories necessary to conduct communications according to IHS Communication Plan. Some items may be supplied by IHS and the rest are coordinated by the Team Radio Operator and the Communications Director in advance of the project trip.
2. Erect a suitable antenna structure to perform these communications at one or more locations as necessary.
3. Establish and maintain radio contact with IHS headquarters and, occasionally, with certain IHS stations in North America.
4. Collect requests for family health and welfare messages from team members and convey these requests at scheduled times to the appropriate stations.
5. Receive information from IHS headquarters or certain stations regarding health and welfare of participants.
6. Convey reports to Team Leader and rest of team regarding the other teams activities and general conditions plus any emergency radio traffic related to the team’s activity.
7. Takes responsibility for, legal operation and dismantling of the communication system at the end of the Project.
8. Ensure all IHS and personal communication equipment is packed and stored PROPERLY. This includes an accurate inventory given to the Communications Director (and others as instructed).

QUALIFICATIONS

1. Must be a licensed radio operator.
2. Must have practical experience in HF radio communications.
3. Must have obtained (through Communications Coordinator) reciprocity to operate within Honduras. IHS Field Communications

Traditionally, some IHS teams operated in areas with limited or no local communication capabilities. Today, a few sites have one or more local phone lines, or cell phone capabilities, and occasionally internet access. However, these are often fairly unreliable by US Standards.

IHS has developed a communications plan to be implemented by the Director of Communications. The plan calls for each team to have a licensed radio operator with enough communications equipment for establishing a communications link with headquarters in La Ceiba during the entire Project. Daily radio schedules allow all teams to talk together and to headquarters. Teams are also often able to talk directly to the United States and worldwide when needed (phone patches, etc.). Email messaging using Pactor has been added to supplement communications.

The purpose of the communication plan is to:

1. Provide emergency communications for all participants.
2. Provide health and welfare information to and from participant families, friends, and associates.
3. Coordinate medical referrals or evacuations.
4. Coordinate medical needs or emergencies.
5. Provide tracking of mobile teams (river, lagoon teams).
7. Facilitate management of the Projects.

In addition to the general communications plan, the Communications Director also generates a communications equipment plan. This plan establishes the exact type of equipment that will be used and identifies power facilities, charging facilities for the batteries, radios, and antenna types. The Communications Director will coordinate this with the Radio Operators on all teams. In addition, the Radio Operator Field Manual will be sent to each radio operator; it contains more details and specific instructions on daily work. Please bring the Radio Operator Field Manual with you to your team site.

Radio operators are encouraged to bring a roll of 1/8" nylon string for holding the antenna in place. Some installations can take more than you might think. If you have to run 100 feet over a tree, you’ll be glad you have plenty of string.

The IHS communications team uses a wide range of radio facilities. Prior to each project the Communications director will identify the frequency plan for daily nets, coordinate training on Winlink HF email and determine if there are VHF repeaters available for use.

Radio Tips
Below are some useful tips on radio operations; you will find more details in the Field Manual. Check on the radio equipment plan and call the communications director if you have any insecurities as to where your equipment is going to come from, where you will pick it up, and how it will work.

While operating the radio causes most anxiety among new radio operators, the placement and installation of the antenna is far more important, so we will spend some time on the antenna installation.

The most common antenna we will be using is the GSRV Jr. It is an excellent antenna in a number of ways. It is reasonably priced, very portable, and works well on most any frequencies down to 40 meters. The down side is that it has a few rules that simply have to be followed. Some of these rules are generic to all antennas and some are specific to the GSRV Jr.

Rule 1. Higher is better for long-range communications (outside Honduras). Lower (5 to 15 feet) is better for short-range communications within 250 miles due to NVIS propagation. A good compromise is 10 to 15 feet. This keeps you in the range for NVIS propagation on 40 meters but allows decent propagation on 20 meters. It also gets the antenna high enough to stay out of the way of humans and animals passing by. In most instances you can compromise and get adequate communications locally and long range with one set up. There may be cases where you will need two dipole antennas. Based on your potential location, the Communications Director will guide you on this.

In the case of Puerto Lempira where we may have a two meter repeater, a second VHF antenna will also need to be put up. In this case it will be either a yagi or vertical. Pactor and Winlink stations require good connections to get reliable and fast message transfer. While no installation is going to be perfect, take the time to think the installation through and get it as good as possible. Never compromise an antenna installation by using just one antenna when two are needed – having one antenna may cause marginal performance to one of your needed contacts.

Rule 2. Keep the antenna away from metal objects. The worst metal objects are long wires, metal roofs, and metal trim on buildings. The longer the metal, the further you should stay away from it. Metal that runs parallel to the antenna effects it the most. So the worst interference would be caused by a long piece of metal running parallel to the antenna. Small pieces of metal like a shovel or a bucket are irrelevant. Ideally, you should avoid metal roofs and power wires by about 40 feet.

Rule 3. Keep metal away from the "flat lead" portion of the antenna. Each GSRV Jr has a piece of "flat lead" coming from the center of the antenna. This piece of flat lead should be kept from metal and kept off the ground.

Rule 4. Keep the flat lead portion of the antenna reasonably perpendicular to the plane of the wire elements of the antenna. A few degrees from perpendicular won't hurt, but it must be reasonably perpendicular. If the antenna is low, you may need to extend the flat lead to one side that is OK as long as it is perpendicular to the wire elements.

Rule 5. Keep the active part of the antenna (the 2 bare wire sections and the piece of "flat lead") away from direct contact with green (live) trees. Trees conduct radio waves enough to de-tune your antenna. Trees are very useful in holding up the antenna, but you don't want the antenna to touch them. Use string to isolate the antenna from live trees.

Rule 6. Always put more than a 90-degree angle (ie, near horizontal) in the center of the antenna. You can suspend the center of the antenna from a non-metallic support of some kind and slope the ends down, but you should run the ends out far enough to avoid a sharp peak.

In summary: Use the correct height for what you are using the antenna for, keep it away from big runs of metal, don't let the flat lead lay on the ground and no sharp angles. Those are the key elements to an effective antenna that will communicate all over Honduras and back to North America!
Fifteen Points of Personal Project Success

1. Clearly define your expectations and do not bring unreasonable expectations into the field.
2. Know your environment and protect yourself from both the animals on the land and the sea. You might be in a jungle, on a river, in the mountains or in the city — you are near the equator and the sun is hot — use sunscreen, drink liquids and wear a hat.
3. Always be prepared. Store your valuables, money, medicines, and equipment out of sight, out of reach, and away from temptation or they will be gone.
4. Do not be either cheap or ostentatious. Know the culture and pay for services in a way typical of the local traditions. If you only made $200 a year you would also greatly appreciate a tip.
5. Honor your hosts, the Honduran Committee Members and the local onsite Hondurans for they are the soul of your support.
6. Test your equipment, because the jungle and time will destroy the generator, your suction unit, and your flashlight. Bring extra batteries!
7. Plan for the worst-case scenario, because Murphy’s Law says it can happen. If your plane is late or your bus is stuck in mud, pull out a book and make good use of your time. Complaining will not change or help the situation!
8. You should have, at all times, a back-up plan called Plan B and be ready to be flexible and adaptive. You must change and flow with your surroundings because you are in a foreign country and things simply work differently.
9. Keep your religion and politics to yourself because this organization has pledged to respect the culture and people of our host country.
10. Choose carefully what you eat and drink and do not tempt the microbes of fate. Or you may find yourself bonded closely to the goddess of white porcelain who is an angry and jealous appliance that will not allow you to roam free. (Or it could be to the closest outhouse!)
11. Think ten times before having sex with the local population as there are many STDs floating around.
12. Do not pack nor bring the kitchen sink. Find out what you really need in the field then pack lightly and well. If you do not know how to pack, ask a Boy Scout to show you. Seriously.
13. Do not bring with you on the Project your excess emotional baggage. No one is interested in your petty intolerances, Anglo-centrism, hang-ups, preoccupations, phobias, and neuroses. And they make you a bummer to be around. Instead bring your bag of M&M’s and a smile.
14. Do not whine! Remember the directors and board members are doing everything humanly possible to help.
15. And, if you think you can do it better, please volunteer for a board position. Get in the know, see the behind scenes happenings and join them in working all year to make each year a success.

Communication With Team Leader, Project Director and Director of Your Specialty

Please don’t hesitate to call your Team Leader, Project Director or Director of your specialty with any problem or question.

This manual is not a substitute for contact with your team leader, team members, or any other resource person; it is intended to provide consistent, concise essential information prior to your trip to Honduras. Experience has shown that people enjoy their trips more and are more productive if they are fully prepared and comfortable with their preparation prior to the trip. For specific information regarding your team’s work site, visit our web site www.ihsmn.org.