



NewsBreak 2014

Annual Newsletter of International Health Service of Minnesota



Positive Outcomes Continue In Honduras!

As IHS prepares for its October 2014 and February 2015 trips I am pleased to announce that we move forward under the leadership of Project Director John Pope, who is our current vice president and director of the eye care programs. John has made 15 trips with IHS and worked in both La Mosquitia and on the central mountain teams. He has a solid grasp of the IHS purpose and is committed to strengthening our ongoing efforts. I personally remain humbled by the good that IHS does and take great comfort in his willingness to step forward at this time. Welcome, John. The need continues as the overwhelming majority of the population struggle with the subsistent returns of hand agriculture in the age of machination. The locations in which we work continue to be those of extreme poverty. Even Americans living in poverty may not be able to grasp the degree that many of our clients experience.

The American norm assumes the reliability of running water, electricity, radio, television, household heat or air conditioning, the utility of public transportation as well as the security of windows and doors. Not so in many of the villages where IHS works.

Many of our clients earn about \$3US a day while being faced with a 2014 international price structure. It is a system guaranteed to generate privation and want. That privation and want often has a health care side to it. The free services that IHS offers are clearly needed, welcomed, and beyond the ability of our clients to afford even with a lifetime of savings.

IHS cannot fix the local, national and international political and economic realities that cause this huge economic imbalance. But we can do our part to address the human needs produced by the world wide system as it exists. IHS is dedicated to making whatever difference we can. Our impact is in some cases "minor" and for others "life changing." Measuring the difference is nigh unto impossible, but we do get glimpses in indirect ways.

The glimpses come as a byproduct of thoughtful planning completed months in advance. I was told that the surgery staff in a regional hospital had tears in their eyes when we rolled in a used anesthesia cart that a volunteer had managed to acquire when there was an equipment turnover at their local hospital. The next morning this cart was in full use as our surgical team dealt with the lumps, bumps and cleft palates that were lined up for surgery.

Other times it is a matter of serendipity as when IHS rented a truck and discovered that a neighbor of the rental agent had a 6-year-old daughter with a webbed foot. Until IHS came they could not afford the operation. The child's foot now looks nor-

mal in this sandal-wearing country and is no longer receiving insensitive comments. One surgeon told us our presence in his little town changed "economic impossibility" into "accessible reality." Patients who only know candle light in the evening need not travel across the country to seek specialized services in the national capital of Tegucigalpa. The economics of travel and housing in unfamiliar cities where the families have no support is erased by the presence of IHS volunteers. Our working in range of a patient's home can, and has, changed their lives for the better.

Volunteers exercising their skills look like a "miracle of sorts" to the patients. To us, using our training generates the "ordinary results" of our education and practice. Our patients have no idea that the miracles of diagnosis, prescribed and supplied antibiotics, surgery, eyeglasses, prenatal vitamins, dental extractions and cleanings and so much more come from you the donors. You make it possible for the volunteers to be in the specific locations and do the things they do. It is fair to say that real people get real benefits that they otherwise would not receive. Volunteers make it happen in Honduras. Donors make it happen here, before we leave. On behalf of the Board of Directors I want to say thank you once again for your continued support.

This past year we have had more Honduran professionals take time out of their schedules to work with us than we have had in recent years. Both the doctor and the dentist on the La Esperanza team were Honduran nationals who worked with our US based volunteers. We hope to see more country professionals assist us in the future. Shortly after our February trip we successfully linked up a number of our eye care patients with the surgeons from the Bersani Clinic from New York (they regularly visit La Ceiba for specialized care.)

Finally, we are happy to announce that an ambulance donated by the Gold Cross of Duluth, MN, then repainted and driven by the Orono Lions to Gulfport, Mississippi (from where it was shipped) is securely in the hands of the La Ceiba Red Cross. IHS was able to facilitate that acquisition and ran interference with the paperwork on both sides of the border. It is our hope that the bureaucratic frustrations that the Red Cross and IHS faced will be balanced by the good that such a resource can do for the population in Honduras. Such partnership efforts as well as the strong support of Katun Corporation in Bloomington MN, and Centra Care in Saint Cloud, MN, and the Missionary Sisters of Springfield, Illinois, together with the ongoing support of Standard Fruit all combine to make our joint efforts possible. Thank you all for your support.

Steve Rice
Project Director

KRUTA RIVER

(OCTOBER)



As a first time team member of IHS, I am honored to say that I had the privilege of joining the Kruta River team. I'd been looking forward to this trip for many years, actually. In the summer of 2009, Nancy Zupan, a veteran of the Kruta River team and a wonderful nurse practitioner, and I were discussing past volunteer trips and her upcoming trip to Honduras that following October. She raved about how rewarding a trip it was for her and how some day she would love to take me down there.

Four years later, I found myself sitting in a jam-packed van full of IHS volunteers on our way to La Ceiba. The best part of this scenario was that my mother was sitting in the front seat and Nancy, a friend that I've looked up to for most of my life, was sitting beside me. As I got to know other team members in the van, I felt a sense of gratitude, a feeling that

I was in the exact place I was supposed to be. I had volunteered in Uganda and the Dominican Republic in the past doing a variety of things, including building houses and opening up medical clinics, but I'd never had the chance of being a provider in a country so desperate for health care. I knew signing up for this trip was going to be a challenge and I was ready to use my medical knowledge as a nurse to the best of my ability.

La Ceiba was a small, beautiful city on the north coast where we met the rest of the group members on our team. I was both surprised and excited about the age range and diversity of our team. We had an 18 year-old boy, Colton, in his senior year of high school who was thinking about pre-med and Dan, an 86 year-old gentleman that's had more careers and hobbies than the rest of us put together. I knew this was going to be a memorable

trip when I found out that the majority of the team members had been on the Kruta River team several times before.

As we prepared for the days ahead, I couldn't wait to be in the habitat of the Miskito Indians, living and experiencing their daily lives. Our team was organized and determined to start working in the villages of the Miskito Coast. We set out by plane for Puerto Lempira early in the morning and we were crossing the waters of the Caratasca Lagoon by 9:00am that same day. As we started approaching the entrance of the Kruta River, I sat silently, taking in the simplicity and beauty of this area. Children ran freely near their homes as men and women fished in the waist deep river water. Every family we passed greeted us with waves and the biggest smiles I would never forget.

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“Lakatabila is not Chicago”

My name is Stu Schnayer, and I am a Critical Care Paramedic in the City of Chicago. I decided to volunteer my skills for the first time to the organization after a long conversation with a fellow member, Wendy Pick. I debated in my head for months. Can I do it? Would I make a difference? Finally I decided to go on this journey. Two thousand miles and 5 days of travel later (no thanks to a blizzard in Washington D.C.) and I was literally standing in La Ceiba Airport. I was greeted by the Project Director, Steve Rice. As I was coming through customs I heard a voice. “Are you Stu”? I had never been so glad to hear my name that I “warmly” embraced Steve for quite some time. From there it was off to meet my future teammates who I am now and forever in love with. From the first timer’s point of view I’d have to admit that this is a culture shock. The



people of Lakatabila where we set up our first camp have no electricity. No stoves or washing machines are available to them. They eat what they can find, and make the best possible lives for themselves. All they have is each other essentially. I was extremely pleased to discover that the overall mood in this small Lagoon town was one of happiness. After a long and interesting boat ride guided through the mangroves by our most humble father/son team of Andres and Andy Martin we arrived at our village. We were immediately welcomed by at least one hundred people from Lakatabila who were more than willing to help us get all set up.

Life on a mission is like nothing I ever imagined. Being a team from beginning to end is the key to not only the success of your team, but to bringing the most positive results and efforts to these people. They really needed our help. Every morning as a team we would have coffee and breakfast together. Each of us would take care to make sure everyone on the team had what they needed, be it medications from home, or toilet wipes, or just even a simple good morning. This act of community is what helped me get through. Eighteen days is a long time and there are many stages that one goes through while being away from home so long. We all had our own roles and chores to take care of to ensure our success. Every night after our clinics closed, we would go for many walks together. We would tell many stories and play cards together. In the end we were all one big happy family.

As the villagers poured in to our camp each day we were ready. Our two amazing dentists, Sarah Lumley and Susan Prentice, pulled over 750 teeth. We were able to see and treat over 3000 patients with the help of our spectacular ER and OR nurses Lisa Harrison and Shaina Hunt. Our team doctor Doug Pflaum performed nearly a dozen surgeries including a young man who sliced through muscle and bone in his arm with a machete.



Our three incredible pharmacists Karen Bills, Rebecca Murray and Craig Spangler were able to provide the correct medications to thousands of people for a host of ailments. Many villagers have scabies, lice and other infections. Many of the young women, as young as 15, are pregnant with no prenatal care. They were very excited to hear their baby's heartbeats with our Doppler ultrasound machine. We fit over 500 pairs of reading glasses. Of course life was made a lot simpler for us with the amenities of home like email and ham radio thanks to our fabulous engineer Larry Foster. And finally no mission can go on without a Jack Of All Trades. And ours was named Jim Jackson. He fit into absolutely every situation seamlessly. All of which could not be accomplished without Cheryl Schraeder, our fearless Team Leader and Chef d'jour. The love that she showed everyone on our team all the time was truly inspiring. She was and is a true hero.

We did a lot of good. We saw as many people as we could. Did we make a difference? The answer is yes. Did we leave behind a positive imprint for the villagers? The answer is yes. Were there long hard grueling days? The answer is yes.

I am overwhelmingly proud and extremely happy to be a part of this extraordinary organization. I was pleased to step completely out of my comfort zone and do some good for the people of Honduras who are really some of the kindest, most affectionate people I've met. I'll be back for International Health Service. Each time I do I will try to bring someone else along with me.

I have to admit that I was afraid. I was afraid that I couldn't make a difference. There is no reason to believe that you can't make a difference. The difference is knowing that you can!

Pain Kaiskisma
Stu Schnayer
Paramedic



The surgery team in Tocoa and I had just finished packing up 45 large boxes full of surgical drapes, dressings, gloves, and all manner of operating room supplies in a small storage space we had named “The Bat Cave.” It was dark, humid, small, and aptly named. That had concluded our mission in Tocoa: the package of what made an operating room operate. In that moment, I realized that we were truly a team. We could work together in that cave, sweating and packing, and get the job done without having to tell each other what to do. We just did it, and that’s what operating in Tocoa was like—the definition of teamwork.

I am a fourth year medical student, and I joined International Health Service (IHS) as a volunteer after asking my mentor and role model, Dr. Daniel Jaffurs, the surgeon of the Tocoa team. I had never worked with or met any of the people on the team before, and yet, I was welcomed with open arms. We got to work right away. We packed and moved what felt like thousands of boxes full of surgical supplies from the Red Cross to our yellow school bus to be taken to Tocoa. They were covered with rat droppings and other particulate matter, but Lisa, one of the nurses, magically managed to organize those boxes like Tetris onto the bus, and together, in a fire brigade line, we packed that bus. It was a success, and the first step to what we would accomplish together in the small town of Tocoa, under the guidance of our fearless leader, Trudy, la jefa.

Upon our arrival at the hospital, we were warmly welcomed by Dr. Marunlanda, a general surgeon who has been collaborating with the IHS Tocoa team for some time. He has a warm smile, a sense of humor identical to Dr. Jaffurs’, and a voice like Antonio Banderas. We were further welcomed by his staff as they helped us unload and unpack. They showed us to our operating room, and in my mind came a saying that I learned while on a different mission trip in Vietnam, “Same same but differ-

ent.” We were hundreds of miles from the United States, yet here was the operating room that looked pretty much like other operating rooms, just slightly different. The operating table and lights were a little older, and there were no fancy touch screens and monitors, yet this room kept people alive from appendicitis and other abdominal emergencies in Tocoa. It was perfect for us, and we transformed our boxes into a fully functioning operating suite for plastic surgery cases. Meredith, our head scrub nurse, helped us organize our shelves and supplies so that as the room turned over for every case, we could grab things easily—gloves, drapes, blue towels, electrocautery tips, gowns, etc. We were ready, and we knew we were going to be busy.

Our first day on the job, we saw over 30 people in clinic in half a day. They were all so excited to see Dr. Jaffurs and the team. Dr. Marulanda scheduled the clinic days just for us, la brigada. Though we spoke different languages, the clinic moved with ease and comfort; jokes were made, hands shaken, worries expressed. We saw it all: cleft lips, cleft palates, broken noses, moles, masses, cysts, scars, webbed hands, webbed feet, big toes, and extra toes. Under the direction of Dr. Jaffurs and Dr. Marulanda, we determined if we could operate on these patients by taking into account the age of the patient, equipment availability, location of the scar or mass, and severity of disease. During clinic, we created our daily OR schedule and stuck it up on the OR board. We saw a total of 80 patients in clinic during our two weeks in Tocoa.

Everyone had their roles, and together, we ran the OR. Trudy was the circulating nurse, who would grab supplies and anything we needed for the case if Dr. Jaffurs was already scrubbed in. Not only that, but she was also our team leader and kept us safe and on task in Honduras. Meredith was the scrub nurse and first assist to Dr. Jaffurs. She assured that for each case, Dr. Jaffurs had the correct instruments and care-

fully laid them out in sterile fashion. As first assist, she operated with him as his extra set of hands. Craig and Ted were our nurse anesthetists who were the last calming voices the patient heard before falling asleep, and they carefully watched over and managed the patients' physiology while Dr. Jaffurs operated. Lisa was our PACU nurse, and she took care of the patients after their operation, ensured that they were well-cared for, and gave them careful instructions about wound care. Denise was our translator, who knew everyone and everything about the hospital. Dr. Jaffurs was the plastic surgeon, and I was Audrey, medical student, willing to do anything and, oftentimes, fortunate enough to scrub in and be first assist as well. Though we each had these roles, we were not confined to them. (Well, except for Dr. Jaffurs; only he could be the plastic surgeon.) We always did what needed to be done no matter if we were the circulating nurse, first assist, or CRNA. Together and with the help of the local staff, we turned over the rooms, washed the instruments and packed them for sterilization, made makeshift drapes, rolled patients in, rolled them out, and called for the next one. We were la brigada.

We did 42 operations during our two weeks. Some nights we did not get out until late at night when all the restaurants were closed. Though we came home tired and often struck with the Honduran equivalent of Montezuma's revenge, we were energized and excited. I would come back to the hotel every night and swap stories with my roommate, Sarah, an energetic nurse from St. Louis with a passion for international medicine. She was on the Tocoa Eye Team, and they saw hundreds and hundreds of patients, providing them with eyesight and glasses. Every morning, we would walk down together, and both teams would eat delicious baleadas by the pool, then we would go to the hospital, ready for a new day.

The Tocoa Surgery Team cases ranged from small lumps and bumps to com-



The Tocoa Eye Care article could not be fit in. Go to www.ihsmn.org for pictures and the article with details of their work.



plex cases like a parotid tumor resection and the removal of a large, overgrown toe, also known as macrodactyly. But no operation amazes me like a cleft lip repair. It is a fairly short operation with tremendous results. A cleft lip is very obvious. It is an open gap in the lip and usually comes with a cleft palate. If the child has teeth, they pop out. They have a cleft nose deformity, which depresses the nares on the cleft side. Not only is the cleft physically noticeable, but the child may have problems building up enough pressure to suck milk or prevent regurgitation of their food into the nasal cavity. We all watched in amazement as Dr. Jaffurs made a few blue marks on the skin, cut the tissue, and rearranged it so that the child looked like he never had a cleft lip or nose deformity. I made it sound simple, but in reality, it is a complex, delicate, and artful operation. I am astounded every time I see a cleft lip repair. To me, it symbolizes what we can accomplish for those with less resources, yet who still have a right to health care and life-altering surgeries. The IHS Tocoa Surgery Team was in Honduras to do just that.

At the end of two weeks, we said our good byes to Dr. Marunlanda and the local staff, who took such good care of us while we were there, like we were one of their own even when we were asking them so many questions about blankets, supplies, laundry, patients, and medicines. As a medical student, I learned about the technical aspects of plastic surgery, and I was involved in many unique cases. Moreover, I am grateful and thankful to the Hondurans for allowing and trusting us to be a part of their lives and for welcoming back IHS to Tocoa every year. My experience is and will always be one of my best memories of medical school—where, on my last day, I packed up 45 large boxes of OR supplies used for 42 surgeries after two weeks of hard work with my team, la brigada.

Audrey Nguyen
Medical Student



LA ESPERANZA

We met in the lobby of the Gran Hotel Paris at 4:45 AM. Twelve of us piled on to the bus and took off to pack up our supplies that awaited us in the Red Cross warehouse. We loaded the empty bus seats to the roof with the various supplies and headed west into the mountains of Intibuca. Loaded to the rafters, the climb into the mountains often slowed us to 10 miles per hour. Eight hours later we were delighted to get off the bus only to climb on a smaller, more suitable bus for mountain roads. We placed our cargo into several small 4-wheel drive pickup trucks. We were joined at this point by Drs. Karen Calderone and Rosa Zuniga, DDS, as we headed to our first destination named Ojos de Agua. More than one of us gulped as we crept over the hilly, treacherous road which afforded views that were “to die for.” Amazingly, this little village had a clinic building in which we could work.

The next day we were seeing patients nonstop. Nurses Lori and Teri, Paramedic Mike V., and Dr. Karen examined patients and wrote prescriptions. Carlos, Barbara Joe, Pierce and Zach translated. Andrew acted as an impromptu optician. Dr. Rosa, from nearby Catacamas, pulled teeth from dawn to dusk while Mike S. acted as our catch-all main Radio Operator, Chief Sanitation Officer, Plumber, and general expeditor of team needs. Char made sure that everyone stayed hydrated while running the admissions/triage process. Mary Bierman supervised the pharmacy students Ashley, Mike N, and Zach as they filled prescriptions generated by the medical team. The start time of 8AM to an hour after closing time made for a long day. That first day we tallied 123 clinic patients, 37 dental patients with 50 extractions, and 300 prescriptions filled. Little did we realize this was a “warm up” for much busier days!

Local politics interrupted our planned move to Monte Verde. The place was in an uproar over local politics and honoring recent election results. Our regional coordinator Luis Knight of Save the Children Foundation arranged an alternate site. We moved to Yamaranguilla where the mayor welcomed the group with open arms. We used it as a base and made trips (in pickups) to small nearby villages. We worked in local structures and bedded down early each day to the lullabies of crowing roosters, and intermittently howling dogs. When Sunday came, the rest was welcome.

We also traveled to the village of Azuaqualpa and worked with the aid of a local translator (Ana) who spoke Lenca (a local Indian language) and Spanish. The nurses demonstrated in the school the importance of proper brushing of teeth and hand washing while the rest of the team diagnosed, prescribed, and filled prescriptions, pulled teeth, and tested folks who needed reading glasses.



We repeated this approach the next day in the village of Mebillo where we were the “clinic above the clouds.”

We all carry our own memories of highlights. I am still amazed at a school bus stacked to the ceiling with boxes of personal and medical supplies. I was impressed by the travel arrangements that used a full sized school bus and then later a smaller one, suited to the mountain gravel roads, combined with the use of pick-ups to get us and our supplies to our destinations. That planning by local leaders earned our respect right away. The breath-taking views of the mountains were a daily tonic. The ability of the local leadership to make impromptu and successful changes in the plans of the group still fills me with admiration. We all enjoyed playing with the children who were truly impressed by the physical strength of our pharmacy students.

You are truly able to reap the rewards of helping a fellow human being (in spite of

having to wipe regurgitated Albenazole off your thumbs for the fourth time while also wetting your whistle with some Cloxox flavored lemonade) when you see the most gracious eyes of a Lencan mother receiving pain medications for severe arthritis. Serving the rustic Lencan communities in the mountains of southwest Honduras has been a joy for me (Zach Buchner) and most certainly for all on our team. What an epiphany one has while riding at a 55 degree angle in a 1978 Toyota when you realize that our patients walked these same roads and hillsides for two hours carrying babies to receive much needed care from IHS. This land is truly bathed in unadulterated beauty. One has to take a second to determine “is this all real, or is it a dream of helping the pañuelo adorned Lencans in Intibuca, Honduras?” Why do we do this? Our volunteer dentist Dr. Rosa Zuniga, who worked alongside of us for 10 days, acknowledged at our goodbye banquet how thankful and grateful she and her fellow countrywoman, Dr. Karen



Calderon (who also took 10 days out of her schedule to work in a distant part of the country), were for our presence which required us to be away from our families. Together they “thanked us for coming and helping the people of their country.” That same sentiment was expressed the day before by the Mayor of Yamaraguila in a public ceremony where he presented a plaque expressing the community’s gratitude.

Ashley Martin, Michael Nyland, Zach Buchner
RPH Students
Andrew Martin
General Helper



LISAGNIPURA

Team Lisagnipura (a remote site in la Moskitia) started out with a flight from La Ceiba to Puerto Lempira and then several bush-plane trips into our village of Lisagnipura. At the landing strip we were greeted by members of Lisagnipura, Tipi Mona, and surrounding villages. Locals of all ages helped us carry our supplies from the landing strip in Tipi Mona to our village site – about a 10 minute walk. We spent Monday packing in and setting up our clinic, kitchen and sleeping quarters. We were ready for clinic right away Tuesday morning. Our team was a mix of first time folks, long time veterans of IHS and some with a year or two of experience, and ranged in age from 17 to 87.

Crowds arrived every morning and continued throughout each day. It was not uncommon to have people who walked several hours, a day, or even two or three days to reach our clinic. We tried to see the sickest and farthest away early in the day, but some days we spent the whole day seeing people who walked many hours and people who were very sick.

The Miskito Indians are an indigenous people in an area that is isolated from the rest of Honduras. There are no roads, electricity, plumbing or telephones near

Lisagnipura, and our 10 minute flight from Puerto Lempira is a 9 hour walk for the local people. Puerto Lempira has the only hospital in the region and Miskito people have very little access to health care throughout the year. We treated a wide range of medical ailments and were able to fly several patients in to Puerto Lempira for surgical procedures.

The language barrier added another challenge in treating patients. We were fortunate to have several local village people who spoke both Miskito (the indigenous language) and Spanish. Their help was critical to the success of our team as over 90% of our patients spoke only Miskito. Lisagnipura also has a local nurse who is actually more of a nursing student but he is very capable of treating minor injuries and sicknesses, though limited by the lack of medicine and supplies.

This was my 6th trip with IHS and my first time in this village. We had a great team that worked together well. Even with a group of 14, everyone had a job to do and each person was a vital link to the success of our team. We had one doctor and two nurses, one dentist (and could have used three) a paramedic, an EMT, a pharmacist and a pharmacy student, a HAM radio operator, two



interpreters, two general helpers and one local Honduran.

Highlights of our Team: On the first clinic day a lady came into the clinic, was in labor and delivered her baby in the clinic. She delivered at 09:03 and she walked out with her baby at 10:44. We made a house call to a family of 9 children. One of them was crippled and the other 8 children cared for him while the parents were working a small farm up in the mountains. The parents were only home one day a week. We also had a beautiful clear river to bathe in each day – and learned that ‘Lisagnipura’ means ‘Above the Clear Water.’

Lisagnipura volunteer



RUS RUS

For years I had the desire to go to a developing country and work for a medical mission. I always had excuses why it was not a good time to join a medical brigade. This time it worked out as John Kirckof formed our team to go to Rus Rus in February 2014. Including me, most of us had never been on an IHS mission (or on any mission for that matter). Despite our inexperience, we came together like a well-oiled machine (at least after the first day).

Rus Rus is a very small village (about 150 people) in the La Mosquitia region of eastern Honduras - just five miles from the Nicaraguan border. Despite the very small population, Rus Rus has a rudimentary hospital. This was built by 'Friends of America' during the '80s to help care for the many Nicaraguan refugees while the Iran-Contra conflict was occurring in Nicaragua. It no longer functions as a hospital and is more like an urgent care clinic - but with a dental chair and without lab or x-ray.

In this environment we had more than 1500 patient encounters, the vast majority from surrounding villages in both Nicaragua and Honduras. Interestingly over 2/3 of our patients were from Nicaragua. This was a slight issue when dealing with Public Health issues like TB screening or for needed specialty follow-up care beyond what we could deliver in Rus Rus.

Other than the follow-up issues, the patients from Honduras and Nicaragua were very similar. Most did not speak Spanish, but instead the native Mosquito language. Also, their medical issues were identical. We saw many children with distended bellies due to parasites, patients with anemia, lice/scabies, chronic pain due to old improperly cared for injuries or just their hard life style; and maybe most important (because we had a dentist) dental pain due to rotting teeth. We treated a number of patients with infections and many needing chronic disease management for diseases such as hypertension and diabetes. We also had the less routine problems, such as neonatal pneumonia, malaria, a number of neuro cases that were referred out.

With all this work, we worked together like we had been a team for a long time. Our group included the 14 of us from IHS (Sara, Michelle, Wendy, Chloe, Amanda, Val, Stephanie, Dave, Leann, Bob, Francia, Karen, John, and myself). It also included Geraldina and many other Rus Rus villagers who helped us work non-stop in the 'hospital' as well as opening their village to allow other villagers to stay the night. This is because for those outside Rus Rus it was often a three day journey; to walk hours from their village, be seen in the clinic, and then walk back home. Our team also included Wes Wiles (our pilot), his wife Denise, who fed us very well



every night, and MAG workers Carlos, Pearl, and David.

I believe that I can speak for all of us first timers (probably the veterans also) in saying we worked hard, enjoyed each other and really learned a lot... and not just about tropical disease. We learned about the resilience and good nature of the rural Mosquito population. We saw that those with minimal material possessions can still live a very happy life. I was so glad we made this commitment and hope to do so again next year.

Mark Spiro
Rus Rus volunteer





The Clinic of Angels in BelAire, Honduras, warmly greeted this year's IHS team. BelAire is located about 30 miles east of La Ceiba. The clinic is run by a non-profit organization called Proyecto Honduras, started by a local American and Columbian couple (Evelyn and Jose) and staffed by volunteers and serves more than 50 local communities, including many of the mountain communities that lie deep within the cloud forest above BelAire. The clinic provides free services (both medical and dental) multiple months out of the year and includes a well-stocked pharmacy, which is very unique to this region. team.

We were a mini-team (5 members) at the site for an abbreviated time (5 clinic days). But, what we pulled off with the assistance of local Honduran folks and vacationing Canadians and our hosts was pretty phenomenal. Our team members included Dewey (pharmacist), Ashley (dentist), Lorraine (dental assistant), Ron (MD/endocrinologist), and Jenn (nurse.) Of our 5 team members, all were first timers to BelAire, two were 70 yrs old+, and 3 of the 5 had previous IHS experience. One of the unique and impressionable features of this clinic is the camaraderie of people that help with the successful operation here. This is what allowed our team to see so many patients...everyday we seemed to have someone stop by and offer to help out at the clinic, from Honduran and Canadian doctors/nurses to help see patients to locals who helped with the triage/translation/pharmacy/dental to Canadian hairdressers who came to wash and cut people's hair to Evelyn orchestrating the entire daily activities. It was pretty amazing how the clinic ebbed and flowed with the influx of patients and volunteers. Even amongst the chaos of the masses, it seemed to be pulled off well. Kudos to everyone involved.

Our team was fortunate to stay in the home of Evelyn and Jose, which was located just a short walk up the driveway from the clinic. The accommodations were pleasant and comfortable, sharing 2 bedrooms and one bathroom amongst the 5 of us volunteers. We did have electricity and running water where we stayed

and also at the clinic. This felt luxurious compared to what other IHS teams had. Although we stayed in a home, we still had our share of nighttime awakenings... the cats who liked to sleep in our hair and having every morning begin with the early roosters' crowing. A special time of the day was walking back "home" at dusk after a long day at the clinic and seeing the lightning bugs in full glory. What a treat to see this in February!

We had an especially moving and memorable opportunity to take an afternoon trip up into the mountains to the small and very poor and neglected community of Berlin. Our team of 5, plus Evelyn and her two little girls were all in Evelyn's pickup truck. All the females (with the exception of Evelyn who was driving) rode in the open bed of the pickup. Along the drive up the bumpy, rough road, we gave a ride to 4 additional women who were walking home in the direction we were driving. We then had 9 people in the bed of the truck! And, the ride up was an adventure all in itself! The community we drove to has approximately 15 families living there...most in mud huts...no electricity or running water. The community is on a sloped hillside, with a raging river below. As we toured the community on foot, the number of children and adults that joined us grew. We were able to visit Elmer, a paraplegic, whom Evelyn and Jose are building an attached bathroom for, with piped water for washing. He is fortunate enough to have a wheelchair that allows him some mobility around the community on the dirt pathways. We toured some other homes that were being built – some with funds raised by past IHS BelAire volunteers. It leaves a lasting impression to see how these people live, with so very little. The experience in BelAire was touching and emotional.

Long live the generosity of volunteers and financial donors to continue operation of the services provided at Clinic of Angels.

BelAire volunteer



SANTA FE



Santa Fe Team Goes Remote

Santa Fe is on the North Coast of Honduras and is served by a set of poorly maintained roads. The population is a mix of Garifano people who rebuilt a culture from various African tribes after slave ships sunk off the shores of Honduras, and Latino people who farm the steep inland hills that line the coast west of Santa Fe.

Our team endured an arduous 5 hour bus trip complete with a flat tire and its repair. We were met and welcomed by Mayor Noel Ruiz, and a community delegation. They pitched in and hauled our belongings up the steep hill to their hurricane shelter where we established our base camp. Supper included “community provided entertainment of dancing and music.” The team felt itself bonding with the community as laughter filled “La Punta”. Exhausted, tired, and sweaty we all retired for the night which was filled with the sounds of roosters and occasional buses honking their horns. Our team leader Bill Roussel kept us on task with his gentle announcement each morning “It is six o’clock.” The serenade of the roosters and buses was matched



by moans and groans, unzipping of the tents, and the analysis of how we slept before we headed off for breakfast.

We began our efforts in Santa Fe proper in comparatively nice facilities with local support staff. The population here is a basically healthy population but the surrounding small villages are “another world” – with very different circumstances. The adjacent villages of Plan Grande, Quinito, and Guadalupe functionally have no reliable dental and medical services. A medical or dental problem can be an ordeal because of logistics. A patient may need to walk an hour or more to their village center, find a boat ride into town via the ocean, or find a vehicle ride over poorly maintained dirt roads to find services. Often they need an overnight stay before returning home. In short, simple doctor visits are not simple.



The mayor made it possible for IHS to take our services to the villages. He and village leaders arranged transportation for our team to the villages. What would have been impossible for us became possible. This partnership was critical to IHS success this past February.

In the village of Plan Grande we were faced with unloading our supplies to a community center 60 feet above the beach. Smiling energetic village children hauled our stuff up the hill without complaint. Our living quarters and radio operating area were in a small evangelical church right at the head of the stone stairs. We even had a working shower, wash basin, and flush toilet about 75 feet from the church. The community did whatever they could within their means to make our stay comfortable. For example, anticipating our arrival, the villagers strung a light for the path and put a light in the toilet for night time visits. The business of breaking camp, loading up and unloading and setting up was repeated two more times as we visited Quinitos and Guadalupe. Everyone

pitched in and we need to make a special “shout out” to Matt, Eric and Ross our pharmacy students, and to Stephen our radio operator who provided the muscle. The joint effort helped us all grow as a team.

The mix of dawn to dusk clinic days and travel were exhausting . The work at the villages however, was nourishing. We were able to serve the needs of patients ranging from infants to seniors. Doctors Powel and Chaudhury were a magnet for children. Dr. Kelly worked long hours pulling teeth. Our nurses Jenni, Kim and I kept the flow of the clinic going and altogether we saw about 100-200 patients a day. Some villagers commented that we were the first medical team to actually stay in their remote village and that made all our hard work worth it ten times over.

We had to be flexible working in the villages. Since we often slept where we worked, the nominal plans of using certain buildings would be changed on the spot. There were also the challenges that we discovered by actually going to these remote villages. Accessing Quinito requires entering a very rocky inlet which is the mouth of a small creek. The boats can pass through at most tide levels with a little lift and push from the waves combined with lifting and pushing by the boatmen and villagers. Inside the inlet it is very calm so there was no problem with the waves, but the rocks almost made up for the waves. While our team members balanced precariously and scrambled over slippery rocks to the safety of sandy ground, 15-20 Quinito villagers unloaded the supplies and hauled them to the clinic. We quickly decided to set up in the community center in order to have enough space to house both medical and dental services in one place. A nearby church moved their benches to the waiting area which also made it possible to set up our sleeping tents inside the church. Meanwhile other villagers routed garden hoses to the community center so that

we had running water. In a matter of hours after the our team came ashore, the pharmacy, dental clinic, and medical clinic were up and running. The community center worked well for our clinics and did double duty as our dining area.

In Plan Grande the team was able to finish work a couple of hours before sundown and the villagers were anxious to show off their tourist attractions. Part of the team took a hike to see the nearby waterfall and generating plant and the rest went to take a quick dip in the Caribbean. Those who made it were rewarded with a beautiful pool with a waterfall dropping into one end of it.

On the way to the waterfall we were shown a water powered generator that generated 7.5 KW (less than what a modern electric range with the burners and oven going would need). This system electrified the village for the first time about 4 years ago. Generator load control is accomplished by the operator who walks up the hill to the generator house at 5 pm and 9 pm to adjust the valve controlling the water pressure and by the owners turning off all 27 refrigerators in the village between 5 and 9 pm. The short second week was spent in the village of Guadalupe. It is near enough to Santa Fe that we could go there each day from our Santa Fe base. In spite of its relative nearness, its medical needs were strong. It takes most of a day to traverse the muddy foot paths down from the coastal subsistence homesteads. Often it is easier to ignore a medical problem than to hike to Guadalupe, and then to Santa Fe to find a doctor and a pharmacist. IHS presence with its clinic, pharmacy, and dentist changed the equation significantly for the all the villagers.

Looking back on what we accomplished, team members had a mixed sense of satisfaction and frustration. We wished we could do more. Moving sites every couple of days brought a lot of logistical frustrations. Our team members with varied talents and backgrounds found a way to become a team and laugh at the

challenges in order to deliver the services so needed by the villagers. We all developed experience in “thinking on our feet.” Yet we all came home with new experiences and a strengthened set of skills that will serve us well wherever we are. Most of all we come home humbled by the disparity between life in the US and the remote locations in a developing country. As one volunteer phrased it “I am not sure who helped whom the most!”

Maybe most of all we sense what a privilege it is to serve others who only have limited options in their lives. We left behind people whose health benefited from anti-parasite medicines, pain medicines, vitamins, and antibiotics. Painful teeth are gone and patients were forever grateful.



Santa Fe said a special thank you before we departed. We were treated to a party with wonderful food, dancing, and music. As a team, we did unwind and reflect upon our experience while we shook off the dust with the “La Punta” one last time. The spirit of the community was demonstrated once again as the electricity ended while the music and dance were still in motion. However, the dance went on being lit up with the flashlights of each team member. A strong community was created from two different cultures. Significantly, seventeen people, who were mostly strangers, have new friendships after walking side-by-side for two weeks on a service adventure that produced long lasting positive memories.

Bill Roussel, Team Lead
Jenine Graham RN
Kelly Koehnen, DDS

LA CEIBA

“ D’Antoni Hospital, where the team worked, is not what most seasoned IHS volunteers have come to expect in Honduras. It is a clean, well-equipped, well-staffed private hospital, built in 1924 by the Standard Fruit Company (Dole) to provide medical services for employees, their families and the entire La Ceiba community. ”



Everything worked and there was never a loss of electric power. There was hot and cold running water, flush toilets with seats, toilet paper, soap dispensers, and paper towels. The hospital has a freight elevator to get supplies up to the second floor where the OR is located. Too much information. Everybody will want to be assigned to D’Antoni Hospital in 2015.

The La Ceiba surgery team had two CRNAs, Betsy Hundertmark and Ruth Logar, both seasoned veterans who took turns handling anesthesia and doing most patient screening and workups. There were four registered nurses on the team - Amy Douglas, Ann Fryklund, Jenn Klemperer, and Jo-Ann Prater. Except for Jo-Ann, none had been assigned to surgery before but all were quick learners and each pitched in as the moment required. Jenn generally worked as a scrub nurse, Ann as a circulator, and Amy worked in the recovery room and followed up with patients after they were transferred to the wards. Everybody helped Jim Prater with supplies.

The team was fortunate to have two translators. Lorette (Lori) Pellettiere-Calix was joined by her 16 year-old son, Daniel. Lori came to Honduras from Chicago as a Peace Corps volunteer 35 years ago and has lived there with her husband for the last 25 years where they raised four children and now have a new grandchild. Having two translators allowed Lori to work closely with patients and staff during pre-op workup and post-op recovery while Daniel translated and helped out in the operating room and wherever else he was needed. Dr. Irv Thorne, who specializes in urology, is an old hand as an IHS surgeon in Honduras. He performed 28 surgical procedures during the week the team worked together, and then stayed on an extra day to work with Lori and the D'Antoni staff to do another 7 cases.

Here are some individual comments from team members which perhaps best capture the flavor of the week we all spent together at D'Antoni Hospital in February 2014:

Amy Douglas - The experience was life changing for myself. The amount of selfless time, energy, expertise and generosity shown by everyone involved in the team was amazing. I was also very fortunate to spend time with the staff nurses at the hospital. They were welcoming, knowledgeable and resourceful. I considered it an honor to

work by their side. I was most moved by the patients, however, as their quiet strength, resilience, and strong spirits inspired me to work harder and do more for them. To spend a week and be of service, in the presence of others doing the same, brought me a deep inner peace and gratitude.Until next year!

Betsy Hundertmark - What I will remember is the teamwork that no one can explain, hard work, pride in helping others and many blessings in return. We worked as a close knit group utilizing all the best attributes each had to share. The patients were so thankful. Kindness is universal.

Daniel Calix - I joined the medical brigades mostly out of curiosity and I joined already knowing some of what was going to happen. Two things did have an affect on me: how hard the rest of my team worked and how much pain the people who came to the surgeries were in. For both of the teams I was on, I was astounded by how much they worked when I had to stop and sit down (a few too many times) just because my feet hurt and I am probably the youngest person in the whole brigade. I hardly did much more than translate a couple of phrases and carry a few things. I was also bothered by how much pain the patients were in and I was unable to do anything for them. During the second week of the brigade, I was also bothered by the poor health of the people who came to us. I really wished that I had prepared myself before the brigades started just so that I could have been of more use.

Lori Pellettiere-Calix - When I think back on the week with the Urology team, there are a number of strong impressions:

The dedication and caring - the team members worked long and hard. They were there to help and were willing to go the extra mile. Friday afternoon, people had hoped to finish up early to go pack and relax but the mission to help as many patients as possible kept

everyone there until the end of the day. When the patients needed something—like blood—there was no question: get it. Even if the team took money out of their own pockets (which Dr. Thorne did), the patients were going to get what they needed. I think Amy subsidized some of the juice and treats, too. We became a team - not many people knew one another beforehand. People had to take on new roles and learn new things but it all clicked and everyone found a vitally important role. I can't imagine how everything would have gotten done without every one of you. Thanks for letting me and Daniel be part of that team and not just interpreters. We wanted to help and you let us. The patients - and their families - showed up early every morning and stayed, without complaint until the end of the day. Some people, even though they were told they weren't going to be seen until the end of the week, still came in every day just to be sure they were still on the list. That's how important this was to them. Some of them had been waiting up to three years for an opportunity to be seen by this team. They were so grateful! They really appreciated that we took the time to explain things to them - from anesthesia through post-op. They commented on how important that was (and how they were so unused to getting answers.) The abundance of supplies in this country where medical supplies are always hard to come by was amazing. The generosity of all the donors who made this possible is overwhelming. For the urology team and all the IHS volunteers: A big THANK YOU, not only from your patients, but from all Hondurans (and those of us who live here as our adopted country). It is amazing that you give up your vacation time, money, and take time away from home and family to come work SO HARD to help the people of Honduras.

Thank you, Gracias,
Jim Prater

Helping in Honduras

Tim Douglass
Publisher

A group of Glenwood area volunteers again spent two weeks in Honduras on a medical and dental mission to bring much needed medical care to the people of that country.

The medical/dental mission is carried out each year through an organization called International Health Service (IHS). It was founded through the efforts of a number of individuals who were working in Honduras as part of the Christian Medical Society and later formed the IHS organization in 1982 that not only brought health care to the people of Honduras, but also set about teaching medical skills to the Honduran people who were interested. The organization came about from a desire to bring healthcare to the rural poor of Honduras, without bringing a religious or political agenda. The local volunteers who worked in Honduras for two weeks in February included Duaine (Dewey) Essig, John and Karen Kirkoff, Christy and Will Anderson, Char Zimmerman, Pierce Peters and Grant Hanson.

The team ended up serving at different locations and at different clinics in the country and even took medical help into poverty-stricken rural areas.

Essig served as a pharmacist in the town of BelAire at Clinica de Los Angeles (Clinic of Angels), a medical clinic started by an American and Columbian couple and staffed by volunteers. BelAire is

“ We were a mini-team, but what we were able to pull off... was pretty phenomenal. ”

Duaine (Dewey) Essig, a volunteer who works as a pharmacist in Honduras each year.

located about 30 miles east of LaCeiba, where the American volunteers gathered before going out to various clinics.

The BelAire clinic serves more than 17 local communities, including many of the mountain communities that lie deep



Founder of the clinic, Evelyn Castellar (left) and Jenn Klemperer, a registered nurse who worked with the team.

within the cloud forest above BelAire, according to Essig.

The clinic provides free services, both medical and dental, for a number of months out of the year and includes a well-stocked pharmacy, which is very unique to this region, Essig explained. “We were a mini-team (five members) at the clinic for only five clinic days, but what we pulled off with the assistance of local Honduran folks and vacationing Canadians and our hosts was pretty phenomenal,” Essig explained. The team that Essig worked with included dentist Ashley Araiza Stein and Lorraine Salo-Daigle, a dental assistant; Dr. Ron Stein, a MD/endocrinologist; and Jennifer Lemperer, a registered nurse.



Patients waited outside the clinic on the first morning it was open.

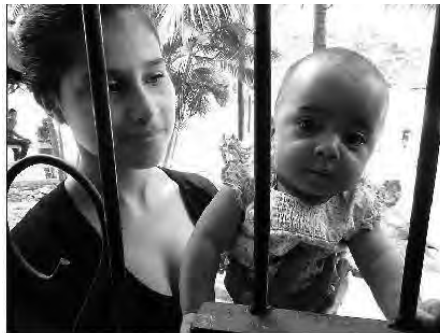


A young woman with her baby. The child had many insect bites that needed to be treated.

A typical day at the clinic had the volunteers arriving after breakfast between 6 a.m. and 7 a.m. and working into the evening with some people still waiting for medical care after dark, Essig explained. Often the dentist would work until 10 p.m., he said. "There is a great demand for dentists in Honduras."

Much of the medical work is treating skin problems, infections and infected insect bites, malnutrition and parasitical infestation, Essig said. One of the unique and impressionable features of the clinic were the number of people who stopped by to volunteer, Essig said. "That is what allowed our team to see so many patients...every day we seemed to have someone stop by and offer to help out at the clinic, from Honduran and Canadian doctors and nurses who helped with triage, translation, the pharmacy and with dental care. There were even Canadian hairdressers who came to wash and cut people's hair," Essig explained. Each Wednesday, Canadian retirees, who live in the area during the winter months, volunteer their time to wash and cut hair at no charge, Essig explained. With all the help, it was a very successful clinic, able to see the crowds of Hondurans who waited for treatment each day. The teams also spent time bringing medicine and healthcare products, and in some instances, food to families in secluded homes in the mountainous region above BelAire.

Essig said he will always remember an afternoon trip up into the mountains to the small and very poor and neglected community of Berlin. The ride up was an adventure all in itself and the community had approximately 15 families living



Mom is waiting at the pharmacy window for medication for her baby.

there, most in mud huts, with no electricity or running water.

"The experience was touching and emotional," Essig said, explaining that the villagers were very appreciative to see them and to receive some help. They also toured some of the other homes that were being built, some with funds raised by past IHS BelAire volunteers.

Essig said he has hundreds of photos of his experience and is available to talk about the mission in Honduras with civic organizations or church groups. He can be contacted by calling him at 634-4087.



Patients waiting to see Dr. Ron Stien. The clinic was able to see over 100 patients a day.

OCTOBER 2013 & FEBRUARY 2014 TEAM STATISTICS

Total Patients Served – 9,152



Dental Teams

Patients – 1,244

Extractions – 2424

Other Procedures – NA



Medical Teams

Adults – 4,281

Children – 2,044

Surgeries – 78

Pharmacy RX's – 16,162

Vitamin Packets – 6,671



Surgery Teams

Surgeries – 75

Consults – 78



Eye Care Teams

Patients – 1,508

Prescription / Reading /
Sunglasses – 2,112

Dates to Remember

2014

September 9 Balance of October Project fees due
October 1 Applications and deposit due for February Project
Fall Project
September 28 – October 8
October Planning Team heads to Honduras
November Team selection for February Project
 Team information will be sent out
December 21 Shipping deadline for February Project

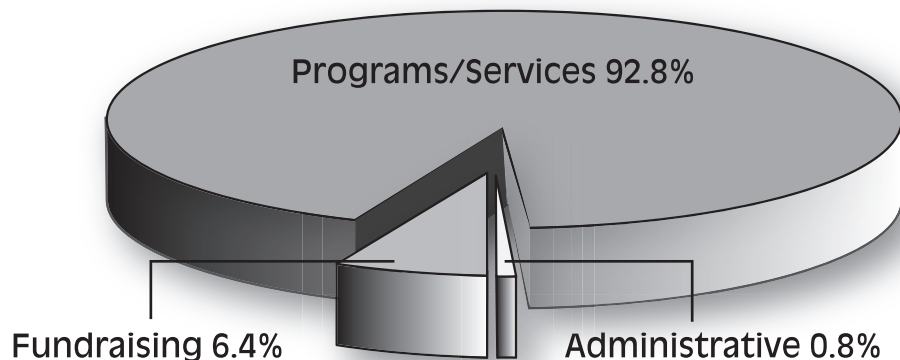
2015

January 1 Balance of February Project fees due
January Load containers in the Twin Cities
February Project
February 13– February 27
May 1 IHS News Break team articles and photos due
 email to newsbreak@ihsmn.org
 or mail to IH•S
 PO Box 1646, St. Pau, MN 55116-0436

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Allocation of Funds 2013-2014



Nearly 93% of your dollars go directly to help the people of Honduras – at a very efficient cost of \$11.04 per patient visit.

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- Editor
- Graphic Designer
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Thank you.

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DIRECTORS

Project Director

John Pope
projectdirector@ihsmn.org

Anesthesia

Drew Mathews, CRNA
anesthesia@ihsmn.org

Communications

John Pope
communications@ihsmn.org

Dental

Kelly Koehnen, DDS
dental@ihsmn.org

Engineering

Mike Stapp
engineering@ihsmn.org

Co-Eye Care

Matt Gifford, OD
John Pope
eyecare@ihsmn.org

Fund Raising

Open
fundraising@ihsmn.org

Co-Medical

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

Co-Nursing

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

Pharmacy

Mary Bierman, RPh
pharmacy@ihsmn.org

Recruiting

John Kirckof/ Rene Donnelly
recruiting@ihsmn.org

Consultants

Knute Panuska, DDS
Jim Alexander, RPh
Cheryl Schraeder
Carlos Scheer, Interpreter

This Issue of News Break was Edited by: Steve Bakke Art Direction by: Tom Roper



IHS Co-founders Knute Panuska and Rosario Arias

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Upcoming IHS Projects

Fall Projects:

Sept 28 – Oct 8, 2014

We have fielded two teams for the Project – a medical/dental team, and an eye care team in Puerto Lempira visiting villages on the Kruta River.

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

Planning Trip – Early October

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

February Projects:

February 13 – 27, 2015

Up to 100 participants from throughout the USA and around the world participate in the February Project. Everyone gathers in La Ceiba and then, with their teams, head out to remote locations around Honduras for approximately two weeks. The Project usually consists of six medical/dental teams, two surgery teams, two eye care teams, and two administrative teams.

Many seasoned IHS'ers arrive early in La Ceiba to help with the many assorted tasks required to get everything set up. If you can help please let the Project Director know before the trip:
projectdirector@ihsmn.org

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

KRUTA RIVER

CONTINUED FROM PAGE 3

We spent the next seven days in two different villages. Tikiraya was the first village to welcome our group. The local children helped unload all of our supplies and guided us to the school where we had clinic during the day and slept at night. One of the first things I noticed was how physically fit the Miskito Indians appeared. They grew and harvested their own food, worked long laboring days and in general ate a healthy, simple diet. However, what they lacked was healthcare and the education that came with it. Our clinic days were long but rewarding to say the least. We woke up early every morning to the sounds of roosters and cows, enjoyed beautiful sunrises, and sipped local Honduran coffee made by Jim who dominated the kitchen. Families eagerly lined up waiting their turns, many of them coming from several villages away. The medical clinic saw an average of 150 patients a day. Just like any clinic, some patients were overall healthy and some needed acute medical attention. As a nurse coming from an urban hospital with an abundance of resources, I really had to think outside the box about some of the treatments and education for these patients.

The dental team was small but powerful. Over five clinic days, a team of three pulled a total of 584 teeth and filled several cavities. I will never forget the pink beach chair that was used as the dental chair and the bravery of these patients who wanted nothing but their mouths to be without pain.

As the days went on, I couldn't have been more impressed with our entire team. The clinic wouldn't have gone on without the help of our general operations team who kept everybody safe and everything running according to plan. We ate and washed up in a sanitary environment, had light from the generator for eating dinner while conversing about our days, and sent emails to family thanks to Brian who kept our satellite internet running!

We ended our Miskito Coast journey in the village of Kanku, which was closer to the city of Puerta Lempira. Interestingly, I found that these patients were actually healthier due to the availability of soda and junk food. The most difficult part was trying to educate this village on the importance of chronic diseases such as diabetes and hypertension.

There were several people who made this trip possible but three people we couldn't have done this trip without. Andres and his son Andy were our local guides who navigated us safely and efficiently through narrow river channels and were also our main translators. We would not have been able to communicate with our patients without them. Last but not least, Dr. Marianne Serkland, who once again dedicated her time and supplies (including the 52 foot boat) to make this trip possible. Without her, there would be no Kruta River trip and the Miskito Indians would have little to no healthcare access.

This trip was by far the most memorable volunteer trip I'd ever been on and by far the most organized. International Health Service is a wonderful organization and I would most definitely volunteer on a trip with them again. I want to thank everyone who went on the October 2013 Kruta River trip for their warm welcomes, dedication and positive attitudes. I will never forget this amazing group of people.

Kruta River volunteers

Help Us Grow

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



SEEKING:

- Translators • Pharmacists
- Dentists • Physicians
- CRNAs • RNs • Nurses
- Surgeons
- Dental Assistants
- Optometrists
- "Fixers"



Need a Speaker for your Group?

IHS would love the opportunity to speak to your group, club, church, or organization about who we are and what we do!

For more information contact us at:
contact@ihsmn.org



Team BelAire

Team members, in no particular order were:
Ron Stein, Ashley Stein-Araiza,
Jenn Klemperer, Dewy Essig



Team Caratasca

Team members, in no particular order were:
Doug Pflaum, Lisa Harrison, Shaina Hunt, Sue Prentice, Sarah Lumley, Karen Bills, Andres Martin, Andy Martin



Team Kruta River

Team members, in no particular order were:
Brian Coulter, Rob Damico, Karen, DeMorett, Colten DeMorett, Anya Dharmsetia, Terese Houle, Genny Lainez, Andres Martin, Andy Martin, Prudence Meads, John Pope, Marianne Serkland, James Wagner, Daneil Walker, Nadia Weber-Mara-diaga, Amanda Young, Kim Young, Nancy Zupan



Team LaCeiba Surgery

Team members, in no particular order were:
Irv Throne, Ruth Logar,
Betsy Hundertmark, JoAnn Prater,
Jenn Klemperer, Amy Douglas,
Ann Fryklund, Lorette Pellettier-
Calix, Jim Prater



Team Tocoa

Surgery Team members, in no particular order were:
Dan Jaffurs, Audrey Nguyen, Craig Gill, Ted Voss, Meredith Johnson, Trudy Staubtz, Lisa Hayes-Swartz, Denis Rousell

Eye Team members in no particular order:
Bob Slider, Jean Yunker, Sarah Sanders, Wendy Rivera, Cristy Garrido, Bob Johnson



Team Lisangnipura

Team members, in no particular order were:
Joe Tombers, Kellie Iramina, Lindsay Riehle, Kristi Anderson, Chelsey Risse, Renee Donnelly, Dan Walker, Kiran Nayudu, Dale Watson, Kelley Shelley, Allison Shelley, Rick Reiter, Terri Barrett, Will Anderson, Hilario Nixon



Team Santa Fe

Team members, in no particular order were:

Tuhin Chadhury, Richard Powell, Jenine Graham, Jenni Lange, Kim Lecorps, Rick Davis, Adelina Alvarez, Ross Tellinghuisen, Matthew Spinar, Eric Grocott, Kwily Koehnen, Steve Golub, Bill Roussel, Lorette Pelletiere-Calix, Idalia Maldonado



Team Rus Rus

Team members, in no particular order were:

Mark Spiro, Michelle Hull, Sara Davis, Wendy Pick, Chloe Cunio, Amanda Denn, Stephanie Floes, Valerie Giuttari, Dave Kubes, Leann Britton, Bob Watson, John Kirckof, Francia Watson, Karen Kirckof

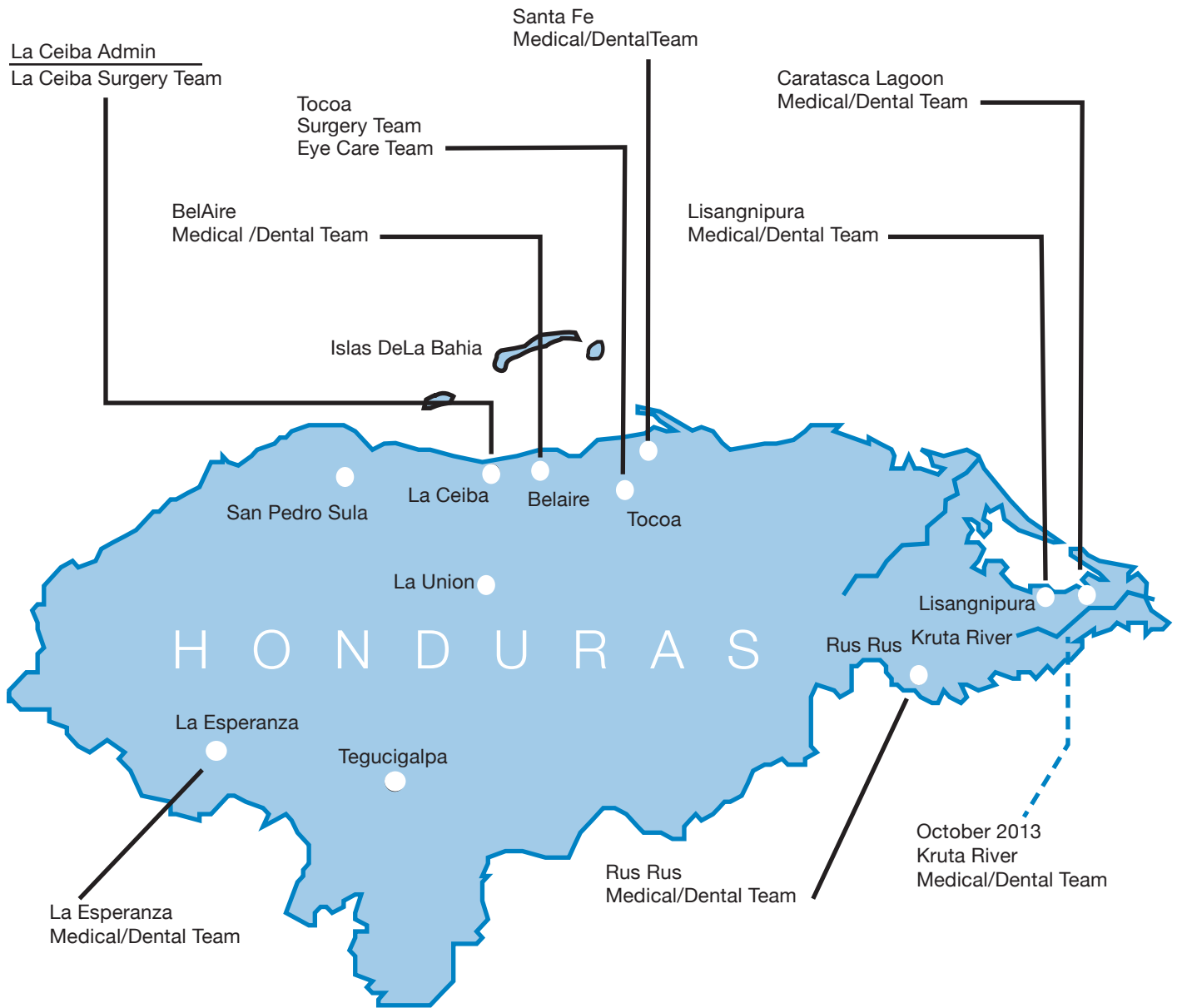


Team La Esperanza

Team members, in no particular order were:

Karen Caldron, Lori Jackson, Char Zimmerman, Teri Houle, Rosa Rubio Zuniga, Mike Stapp, Andrew Martin, Pierce Peters, Carlos Scheer, Barbara Jo

I•H•S Projects October 2013 & February 2014



H O N D U R A S
 Simplified location map of I•H•S Honduran projects
IHS Projects:
 October 2013
 February 2014



Monetary Donations

Founders Gift – \$2,000 up

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 Board Member donation #2

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In honor of Chris Knoff
 Dean Schluter
 Genevieve Trumm
In memory of Jack Trumm

Bronze - \$100 Up

Doug Pflaum
 First Lutheran Church Endowment
In honor of Dr. Marianne Serkland
 Susan Hasti and Michael Friedman
 Phil and Lola Johnson
 Greg & Karen Meitz
 Steve Rice
 Mary Boyle
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 Fred M Smoger
 Deb Fischer
 Marla Schragger



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

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

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

The Santa Fe Ambulance Brigade

Our first trip with International Health Service (IHS), for Lu and me, was in 2013 to Santa Fe, Honduras. Though we greatly enjoyed the life changing experiences we encountered while helping provide the much needed clinical services that IHS delivers to the people of Honduras, with our over 40 years combined experience in the Emergency Medical Services field as an EMT and Paramedic, we were interested to learn that the mayor of Santa Fe, Noel Ruiz, had recently acquired the first ambulance for their village and the surrounding communities.

After learning that Lu and I both work in emergency services, Noel invited the two of us to return this year with IHS and train some of the Santa Fe community members who would be volunteering to staff the newly donated and anxiously awaited ambulance. We enthusiastically agreed.

Santa Fe is one of three small Garifuna fishing villages, San Antonio and Guadalupe being the other two, that are located along the beach on the Caribbean coastal side of Honduras. The communities combined population is approximately 3,000 residents. Santa Fe maintains a small clinica, but has no emergency care services and with the closest hospital being in Trujillo, about

45 minutes by dirt road and with few vehicles in the communities, there was a great need for an ambulance.

After our arrival in Santa Fe, we were able to get our first look at the donated ambulance. Imagine our surprise to find that the ambulance... wasn't an ambulance at all, but was actually an older Ambu-van, which is basically a multi-passenger van designed to transport ambulatory patients to and from their doctor's appointments. Aside from the two front seats and two bench-seats in back, it contained nothing more. No cabinets, no lights, no patient gurney. But even with the numerous rusting holes, it was now the Santa Fe ambulance and the gratitude of having it was evident within the community.

Except for a couple days that Lu and I assisted the rest of the team with clinical care, and the few days we spent in the remote villages of Plan Grande and Quinito, the remainder of our mission was spent in Santa Fe instructing the finer aspects of emergency medical care to the volunteer ambulance brigade of five village members. Training started with patient assessments which included both medical issues and trauma care. CPR and basic First-Aid were also included. Treatments were, for the most part, relegated to basic life support pro-

cedures. Patient packaging and continued patient care during transport were covered as well.

Our five volunteer students were extremely enthusiastic with the new found knowledge they had acquired and were anxious to get the ambulance up and running. Our final donation to the cause included a rotating red beacon light that was placed on the ambulance to make their response vehicle official and provide them with the means to hopefully move traffic aside. Again, imagine our surprise when the ambulance received their first call while we were there – the wife of one of the ambulance volunteers was experiencing abdominal pain. The patient was loaded into the ambulance and transport was initiated to Trujillo for an abdominal ultrasound.

On a personal note, Lu and I would like to thank IHS for giving us the opportunity to travel to Honduras and not only provide much needed care to the citizens of Santa Fe and its surrounding communities, but also assist in the creation of their ambulance service and the emergency care that goes along with it. This is something that we hold very dear to our hearts.

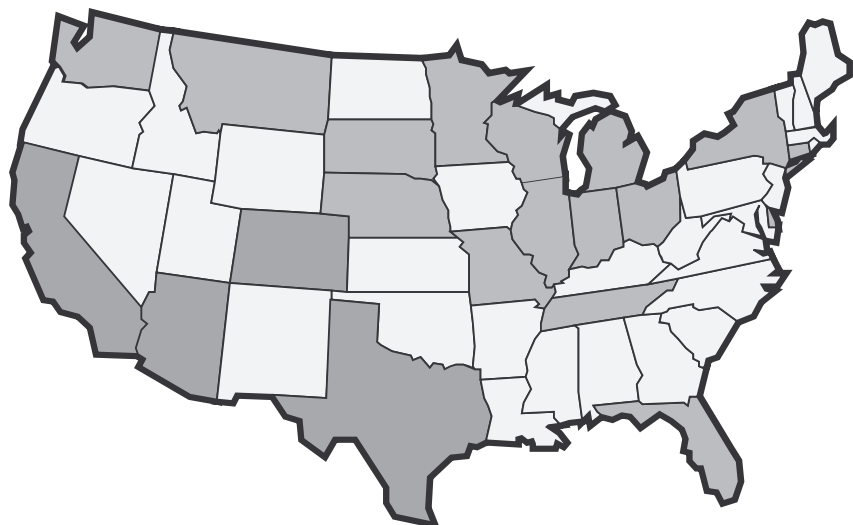
Rick Davis- Paramedic
Lu Alvarez- EMT1

2014 IHS volunteers came from twenty states; the District of Columbia, Hawaii, Canada, England and Honduras



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