International Health Service

International Health Service (IHS) is a non-profit international relief organization, which provides medical assistance to the people of Honduras. Its work is essentially helping the people of Honduras to achieve a higher health standard while respecting the culture of those whose lives it touches. IHS brings technology, skill, and energy to these tasks in such a way as to complement the resources that are already in place. IHS fosters international understanding and mutual respect through its missions and projects in Honduras. IHS has served Honduras for 22 years and has a well established organization (including a small group of dedicated people in Honduras) for sending and distributing supplies for the 2-week mission.

This February 120 volunteers from all over the U.S. and Canada came together with 24 Hondurans in the remote areas of Honduras to provide medical and dental care to people who would not otherwise have access to the services. The expertise on the Mission includes surgeons, physicians, dentists, anesthetists, nurses, pharmacists, radio operators, engineers, translators and general helpers; many who may not normally work in the medical field. These volunteers served over 13,000 people and accomplished more than 49,000 patient contacts during its Mission. The need in most areas is for very basic health-care instruction, very basic medications, and supplies.

Preparations begin almost one year ahead of the scheduled trip with fundraising, collecting medical supplies and pharmaceuticals and packing them for transport. Equipment to do minor surgical procedures is available, as well as anesthetic for dental extractions. Thousands of pounds of purchased and donated goods are shipped to Honduras so they are available to be distributed with each of the teams. The goods are loaded in containers and shipped to Gulfport, MS and the shipped to Honduras via banana boat. The ocean freight is gratis thanks to Standard Fruit Company (Dole) in La Ceiba, Honduras.

If you are like many people, you will want to know what you can do to help. There are two ways in which you can participate. FIRST. You can join the adventure and come to Honduras on one of our Missions. From eight to ten surgical, medical and dental teams head to the (Continued on page 2)
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remote areas by bus, truck, plane or boat. While it is difficult to generalize about the working conditions in the remote areas, IHS teams usually operate in villages with no electricity, telephones, running water, roads, or airports as you might know them. Health and safety challenges come from polluted water, malarial mosquitoes, snakes, tropical fungi, washed out roads, and theft of supplies or personal gear. However, with all these possible dangers, we have maintained an excellent safety record over the 22 years of remote operations.

IHS volunteers are responsible for all their own expenses. While airfares may change yearly, round-trip transportation costs tend to be $650 - 900 from the northern part of the U.S. To cover basic costs of food, transportation, and shelter while actually on the mission to Honduras, and to supply the organization with two-thirds of its actual funding used to buy medications and supplies, each volunteer also contributes a project fee of $475.

What compels anyone to give up two or three weeks of income and comfortable living, spend a big chunk of one's own money, and head for the primitive environment is an open question. Many IHS members probably started their yearly trip to Honduras out of some urge for adventure, but it doesn’t take long to see the overwhelming need and to be overcome by the compelling reverence we all feel for the people of Honduras. Most members feel these trips are an eye-opening growth experience. If you would like to join IHS on a Mission in Honduras, an application included with this newsletter. We will put your talents to good use.

SECOND. If you are like many people, you accept a responsibility to help the people of developing countries, but you do not have the desire to actually travel to Honduras. A donation of money, medications, or basic supplies can go further in Honduras than many people imagine. If you are deterred by the stories of inefficiency and high overhead by some relief organizations, be aware that IHS has an astonishingly low administrative overhead. This is accomplished by having no paid staff and having the ocean freight of our supplies to Honduras donated by Dole Fresh Fruit Company. Since we are in control of our supplies, (we travel to Honduras and do the actual distribution), we are sure they get to the people who need them. For $350 IHS could supply a basic package of medical supplies to a health-care clinic in the remote areas of Honduras. Even a simple band aid may not be in a clinic’s inventory. For $750 IHS could supply 12,000 doses of worm medication to the children of rural Honduras. Each year we treat thousands of children for parasites, but lack funding to leave an adequate supply at clinics in which we work.

If you have a burning desire to help some of the very poorest people of the world in a way in which every penny counts, please consider a donation to IHS. Donations to IHS are tax deductible under the IRS rules regarding non-profit charitable organizations. If you are among the many contributors to Mission 2004, we thank you for your participation in this great adventure in health-care. We would also appreciate your continued support for Mission 2005. If you have never contributed to IHS before please give us a single donation this year. We pledge that you’ll see your donation put to the best possible use.

Muchas Gracias!

International Health Service of Minnesota—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.

International Health Service will respect the culture of those whose lives it touches.

International Health Service will foster international understanding and mutual respect through its missions and projects in foreign countries.
Eyeglasses Improve Lives in Honduras

Compared to other public health issues, poor eyesight can be addressed quickly with lasting benefits – unless you live in Honduras where corrective lenses are unaffordable for most people. That’s why the International Health Service delivered eyeglasses to over 800 people in Orica and Guaimaca, Honduras during Project 2004. Prescription glasses were donated by the Lions Clubs who collect and repair used eyewear for needy adults and children worldwide.

Each morning during Project 2004 Honduran families stood in line at IHS clinics in the rural communities of Orica and Guaimaca. Local volunteers coordinated the outreach efforts in the surrounding villages. Patients were registered, checked for eye problems, and tested for near and far vision. Hand-held electronic Auto-Refractors were used to determine eye prescriptions. After their glasses were chosen and fitted, patients were retested and given information about eye care and hygiene.

IHS also provided new frames and lens to Honduran children. Seven year-old Maria apprehensively clutched her mother and grandmother as she waited for her glasses to be assembled. Once her glasses were fitted, Maria’s reaction was immediate. With bright eyes and a big smile she pointed to one object after another in the clinic. Family members rushed to gather around as Maria confidently read the eye chart. She could see clearly for the first time.

Not only does better eye care improve a person’s quality of life, it also supports the sustainable development of Honduras. Children are able finish their education. Agricultural workers and farmers have less risk of injury. Transportation is safer. Older people can mend clothes and tend the children. The simple truth is that communities are more productive when the residents have corrected vision.

Kurt Roberts

The Kruta Experience

I am an 18 year-old high school senior who got the privilege to work with a team of doctors as a translator and general helper. With my head filled with stories my sister had shared with me about her trip in 2003, I came to Honduras with excitement and eagerness to be a part of the mission. I heard all about the number one governing travel concept of Honduras—‘hurry up and wait’—and when I got there, of course it was the first thing to do. And the bugs—whoa! My first night in La Ceiba I heard all about giant spiders in the outhouses at night, and I received warnings never to look down even in the daytime. However, in retrospect none of the things which would bother an American girl of my age (sun burns, bug bites, no running water, rice and beans every night, chickens, goats, cows, pigs everywhere) really bothered me to any extreme. In fact, I think those things are essential in order to experience La Moskitia to the fullest. In addition, I met my fellow Kruta Team members (most of whom I had heard about from my sister and my dad) on the first night as well, and immediately became even more eager to work on the Kruta.

My first time using my Spanish was with an ice cream vender in-route to La Ceiba. I was proud of myself for saying a simple ‘Cuanto Cuesta el helado’, but I didn’t have any idea how important my knowledge would be in the next two weeks.

After spending a few days in La Ceiba, ours and the other La Mosquitia teams boarded the only C-130 in the Honduran Air Force. We
The Kruta Experience

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waited for what felt like four hours until the plane arrived at the base. Finally, we arrived in Puerto Limpira in the early afternoon, where stares from at least a hundred and fifty people from town greeted us. Unfortunately, my team arrived too late to board our boats like we planned, and we spent a night at the Catholic Compound. Again, I got to experience something my sister had crowed about—the screaming roosters of Puerto Limpira. I woke up around 11 pm from a dream about a riot in the street outside. But after a few confusing moments I realized that the sound was not screaming people—it was screaming roosters! I found my ear plugs which I used on the airplane earlier that day, and fell back asleep in wonder yet somewhat amused. What a strange place.

The next morning our team woke just before dawn to load our two small boats and begin what would be a 7-hour adventure. We all got drenched as we crossed the lagoon, and then fried in the canal, and then sat impatiently in the boats for another couple of hours up the Kruta River (some of the impatience was due to the need to use the baño—only one other and myself braved the tide-flushingouthouses ::shudder::). We arrived at our first village, Kuri, to a crowd of young children standing watch on the river bank. They formed a line to bring all of our supplies and personal belongings to the three-room school house that would be our home and clinic for at least four days. We assembled the kitchen, exam rooms, nurses station, pharmacy, and dentist area in about two hours, and then relaxed in the kitchen with a cup of noodles soup.

The first day of the clinic we began early in the morning, around 8 or 9. But at 7:30 there were already families gathered on our steps waiting to see the Doctors. The other young American on our team, Jenna Anderson, and I counted ‘vitaminas’ until our fingers turned brown-ish red and orange. Then we set off to try to help as much as we could in the other stations in our clinic. After a few hours of delivering Crystal Lite and cookies to our hard-working teammates, we retired to the kitchen with a bag of embroidery thread and plastic beads to make bracelets for the children. It took a while to get the courage up to interact with them and teach them how to make bracelets, but we did it and immediately had a large crowd of little girls and boys interested. Almost every child left the clinic with a string bracelet, two glow-in-the-dark beads, and a Nigua pin. This same day, a three-day-old girl was named after Jenna. She was so tiny!

The second day in Kuri proved to be an important one for me. Because our team was so big, our team leader, Marianne, decided we should open another exam room. She told Jenna and me that we would start translating, me one day with Dan and Jenna the next with Davs, for the rest of our time on the Kruta. Man was I in for an experience! I worked with Dan (PA) and Rayly (boatman/general helper/translator) that afternoon, trying my best to understand what Rayly translated from Mosquito to Spanish. I was quite rusty the first day. I had never used my Spanish to phrase a question or sentence besides what I had done in class (‘Maria had gone to the beach’, etc.) and it was pretty tough to get the exact meaning of Dan’s questions across to Rayly. But after an afternoon of asking ‘Do you have any problems?’ and related questions, and relaying the answers to Dan in English, I was getting pretty good. Once I was surrounded by the language and had a need to use it, speaking became a lot easier. We saw many people with lice and parasites, and a few strange cases like a man with a bullet in his leg—the wound completely healed and everything—and young children with huge burns on their bodies. It made me sad to see so many sick people, but it also showed me the importance of the help IHS provides every year. I felt proud to be a part of it.
The days I spent either giving out Pip and Mebendazole or translating in the exam room all blurred together. Marianne named a set of nameless twin girls after my sister and me. In addition, a woman came to the clinic in labor. We almost sent her to Puerto Limpira in fear of a complicated childbirth, but at the last minute, the baby girl was born. I finished my last day nearly exhausted from the heat and work all day long, but still had a ton of patient sheets to count. With counting help from Andy Martin and Jenna, we totaled over 1,000 patients in Tikiraya alone! We packed up that night and had our last night of rice and beans for the remainder of the trip. We rewarded little boys with cookies for picking up all of the trash left laying around the building—bloody gauze from our dentist’s, Dick’s, patients, prescription pill bottle seals, sunglasses tags, and other random pieces of litter. Soon the place looked exactly like we found it, minus a few wasps’ nests, which were sacrificed on the first day. The next morning we loaded what was left of our supplies on the boats and prepared for another 7-hour trip back to Puerto Limpira, where we spent another night with the screaming rooster chorus. All sunburned and salt-soaked from the boat ride, we drank some actual cold water and took a luxurious shower—a private little room where everyone had a WHOLE bucket to themselves! I finally felt clean again after a week and a half of dirt, suntan lotion and Deep Woods Off. The C-130 never came the next day because of engine problems, so the La Mosquitia teams boarded an airline, air-conditioned flight back to La Ceiba for the banquet. Dan and Marianne stayed behind to go fishing in Puerto Limpira, and Dave Sater, our pharmacist, hopped on an earlier commercial flight. Darryl could not attend the banquet because he had to catch a flight to Belize, so when we got to the banquet only six of us remained. When he gave our closing remarks at the banquet, Dick asked the remaining team members to stand, and announced, “The team says it all.”

It seemed like as soon as I grew accustomed to the routine, it was time to leave. Sad to leave the group, I traveled with my dad to Copan to see the Mayan Ruins during the few days before our flight back home.

Besides mosquito bites, sunburns, and eating beans and rice nonstop, I had many wonderful experiences on my trip this February, 2004. My fellow team members, American and Honduran, taught me a lot about what it means to help the less fortunate, which proves a valuable lesson to a young person like me. With my particular role on the team, I learned that knowing a foreign language is the key to understanding and communicating with different cultures, which in turn leads to respect. With respect, nations can help each other and make the world a better place in which to live. This is a lesson that will stick with me for the rest of my life, and has even inspired me to minor in Spanish in college. I hope to return to Honduras, and perhaps bring along a friend who needs the same enlightenment that I received this year.

Ally Kutchins

Even little 2-year-olds had to take the mebendazole

one of our first patients was a family with a little girl who had had a seizure or something of the sort when she was a few years younger. She could not walk, talk, or eat anything but water. She was so skinny. I felt bad for her and her family—it must be hard to have a handicapped daughter in a place like where they live, especially one that no one can heal. Dan explained to me, though, that she has probably lasted so long in Tikiraya because her family loves her enough to see that she stays alive and clean. She is lucky to have her family, because in some other societies, caring for one like her would come just from obligation rather than from love.

“Tikiraya boat-watchers.” Half the village showed up to watch us leave.
What Happens After IHS Leaves?
Or What Did the Tocoa Surgery Team Leave Behind?

The IHS mission in February unquestionably changed the lives of 100s if not 1000s Hondurans for the better. But does it end there? For the Tocoa Surgery Team, I think the answer is no.

IHS brings a number of dedicated people to Honduras, but some are special and I think if you saw a picture of the ideal General Surgeon for such a mission, the face in the picture would be that of Dr. George Nemanich. While Dr. George’s surgical skills and long experience are very important, what really sets him apart is his desire and ability not only to use his surgery skills during the mission to touch tens of lives, but also to touch hundreds of lives by helping improve the skills of the local doctors. Dr. George’s patience and long experience enable him deal with the environment in Honduras and to help local physicians improve their abilities using the available tools and facilities.

If Dr. George is the ideal teacher, Dr. Herman Marulanda, the Tocoa hospital’s staff surgeon, is the ideal student. While, according to Dr. George, Dr. Marulanda is a skilled surgeon in his own right, he was eager to learn as much as possible from Dr. George. Dr. Marulanda said his only complaint was that he didn’t know about the team’s arrival in time to schedule more difficult procedures so he could maximize his learning experience. It’s also possible that since he had no previous experience with IHS, he wanted to “evaluar los gringos” before going too far. However, if that was the case, any doubts were quickly dispelled by the abilities (both medical and interpersonal) of the IHS surgery team and, in the end, the hospital’s surgery staff benefited from being able to accomplish both familiar and unfamiliar procedures with the IHS team. Dr. Marulanda even rearranged his private practice appointments in order to have more time to “aprender del maestro.”

Dr. George is not the only hero of this story. The team nurses Judi Smith and Sue Ward, and our Nurse Anesthetist and Team Leader, Ted Voss, with the help of the two translators Denis Roussel and Wendy Rivera worked very hard not only to complete the busy surgery schedule, but also to do as much as possible to advance the skills of their counterparts on the hospital staff. Several of the hospital’s nurses and anesthesia technicians even wanted to see Ted after hours for extra instruction, but unfortunately this was not possible due to his many responsibilities.

As with the Chinese proverb, “Give a man a fish and he can eat for a day. Teach a man to fish and he can eat for a lifetime.” IHS’s “gifts” continue to give.

Bill Roussel, Radio & Translator
Forming Relationships through IHS

As we come to know more people in Honduras and in I.H.S., I would like to say a few words about how the effectiveness of our work in short term medical missions grows. On the first trip that my wife Margie (a nurse practitioner) and I took to Honduras, we worked at a clinic near La Ceiba with a group of six people from our small town in North Carolina. The project began a friendship with Father Albert Brooks, an Episcopal priest in LaCeiba, and his wife Carmen, whom we would again visit on our two I.H.S. trips. Through them we began to acquaint ourselves with the people of Honduras.

We began to work with I.H.S. after an invitation from our friends David and Alice Houser from a nearby North Carolina town who had heard of the need for additional medical personnel. Working with I.H.S. gave us instant connections in La Ceiba, Puerto Lempira, and the village of Uhi on the Moskito Coast where we were assigned. John and Karen Kirckof, longtime I.H.S. volunteers, were able to able to show us a great deal about how to navigate through various stopovers and situations all the way to Uhi and back. Karen and John were the “mom and dad” of our Uhi team, not by age but by experience. In that vein, us Uhi “kids” on both the 2003 and 2004 trips (and on trips before we were along) forged an amazing bond that is held together in part by the glue of many shared meals of instant oatmeal, beans, and rice. I’m sure other teams experienced this as well. Other I.H.S. veterans like Cheryl Schraeder, Jan and Charlie Brown, and Drew Matthews introduced us to the people at Hospital D’Antoni who did free lab work for us, found us a doctor in PLP who did follow up on a boy with tuberculous lymph nodes, and put us in touch with the Catholic sisters in PLP who helped us make contacts for other follow-ups.

While in Uhi, our radio man, Dave Houser, kept us in touch with folks who could expand our limited knowledge of tropical medicine and who could suggest referral options. During our time in the village, we were able to able to talk with Dr. Marianne Serkland about some children with heart murmurs plus we emailed (via radio) Gerard Rudy who has worked in Honduras for over 15 years and knows the ropes about getting complicated patients the help they need. Other veterans like Joe Tombers gave us perspectives on how to allot time and resources when both seemed scarce. Of course I can’t forget our great pilots, George Goff and Jarle Hofstad, who made the physical connections happen safely for patients and teams.

Probably the most important friendships are with the Honduran people themselves. Our Uhi nurse, Genely Goff, having seen six years of Uhi teams come and go, has a growing trust for us; our American medical ways seem less strange to her each year. Two young women of the village, Karina and Alicia, have worked with the Uhi team for several years, translating and helping in the pharmacy. They returned this year, taking a break from their school program in PLP, to volunteer with us. One hopes to become a nurse, which would be a dream come true, for both her and us. A new Moravian pastor, Harlan, (from the church that has housed us in Uhi the last 2 years), became a good friend by the end of our visit, and Juanita, a local woman who has helped us with cooking and laundry, felt like an old friend when we saw her again this year.

It is gratifying as well to see people we treated the previous year, like the boy with the tuberculous lymph nodes. We had feared he might have lymphoma, but thanks to the much maligned Honduran health system, he was diagnosed, treated, and apparently now cured. An elderly man who had 2 hernias operated by an I.H.S. surgeon in 2003 just stopped by for us to look at his well healed wounds.

Back in LaCeiba, as we told tales of our time in Uhi to our hostess Carmen Irias and to Padre Brooks and his wife, we felt the warmth of their appreciation of our time spent in La Mosquitia as they too search for ways to improve the circumstances of their fellow citizens. Every year, as our circle of friends in Honduras and I.H.S. grows, I think we become more effective and more committed to working together to try to ease some of the health hardships of these warm and welcoming people. Going to new and different places has a certain appeal but returning to the same village in a far corner of Honduras where we are beginning to have an extended family is “where it’s at” for me.

Jim Haaga, Doctor

Need a Speaker for your Group?

IHS would love the opportunity to speak to your group about who we are and what we do. For more information please call and leave a message with our answering service.

(952) 920-0433
La Esperanza—The Hope

La Esperanza means "the hope". As the first IHS team to visit the town, the group hoped for a successful and useful time in the town of 6,000. At 1,600 meters the town is the highest in Honduras and has a temperate climate. It is surrounded by pine forests and often is in the clouds in the mornings. The town has both a regular municipal government and one run by the Lenca Indians, the native people of the area.

We didn't know what to expect and neither did the hosting Red Cross who has only heard of our visit 3 weeks before we arrived.

When we drove into town (6 hours from La Ceiba in a modern comfortable bus) it took several attempts and much questioning to find La Cruz Rosa. The clinic was located on the edge of town, 15 minutes walk from the hospital, where the surgical team worked, and 30 minutes walk from the plaza downtown. We all were housed in the clinic building and quickly it became transformed into our home for the next 10 days. Dr. John and Dr. Ron set up examining rooms, and our head nurse Jenny arranged chairs and a table to be the triage/pipeline area in the outside. Santos and Rene unloaded lots of equipment to make their denture workshop (where music was always playing!). One room became jammed with radios, a computer and even a dome tent for radio/EMT/engineers/jack-of-all-trades Mike and Terry. Jack and Sara were next door with shelves of drugs for the pharmacy (at evening the reading room). Laurie made a lab/eye-glass-dispensary/workroom out of the last room. Jennifer, John's granddaughter, was our translator and helped wherever and whenever needed. If you are counting, you will notice that we were lucky enough to have two people for every position. This made for an incredibly capable and efficient team. We were from all over… Texas, Kentucky, Minnesota, Ohio, Montana, Honduras and TWO from Canada, Ontario and British Columbia.

Our hosts, the Red Cross and their youth committee were fantastic. Senor Escoto was the link with IHS that made it possible, Gustav and Norman the director and manager facilitated our mission so it was a success. They responded to our requests (for blankets, because we were cold at the beginning), for transportation (for some patients to the hospital) and also arranged for the incredible food cooked and delivered to us by Theresa, Theresa and Marcia. Alexis, an EMT stayed with us for the entire 10 days and cheerfully assisted where needed. Frank, Carolina, Cooper, Joel, Julio, Melissa, Nellie, Marquesa, Edgar, Carol and Luz showed up day after day helping us with translation, packaging in the pharmacy, providing water, tarps, and wherever needed. These young people became our family for our stay in La Esperanza and worked tirelessly. As well, the local Peace Corps volunteers became translators for us. Thanks to Andrea, Andrew, Brendan and Deb. Stephanie Foster and her Honduran husband Anibal Mejia also translated for us, and also graciously hosted us at their farm for the Sunday afternoon break. Carlos, who spent 8 years in Canada as a political refugee, spent all day with us translating and helping us understand the local situation. He arranged for (Continued on page 9)
some of the IHS volunteers to take a trip into the mountains to see the Mountain of Holes, where obsidian mines had been located. I'm sure I have left one or two names out, but you will understand the warm welcome and support we received and why most of us are planning on coming back next year. If possible we would like to be in the mountains where the Lenca people live and where few have access to medical care.

Quickly we established a daily routine. Jim Prater from the surgical team and Terry would get up before six, boil water and lay out our self-serve breakfast. People began lining up outside as we emerged from sleep, and by 7 Jenny had started to triage and the doctors were seeing patients. They each usually had a translator and one also helped Jenny. The rest of us began working doing our assigned function and also helping out where needed. We frequently had a lull at lunch time when we all managed to sit down for one of those great meals. We saw 120-150 patients daily, 1100 over the time we were in La Esperanza. We were fortunate to have the surgical team at the hospital and could refer cases to them as needed (scar revision, hernias, finger tags). We were located in a town of 6,000 so most could access health care if needed, and if it could be afforded. The people were generally better-off and more educated than in many areas of Honduras. The local climate and fertile soil support many small market gardens, mostly tended by the Lenca women in their colorful hand-woven head scarves.

The 10 days passed quickly and very enjoyably as we worked together as a team. We were given a warm send-off by the local Red Cross as they put on a celebration including local folk dancers, singing and food. What a wonderful way to start our time in Tocoa.

Tocoa—Honduras 2004
From Surgery to Eyeglasses

I am grateful to Ann Nemanich who not only bought a Refraction machine, was educated on how to operate it, but asked me to join her on an eyeglass team. Bill Roussel was not only a translator, but was a member of our eyeglass team also. Bill was a wonderful team member, and this was his first trip and hopefully not his last.

I have been feeling like a “duck out of water” since I am no longer giving anesthesia and being a part of this team was very rewarding for me. I told Ann I knew I had graduated to the “Eye team” when I was no longer looking at people to analyze how difficult they would be to intubate, but was checking their eyeglasses! This was very rewarding for me. The gift of sight is a true gift!

Now I know how important it is to donate our old eyeglasses to the Lions Club. Ann works with a Lions Club from Wisconsin. They have a local prison and the prisoners check, clean, repair, and catalog the glasses in plastic bags where they label them with the correction. We were able to check the patient’s eye correction with the Refraction machine and fit them with excellent corrective glasses. We also supplied reading glasses and did not have enough for all the people we were able to serve. Sunglasses were a high priority and we needed MANY more. We were able to give out over 1300 pair of glasses.

I realized the importance of the Eyeglass team when we arrived and they already had 35-40 people waiting for us. First the doctors and nurses gathered with us and offered a prayer of thanksgiving for our coming and prayers to ask blessing on us while we were there. What a wonderful way to start our time in Tocoa.

The surgical team was busy with 59 surgeries, and we all felt we had wonderful help and cooperation from all the doctors and nurses. The hospital was in good repair, and kept clean. It is the best hospital I have seen in my years of volunteering.

A tremendous asset to our team was Denis and Bill Roussel who not only worked along with us, Bill with the Eyeglass team, and Denis in the operating room; but were also our translators. We would have been lost without them and they were very patient with all our concerns and demands. Many, many, thanks to both of them.

What a contribution to help people to read their bible, see to get around, thread a needle, and one girl who was nearly blind see her Mother’s face. I was very impressed with the importance of all the help we could give. I am grateful for the opportunity to work with my team members. Thanks to all of you.

**Arla R. Walz**
Honduras through the Eyes Of A 1st Timer

In 1994 I was a medical relief volunteer in a refugee camp of over 200,000 people in Guam, Zaire (Republic of Congo), Africa. The living conditions were primitive, brutal, and harsh, yet the experience was gratifying. My perspective of the world was to be forever altered and it sparked within me the desire to revisit volunteerism in a 3rd world country.

Several years ago my nurse manager from work related to me her experiences in Honduras with I.H.S. After listening to her, I knew that this organization was one that I would be proud to be associated with. Non-secular and nonpolitical, I.H.S. has no hidden agenda, just a sincere desire to provide primary medical and dental health care to the underserved of Honduras.

In September a friend and co-worker, Teri, and myself contacted I.H.S. about the possibility of going on the February mission. Within days of being accepted, we had our airfare arranged and our vacation requests in at work! We were both pretty excited, especially after having gone to the orientation meeting. The closer trip time came, the more our anticipation and excitement grew. Finally, the big day arrived! Off we went - bug spray, mosquito tents, and chloroquine in tow!

Riding the bus to La Ceiba I was surprised to witness a festivity mood that was more like a family reunion than strangers meeting for the first time. For most, it was old home week and reacquainting with old friends. I was quickly embraced and welcomed into the open arms of the I.H.S. family.

My team members were seasoned I.H.S. volunteers who brought with them a wealth of past experiences. Our team leader Julie Ekkers kept us on track; prodded us when we needed it, and was the glue that held the logistical pieces of the trip together. She showed remarkable strength that I admired greatly. One night Julie surprised us all with huge red candy wax lips that we put on and nearly scared the pants off our translator Leo! We were quite a sight! By the way Julie... thanks for the toilet seat. Little creature comforts mean a lot!

Phil and Lola Johnson were our physician / pharmacist team. Lola has been down to Honduras over 10 years running. I was amazed at how quickly she had her pharmacy organized. She took me under her wing, giving me all kinds of tips (commando under the scrubs!) that helped make the trip hassle free. Phil was a wonderful teacher - always including me when he was treating a patient he thought I might find interesting. Oh Phil, I intend to get a rematch in that cribbage game.

Kelli Benner, an RN, was the pied piper of both Warunta and Wauplaya. The kids gravitated to her and her to them. Her enthusiasm and inviting personality made it easy to connect with her. We laughed a lot together. After closing the clinic in the afternoons, Kelli, Kyla, and I spent hours painting kids fingernails in bright colors. They loved it!

Steve and Kyla Rice was the father-daughter duo on our team. What a pair! Steve was in the Peace Corp in Honduras and has a deep understanding and affection for the people there. He also cooks up a mean mess of blueberry pancakes. Thanks Steve! Kyla, born in Honduras, also has a great affinity for the Hondurans. I can only imagine how difficult this trip would have been had it not been for their ability to speak Spanish. I’m sure they grew weary of always translating - saying everything in Spanish first – then in English – back into Spanish. Whew! Kyla begins her residency in family practice this June in Connecticut; I think she’ll make a wonderful doctor. A little old man with bilateral hernias thought Kyla was his sweetie. I will always remember the smile on his face when they had their picture taken together.

Lou Linden, our radio operator/engineer/water guy, was definitely our “Man Friday”. He kept us in touch with home by email via his laptop and even better yet, was able to use his ham radio abilities to make phone-patched calls home to the states. Imagine my father-in-law’s surprise to hear my voice all the way from the La Moskitia! You’re quite a guy Lou.

How could I talk about this trip without mentioning our Honduran translators? Cruz, a nurse, was extraordinary. Cruz has the ability to motivate people, direct them, and wants more than anything, to better her life. She has unbelievable endurance and perseverance. Our team could not have accomplished all that we did without her. Cruz learned how to do embroidery from Kelli, and late into the evening you’d see her bent over her sewing. I suspect that leisure activities are something that Cruz has not experienced nor enjoyed much in her life.

Leo was the other translator that traveled with us from

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Warunta to Wayplaya. He was an invaluable asset to our team. Leo worked in the pharmacy with Lola, fixed my broken mosquito tent, hauled water, and did virtually anything he was asked to do. Leo took his fair share of friendly teasing, and dished it out with the rest.

The diverse personalities, perspectives, and abilities of all the “Warunta Warriors” made my first trip to Honduras truly memorable. I can’t imagine having done it without them. We meshed so well, working side by side. Each member brought a special gift to the team, creating a tight-knit and cohesive group. It doesn’t get better than that.

Our team treated a total of 694 patients in 10 days. That may be less than some teams, but our villages were small and remote. Six referrals were made to Puerta Lempira, 2 of those were for tubal ligations. We treated the usual mix of medical ailments — parasites, stomach and eye problems, and various infections. Toothpaste, toothbrushes, and soap were given to everyone. I think I still say “lava las dientes” in my sleep! Many pairs of reading glasses and sunglasses were distributed and seemed to be the biggest gift we could give to folks.

I loved the lushness and the beauty of Honduras. The Hondurans are wonderful, gracious, and appreciative people, and show great pride in their families, homes, and country. The people I met throughout my trip left a lasting impression with me. From David Ashby and his involvement with the SOS orphanage in La Ceiba to the women’s co-operative sewing factory in the mountain village outside La Ceiba, I met hardworking, proud people. Despite little infrastructure within the La Moskitia, the families that I encountered appeared content with what little they possessed.

To provide clean well water and sanitation to the people of La Moskitia, I believe, would have the biggest impact in improving their quality of life. Unfortunately that wasn’t our focus or mission. The opportunity to work with I.H.S. this past February is the beginning of a new friendship for me. It’s a friendship that will continue to grow and blossom with each new trip I make.

According to Jewish law, to do a mitzvah is to do a good deed. Thank you International Health Services for the mitzvah you do for the people of Honduras.

Deb Fischer, Flight Paramedic

IHS Salutes the Lion’s Foundation

A Honduran stands before an eye chart and is unable to see anything more than the big ‘E’. After determining the correct prescription with an auto-refractor we slip a pair of eyeglasses on and — like magic! Our Honduran begins to read right down the eye chart. The look on these Honduran’s faces as they are given this gift of sight is one of pure joy. That joy is contagious. We, in the eyeglass clinic, all cheer. There are hugs all around as gratitude is expressed. This scene repeats itself all day long. The eyeglass clinic is most definitely a happy and rewarding place to work!!

None of this would be possible without the Wisconsin Lion’s Foundation and the help of Mr. Sharon Cherek. This year the Tocoa, Orica and Guaimaca teams all received glasses that had been sorted, cleaned, repaired and expertly boxed by the Lions. Each pair of glasses is individually placed in its own plastic case labeled as to its specific prescription. With the use of a Welch Allyn Suresight Auto-Refractor we were able to match the numbers we’d get with those on the glasses and find just the right pair.

Words fail when we try to express our heartfelt appreciation to the Lion’s Foundation. The mission for the eyeglass teams just would not be possible without their very generous contribution. IHS is also grateful to those who donated money to purchase additional reading glasses. With a twenty-five dollar donation, approximately 40 Hondurans are given the priceless gift of improved vision. Those of us who wear glasses need only imagine life without them to realize the value of these glasses to the poor in Honduras.

Ann Nemanich
Memories of Yocon

This was my first experience with International Health Service. I have a lot of respect for all the people involved with this organization. It was clear from the beginning that everyone was there to make a difference in the lives of the people of Honduras.

I asked my brother-in-law who lives in San Pedro Sula, ‘What difference can I possibly make in 10 days?’ He said it is better for people to spend the money to come to Honduras and do something directly for the people than for us to send the money because the people for who it was intended would never see it.

I was glad to have two days to get to know the people on my team and learn a little about how IHS is run before we left for Yocon. The hotel in La Ceiba was a wonderful host.

Riding on the bus over 3 hours up into the mountains was breathtaking. There is so much of Honduras that is truly wilderness. Yocon is a poor village in the heart of Honduras. The people of Yocon were happy we had come. Our team started out with 14 of us on the bus. Linda Erdman, RN and team leader, Dr. David Ost, Carol Lynn Casey, PA, Carol Harris, NP, Jim Welch, pharmacist, Jennifer King, pharmacist, Aroldo Lopez, DDS, Carol Mason, DDS, Myrt Kettner, general helper, Rosalie Eckhoff, general helper, Idalia Maldanado, general helper, Jim Scott, radio and engineer, Michelle Steffen, interpreter and me… Bobbie Guillen, RN.

There were several people from the town who quickly became a part of our core team, Juanina Leach, interpreter-missionary, Amanda Dionne, interpreter, Carmen Rosario, a local nurse, Poco, our errand boy, and Karol, general helper.

The first day working in the clinic was as expected. There was a variety of patients. The goal was to find the patients that needed to be referred for surgery as early as possible. The amount of people needing treatment for lice, scabies, and parasites was a little overwhelming for me… but then, that is how they needed us to make a difference.

The second day was a little unusual. The clinic was flooded due to a pipe that had burst. Our team along with some of the local people had to clean up about 2 inches of standing water. Luckily, we were still in the process of organizing our supplies so most were still in plastic bins. We sure did a lot of mopping.

All was well until about 3:00 PM… we had 3 high-powered rifle gunshot victims come into the clinic. We were taken by surprise as we were not set up to be a trauma center.

The first victim was a pastor. He had his thumb practically blown off and a left chest wound. The second victim had his ankle mangled and multiple chest wounds. The third victim was a 12 year-old girl, she had a tennis ball size hole through her right calf. I could see about 4 inches of shattered white bone. Some of the tissue from her right leg was spattered all over her left leg. Her right upper arm was also wounded.

Dr. Ost assessed the men and treated their wounds. Carol Lynn was assessing the girl and treating her wounds and after that she started all the IV’s. We only had D5W on hand and we had to wait for Jim Scott and Poco to bring LR and NS down the hill from the pharmacy after Linda radioed them to do so. The girl was going into shock. She was lying on a bench, so we lifted the foot end of the bench and propped something under it… I really can’t remember what we used. Juanina was praying with the girl and keeping her calm. Carmen was giving all the victims injections.

On the February 2002 mission in Coxen Hole, Laurie Kleven and Ted Voss met the Flores children at the Roatan Hospital. These delightful children captured their hearts. The next year when Ted Voss returned to Coxen Hole with IHS, he spent more time with the family. The father has a disability and walks with difficulty and the mother deserted the family ten years ago.

Poor as they are, the four children are well mannered, bright, endearing and completely captivating. Before leaving Coxen Hole, Ted bought furniture, food and clothing for the family. Knowing that education is the key to the children’s futures, Ted arranged for all four children to be educated at the Roatan Bilingual School, a private English-speaking school.

This year after the IHS mission in Tocoa, we visited Ted’s family at the school. After only one year, they are all doing so well. They understood our English and were speaking it with so much more ease. All appeared healthy, happy and well adjusted.

Many IHS volunteers, like Ted, are committed to helping the poor in Honduras not just through their mission work but, individually, as well. Many have children they support through the SOS Village, an orphanage near La Ceiba. Several from IHS are educating two Uhi girls in Puerto Lempira. In their own quiet way, these wonderful volunteers have made the IHS Mission on-going in their lives and not just a yearly venture. One more dividend of volunteering with IHS is getting to know these many selfless, compassionate, dedicated people and claiming their friendships.

Ann Nemanich
Memories of Yocon

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We had to get the interpreters to help us figure out that she was giving them tetanus. There was no IV/IM pain medication. We were able to give all the victims IM antibiotics.

Two men from the pastor’s church were in the middle of the chaos praying loudly with hands on the pastor. We were scrambling through supplies to find the IV supplies and the dressings to pack and wrap all the wounds. Someone backed a small pick-up truck up to the clinic door… they carried all three victims out on sheets and squished them in the back on mattresses. Linda, David and Amanda accompanied them 2 ½ hours down the dirt mountain road to Jutiacalpa as that was the nearest hospital. Linda was somehow squished in the back with two others. She was single handedly driving a truck going backwards to service the doctors. She didn’t realize that the doctor was along in the cab until they had to stop because of a flat tire.

Back at the clinic we had quite a clean-up project. We had a couple of debriefing meetings over the next 24 hours. We were concerned about the safety of our team members out in the truck. But the man who was driving was a trusted friend, and the former mayor of Yocon also accompanied them.

We reviewed the events of the trauma. Dr. Oster remained calm and took charge. Everyone worked together. Carol Mason said in the middle of a crisis, the metal of a person comes forth. She felt privileged to be with all who came forward in a wonderful manner and did what we were trained to do. The translators stayed with the doctor and PA… we prioritized ABC.

Our Honduran team members were sad, but glad we were there to help. Jennie shared that she felt it was sickenning that the kind of life the people have is a common reality. We came up with a lot of suggestions and ideas that have evolved into the 2004 Yocon Team Proposal. This is a solution that we feel will make a difference for the people of Yocon and anywhere that IHS serves in Honduras. For us to effect change, we need action… this is our opportunity.

I witnessed dedicated team members formulating an action plan. We have solutions in hand to help the people by training and educating them. We have embraced what the core mission of IHS is and are committed to truly making a difference. Our core mission focuses on health care. We don’t want to just put a band-aid on the problems… we want to improve the conditions of the people by imparting education-training them to teach.

The next eight days were fairly routine compared to what we experienced on that second day. We saw a total of 1,155 patients in the clinic. Our dentist pulled 424 rotten teeth. We dispensed 4152 prescriptions. We made 85 referrals, some to our IHS surgery team and some to local clinics and hospitals.

We ate a lot of tortillas, rice and beans. We got involved with the people in our little town. We did a little sightseeing. We got to know each other. There was a party at the mayor’s house after a lot of little town politics. We went for walks.

We enjoyed the only form of transportation in the back of a pick-up truck. I had the privilege of sharing quarters with five of my team members that are lovingly referred to as the ‘bag ladies’. I still go to sleep at night remembering the five of them reminding each other to floss.

I will volunteer with IHS again. The people of Honduras hold a special place in my heart. So do the volunteers of International Health Service.

Bobbie Guillen, RN

The Honduras Experience

The flight from Houston to San Pedro lasted two and a half hours. We passed through the foggy blue of the Gulf of Mexico and down the coast of Belize, watching boats criss-crossing the reefs and river deltas like tiny comets. Soon the swirling turquoise water gave way to the steamy green haze of the country of Honduras and we were landing. This was the twenty-second year for the International Health Service (IHS) mission to Honduras, and our first. The Gran Hotel Paris in La Ceiba throbbed with the excitement of IHS participants greeting each other and being organized into teams.

The mission was roughly divided into two wheels, with Puerto Lempira (PLP) the hub of the Miskito area and La Ceiba the hub of the other (and the administrator of both). Scattered around the rim of each wheel were remote communities, which we were to service with medical, surgical, dental, and eye care.

Bob and I had been appointed to the Miskito region. We were part of the PLP logistics team, with the teams of Tipi Mona, Wauplaya/Warunta, Uhi, and Rio Kruta in its charge. There were six of us—Drew (team leader), Monique (Spanish interpreter), Jarle and George (the two resident pilots), Bob (radio operator/engineer), and me (radio operator/general helper).

Bob, Drew, and nine others flew ahead with the advance team on Saturday morning to set up the radio gear and living quarters and segregate the container shipment of our cargo by teams. On Monday morning, after a weekend of orien-
The Honduras Experience

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In addition to the latrines, the rest of us from the Miskito group were ready to join them. We scrambled aboard the C130, a ‘Hercules’ military transport plane. Large areas of its lining had been patched with duct tape. The seat backs were cargo netting and the rear of the plane was an open area, where our luggage and some cargo were held in place with straps and nets. As the engines revved for takeoff, those who had earplugs inserted them.

A large crowd of children and adults met us on the airstrip at PLP. We unloaded personal gear and hundreds of boxes, color-coded for the various teams, onto the pick-up, which ferried everything to the Catholic mission. This was to be the base for the outlying teams and our home for the next two weeks.

PLP is a small waterside town, with a mixture of modest but well-kept homes and teetering wooden shacks. Many a family lives in a high-built wooden house with one set of steps at the front door and none at the back. It’s easy to see why children suffer fractures or die when they fall from their houses. The roads are clay with potholes that look like moon craters, which are filled with water after heavy rain. It was a challenge to our team leader to find the easiest and most comfortable route when driving surgical patients between the hospital and the airstrip.

The PLP surgical team was also based at the Catholic compound. Monique and I shared the girls’ dorm with Mary Brown, the surgical nurse, and the men slept in the large dorm at the other end of the building. The men’s dorm also housed the radios, which were powered by electricity when the generator was on (about fifteen hours a day) and by a 12 volt battery when it was not. We hand-pumped water for showers and drinking, used composting toilets, and were fed each night by a cook and his family, who brought the ready-cooked food up to the dining room. Vultures circled overhead continually, but did not match the numbers of mosquitoes and cockroaches that swarmed in the latrines during the night.

Radio communications involved hand-held GMRS radios, amateur band HF and VHF. The surgical team in the operating room monitored the hand-held radios, as did our team leader and others as necessary.

Our short-wave HF Radio was a TS-50 Kenwood and we used a G5RV wire antenna with a manual tuner. Communications included voice nets with La Ceiba three times daily, pilot contacts and Winlink activities. Lou Kutchins, Jim Scott, Hector Godoy, Jerry Reimer, and others set up a PMBO Winlink email station in La Ceiba. It was monitored during the mission by Bob Johnsen, enabling direct email communication to and from all IHS field sites to La Ceiba. This email station was also utilized for most of the International IHS traffic and enabled IHS team members to send and receive emails to and from ‘home’. Our VHF/UHF radio, a Kenwood TM-G707A, which had been modified to receive family radio frequencies (FRS/GMRS) and was used to communicate with each of the remote teams.

The VHF 2-meter band radio initially transmitted and received through a Ringo Ranger antenna, which had been mounted, by the advance team, on a 20-foot tower behind the dorms. John Kirckof had also prepared a higher gain TRAM vertical antenna and Bob intended to install it part way up the 200-foot tower in the compound. This proved difficult due to the combined weight and center of gravity of the antenna and the support frame, and the non-existence of a good hoisting point and line. However Bob and Monique (AKA the “Tower Rat” who works as a fire fighter) finally hoisted the TRAM into position on Monday, the 23rd of February, and clamped it to the tower. Ideally the antenna should have extended two meters from the tower to give an omni-directional pattern. It actually extended only one meter, which was still sufficient to service our teams.

There were cheers all around when the first transmission was pronounced “clear as a bell”! Intentions were to tidy up the installation and secure the cables to the tower the next day.

Our joy was short-lived. That afternoon the VHF radio was strangely silent. It seemed that everybody was managing perfectly well without PLP and it was not until the afternoon HF net that we were aware of a problem. We were off the air! On inspection we found part of the new antenna, complete with wiring, lying on the ground under the tower. We could only imagine the panic of the...
The Honduras Experience

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I will begin my story with the last few days our team was in Uhi. We go outside and there the local people are pumping water out of the well that is between the church and the pastor’s house. This is truly a leap forward since before now all they had was a flimsy piece of plastic pipe that was broken more of the time than it was working.

Actually, this story begins one year earlier. At that time, we struggled with the water system to even get water to fill our solar showers. The pipe was cracked and kept coming apart. Near the clinic building was a similar well but it was broken and no parts were available. So, we often had to resort to sending some of the village boys with a bucket to fetch water for us. I decided we needed to do something about this. Little did I know that it would be a year long project to solve the problem with their well. I started by checking out the well. It had a 3 inch casing that a volunteer group had put in a few years ago. Great, this is a project that will work!! The next day I checked the dimensions of the well casing pipe and how deep it went into the ground. Well, to speed up the story a bit, I spent the next few months gathering pipe, a new hand pump, and various other bits and pieces. Jack Trumm, our 2003 pharmacist, helped out with some funds to help pay for these supplies. In November I gave the boxes of well supplies to Larry Krakowski, our famous shipping guy and the stuff was on its way.

Now we come to this February’s mission to Uhi. As our boxes and tubs were unloaded in the village from the small plane, we were all eager to see if all our supplies had made it. I had a number of boxes and after a quick check with my notepad, all the well supplies had arrived! Great. I was very anxious to get the project done but work on getting the pump installed had to be second priority. Our medical and dental care obviously had to get done first. To this end, I really have to commend every one on my team. They worked so hard and we all got the things done that were needed to be done without a lot of hassle.

There were some interesting aspects to the installation project. First, I inspected the well and chlorinated it using bleach. It had been unused for a while so I didn’t want to take any chances even though we were not going to drink from it. Then I unpacked all the pipes placed them together in the church to make sure everything was the right length. Pastor Harlan watched with great interest since he really was looking forward to the new well. The ‘best’ part was watching Pastor Harlan putting in the wooden structure that the pump would set on. They used one 2 x 4 to pound the wooden stakes in the ground then they nailed it all together with some large spikes. To finish the job, he got out this huge chain saw and cut off the ends of the planks. When it was all done it was very sturdy and we were pumping water.

Well, when the job was done, we primed the pump and it easily pumped water. The double check valve system kept it primed so all you did is pump the water whenever it was needed. It took a while to get clear water with no chlorine but it was worth it. They now use the well every day to fill our solar showers and to do laundry and such things. Now, when the people in Uhi need water, they have a reliable well with clean water. Perhaps next year we can get supplies to install another one at the clinic.

Judy MacDonnell, VE0JAM

Lean Water for Uhi

I was very anxious to get the project done but

John Kirckof, Uhi Team Engineer
February 2004 was a record year for IHS in the size of the mission and number of new work-sites. We had more participants and work-sites than any other year. 120 people from 21 states and Canada and 24 from Honduras came together to serve over 13,000 people from many small villages that traveled to the 15 different IHS work-sites throughout some of the most remote areas of Honduras.

We had many firsts. Starting with an eye surgery team out of Syracuse, NY, they made their initial trip with IHS and hopefully they will join us again on future trips. Team Leader Tom Bersani (Tom has been to Honduras with another group) did a wonderful job of preparing this team before arriving in Honduras which allowed the team to be very productive the entire time they were there. Witnessing their work during the mission I realize what an incredible service they bring to the people.

A small team consisting of non-medical people with varying skills came together and very successfully completed a number of projects at the SOS Children’s Village just outside of La Ceiba. David Ashby, one of our “Honduran Committee” members works with the SOS village and IHS brought a team there at his request. Hat’s off to Karla Harriman for pulling this team together and making it work.

By the request of Paul Tschanh, IHS sent an eye-glass team to Orca and Guaimaca. Paul is a nurse who is a past-participant of IHS and now he and his family are living in Orca serving the community with his nursing skills. This team, led by Jan Brown, had an excellent trip… providing many villagers with glasses to improve eyesight that enabled them to once again do everyday tasks.

IHS sent a team to Warunta, a new village in La Moskitia at the request of the Honduras Minister of Health. In October the planning team visited the village and found that it was too small to send a team for the entire mission. Our pilot, Jarle Hofsted said that we could move the team to the near-by village of Wauplaya part way through the mission and service that village and the people of another village nearby. The team, under Julie Ekker’s leadership, was not our busiest team… however, the team had the luxury of taking extra time with each of their patients. I feel that this team served communities that had been passed by because other organizations may have felt that it was too small to warrant the expense of sending a team. Congratulations, to Julie and her team.

Our Honduran Committee in La Ceiba arranged for IHS to send a medical team and a surgery team to La Esperanza. Several Committee members expressed that they felt IHS was abandoning their city by not placing a team there… after doing some checking… it was found that the city would not allow IHS to have a team within the city limits. Rosario Arias (Honduran Committee member and Honduran Red Cross leader) used her Red Cross connections to arrange for IHS to send teams to La Esperanza. Of course all of these arrangements took a good amount of time (nothing moves real fast in Honduras) and our team leaders (Ruth Logar, surgical and Jenny McKemie, medical) did not know their exact work site or accommodations until sometime in January… just a few weeks before the Mission!! What Troopers!! Ruth and Jenny took hold of this situation and made it work. The worked so well with the Red Cross people that they all want to go back and work together again next year… except the medical team would work in a village up in the mountains. What a success story!!

Tocoa, a new surgery site was recommended by the office of the Minister of Health during the IHS October Planning Trip. He sent a letter to the Tocoa Hospital Administrator stating that IHS would be sending a surgery team in February and asked the hospital to accommodate us. During the next month I sent several e-mails to the Hospital Administrator to discuss team arrangements. After receiving no answer, I asked Rosario to step in to see if she could contact the Administrator… well after several weeks Rosario did get in touch with her (The administrator was out for 6-weeks and no one was answering her e-mails or returning phone calls) and then arrangements finally started coming together. Even though this team received late notice on arrangements… with Ted Voss as team leader, the team had a rewarding trip in the number of people that they saw and surgeries performed. This site also had an eye-glass team that did a super job with Ann Nemanich leading that effort.

The first year of going to a new work-site is always a challenge… it is a year of building relationships with the locals and learning the logistics of the area. This step is inevitable and part of the Honduran culture of working together. The teams that are called to go to these sites have the added responsibility of not only representing IHS in a professional manner but they are instrumental in building these relationships.

Some IHS participants that have been to other work-sites where IHS has an established relationship tend to feel some frustrations… forgetting that at one time all work-sites were firsts and relationships had to go through the same ‘growing pains’. IHS team members took on this additional burden with vigor and enthusiasm knowing that they are helping IHS to better serve the Honduran people in future Missions. I applaud all these teams for the positive representation and warm relationships that they have made.

Cheryl Schraeder, IHS Project Director

Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible.

― Saint Francis of Assisi ―
SOS Village

Well this is the first year for a "full effort" team, at the SOS village, so I felt it deserved an article. (Last year we sent a small group for a couple of days.) My wife Marsha, was among that group. Everything she told me about those children was true. They crave adult friendship. They are kind and loving. They want so much to help and to be part of what you are doing. They will help you with your Spanish, and they want to learn our language. For the most part, they just need someone to help them learn.

OK this years team: Grant, Katy, Tom, and myself, were led by Karla. We were asked to try to re-roof one of the houses, fix some playground equipment, repair and install some dryers, which would require that a new electrical service be installed. And if time permitted, to paint some of the buildings, and maybe clean the bodega, and the large storage room. Well we did install the new electric service and when we left, they had 4 working dryers not just one. This comes into perspective when you realize there are 16 houses with a possibility of up to 10 children plus the Tia (aunt), in each one. Then consider that at this time it has rained for 3 days and 4 nights!

Grant, who is quite a guy, worked his tail off, just like the Gecko in the Gieco ad. Even after hours, he worked on the children’s bicycles, and showed them how to do some of it them selves. Grant and Katy, (who is a real sweetheart to work with, never complaining just doing all she could, to help,) went about replacing the floor in the wooden "Gym", which the children call the "up-down", because they can climb up to the top, and then slide down the pole. Then they tackled the job of rebuilding the Teeter-totters, which were rotted beyond belief. They also rebuilt 2 swing sets, which had the same problem. There are still 2 more of each to repair or replace. Then we started cleaning out junk, with Karla working in the bodega, and some of us working on the storage room. Karla has an unbelievable way with the children, getting them involved, and helping her give out the donated stuff that was sent to them, working with them on their language skills, helping them write letters to their sponsor, etc. Then Karla gave them prizes to play with. And at this point, we are only at the half point of the 2 week period! I heard some one refer to them as “Karla’s army”, probably a good description.

Friday is planned as a "cleanup day", there are rocks all over the yard, plus sticks etc. We plan to make an effort to get them all picked up and removed from the yard, so the mower will not get broken again, plus the lawn will look better. They have planted hedge plants at the edges of all the sidewalks, but it will be a while before they are big enough to protect the lawn from short cuts etc.

This is quite a place, but money is in very short supply for them. They are doing the best they can, but will happily take donations of sheets, towels, small children’s shoes and clothes (maybe even money). Also, they are in need of pots and pans to cook with, table service and dishes. Even missing from most of the home’s walls, were pictures in frames. They would like a second lawn mower, as the lawn is quite large.

Saturday we started replacing the roof. With the help of 2 or 3 of the boys in residence, the old roof was removed, and a new sheet metal roof was installed. There is more to be done, but we expect it to be finished by Tuesday. Speaking of Tuesday, it was Katie’s birthday! So we had a birthday party, starting with a concert at 6:00 AM, cake at noon, then ice cream in the evening!

David found an old coin operated washer and dryer, so we removed the coin operation part and got them ready to try out. It turned out that the dryer also needed a new drive belt.

Sunday some of our group went up into the mountains with David Ashby where the ladies are making the quilts. Some of the quilts are ready and the rest are coming along nicely. It will be hard to leave here Thursday, but it will be good to get home to our families too.

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The team worked on replacing 1/2 the roof of the house that had the most leaks... the roofs of all 15 homes need repaired.

If we could convince the management to insist that things like rocks be picked up and disposed of regularly, it would help the lawn mowing some. I also think that considering the sad condition of the roofs on the houses, we should plan on installing 1 new roof per year (complete roof, not just half a roof). Even at that, it will take 15 years to complete that job! Almost every house here leaks! Then we need to encourage the maintenance staff to keep things like the storerooms clean and organized. Maybe we need to have a knowledgeable person inventory the place every now and again, to keep things on the right track.

OK, I have been home 2 weeks now, and need to complete this and send it in for the "newsbreak". David has now sent out a letter on how happy they are with what we accomplished. The children seem to love the playground equipment. Of the photos that I took, I keep seeing a certain little girl with a bicycle with no front tire. If I am able to go again, I wish to take several things to repair more bicycles with. So many are broken, and the children lack both, the money for parts, and knowledge to repair them their self.

I keep thinking of the rainy days when the roof over my head leaked in the night. Maybe it was God trying to show me how it feels to wake up in the middle of the night with cold water dripping from the ceiling down on you. It was impossible to sleep I will tell you! David still has many other projects in mind for the next visit, including setting up 4 or 5 washing machines near the dryers. The main problem there will be what to do with the waste water. Including in the projects are painting both inside and outside. Other projects include repairing the lights both inside and outside around the "multi-functional church, store room, wash and dry area" etc.

Something to think about when you are ready to discard that old television set for a newer model, most of the homes have no television. A VCR is still unheard of down there. How many old video movies do you have that you will never use? These along with a working VCR would make a wonderful gift to the children who have not much else to do. Computer games fill this same area of "unknowns", and needs. Do you have an old computer sitting around that you never use? I bet SOS village could find a good use for it among their children! Many of the children do not have a bicycle to ride. Clothes did not seem to be "plentiful" especially nice dress up clothing.

Well I am going to cut this off by saying I enjoyed the children very much, and if I helped their lives to be any better, I am glad. SEE YOU ALL NEXT YEAR!

Be ye fishers of men.
You catch them - He'll clean them.
Ever wonder what the speed of lightning would be if it didn't zigzag?

Will America bless God?

Paul Plasters
La Ceiba Eye Surgery

“It has taken a few weeks to ‘come down’ after a great experience for us all that were on the La Ceiba eye surgery team” says, team leader, Tom Bersani. This team came to Honduras with IHS from Syracuse, New York. It was their first trip with IHS and hopefully not their last. The 16 member team included 6 teen-aged children of the doctors and nurses. What an experience for them. The team was assisted by translators, also teenagers, from the bi-lingual school. The team worked out of Ponce’s Eye Clinic in La Ceiba... Alicia Ponce opened her doors and basically closed down her business for the week the Eye Team was there. Veteran members of IHS have had a long working relationship with Ponce’s clinic going back to the years when Alicia’s father was alive and ran the clinic.

Dr. Bersani wrote the following: “Everything worked out very well with equipment and supplies, personnel and facilities. I think we accomplished quite a bit. Our team performed just over 500 eye examinations, prescribed over 300 pairs of used glasses, treated about 300 pterigiums with eye lubricants, 60 glaucoma patients with medication, 6 conjunctivitis cases, and 1 atomic dermatitis. And, we performed 72 surgeries including 42 intraocular, 8 corneal transplants, 34 cataracts and 30 Oculoplastic.”

Karen and Paul Schwartz, the optometrist team really, really worked… they did the screening for the surgeries… performed hundreds of eye exams and gave out prescription eye-glasses.

One afternoon I stopped by Ponce’s clinic to deliver some drugs that were needed for surgery. Bob Weisenthal invited me into the surgery suite to observe a cornea transplant... I even got to look at Bob’s work through the operating microscope. Wow!! More appreciation for this team. And… Bob’s stitching is finer than any seamstress I’ve seen. Bob, with the help of his surgery team, helped a large number of folks to see more clearly or even to see again.

Jim Strauss, an ocularist made 27 artificial eyes, some of which he is still working on and will be mailed to the Ponces and they will follow up with the patients. Before Jim had decided to make this trip to Honduras, he asked me what the need is… I said that quite honestly I did not know… I said that I had heard of a couple of cases and that maybe this could be more of a teaching opportunity for him. I am sure Jim had quite a chuckle because he knew that I had absolutely no idea what was involved in making an artificial eye… an art that is not taught in 1-weeks time. I had the opportunity to watch Jim work and I have a very deep appreciation for him and the work he does. Jim told me that his work cannot give someone back their sight… but it can make people feel good about themselves again.

This team, teenagers included, worked very hard… every time I had the opportunity to stop by... the clinic was full of patients with more waiting for their turn outside the door. I do hope that their trip was as rewarding to them as it was to IHS and most rewarding to the people of Honduras.

Cheryl Schraeder, IHS Project Director
Serving the Mosquito Coast

Most of us are accustomed to being awakened early in the morning by telephones, alarm clocks or beepers... but how about someone hitting an old metal dive tank with a wrench ... 93 times... at 3:00 AM. It was to let the people in a remote village in Honduras know that church would be held four hours later!! Sleep was about to return when, in the distance... at 4:00 AM another church announced that it would also hold services that day... with some few 70 strikes of it’s ‘bell’. Usually mornings began well before daylight with echoing roosters crowing announcements.

We crawled out of our mosquito-netted tents, alongside nine other volunteers, who came together from many parts of the U.S. to form a unique team bringing medical care to Miskito Indians in remote eastern Honduras. These Hondurans live primitively with no plumbing, electricity, vehicles or roads. International Health Service, an all-volunteer group which brings medical and surgical teams to Honduras every February, is especially committed to serving those in La Moskitia (Mosquito Coast) area. For many, this is the only medical care they receive.

From the time the small plane lands us in the village pasture, the local people assist us by carrying boxes of supplies, locating Spanish/Moskito translators, cooking beans and rice for our meals, and providing us with a never-ending line of patients.

We begin by locating a site in which to conduct clinic and set up our sleeping quarters. This is typically a village school or church that we subdivide, using tarps, rope and bed-sheets. A registration area is established, usually outside and away from the clinic area. A register of symptoms, age, and name is formulated and at this time nearly everyone is given medication for intestinal parasites. Malnutrition is prevalent, partially due to the worms. We also distribute vitamins to enhance their simple diet.

Most individuals standing in line to be seen have walked for several hours from adjacent villages. Patients there tend to have the same complaints, symptoms, and worries that they do in the U.S. We examine everyone and commonly see and treat sore throats, otitis, bronchitis, fungal infections and UTI’s. Some people previously placed on long-term medications for diabetes, hypertension or seizures are able to receive refill meds. Examples of trauma in the Moskitia have included machete wounds, falls from roofs, or burns from open cooking fires. While we are in the remote villages, we have the capability to fly patients who need surgery to a local hospital in Puerto Lempira, where one of our surgical teams is working. Many complain of total body pain, after a few days observing their routines, this is understandable.

We followed the trail of the locals carrying buckets and plastic jugs to a source of drinking water, a spring emptying into a stream about a half-mile away. Mothers carried children tied to their backs with a makeshift sling. Children carried boxes of supplies and siblings over well-worn paths. Women carrying machetes ventured in an ever-widening circle, seeking firewood for cooking every day.

In addition to dispensing antibiotics, pain meds and vitamins, our pharmacy generously supplied families with soap and shampoo. Many large families sleep communally on the floor, sharing skin infections and scabies, as well as body heat. Often women are seen at rivers and streams bathing children, washing dishes, and doing laundry. Older people are especially grateful for the reading glasses we bring to them. One elderly gentleman presented us with a large animal tooth, his most valued possession, in gratitude for his reading glasses.

We are the center of attention while in these remote villages... the ‘coke bottle fallen from the sky’, ‘the circus come to town’. Our every move is constantly observed by dozens of dark brown eyes. It is rewarding to see children brushing their teeth with the brightly colored toothbrushes the received from the clinic. It is gratifying to see the appreciation in people’s eyes and feel the warmth of their handshakes. It is relieving to see surgical patients return to their village after having procedures done. Just as in the U.S., it is difficult to acknowledge to some patients that we are not able to help them. We are uplifted when we fly out and the ‘runway’ pasture strip is lined with smiling villagers, waving.

Dr. Phil with typical Moskito family.
Deb and Kelli tending to family of patients.
Dr. Phil with typical Moskito family.
Lola and Phil Johnson - We will be back!!
After waiting through most of January, our surgical team of 6 members was notified that we would be assigned to La Esperanza along with a 12 member medical team. La Esperanza is in the mountains of southeastern Honduras at an altitude of 7000 feet. We were told it might be cool, but not just plain cold. Who would have thought it in Honduras.

Now to the beginning. Here’s the plan. After the weekend in the palatial Hotel Paris in La Ceiba, our surgical and medical teams were up early Monday morning, well before daylight, waiting in the lobby for the bus that was to transport part of our supplies, our bags, our snacks and drinks, and most importantly us, to La Esperanza. It didn’t come. Buses came to take other teams away. Teams that had slept in and had leisurely breakfasts. We kept waiting. About 10 AM a medium sized bus showed up for us. Bags and supplies were stuffed through the back windows from floor to ceiling. People were stuffed in the middle and front of bus.

Good to be on our way. South about 244 miles to a new IHS site. Surprisingly smooth ride, interesting countryside, winding roads. Our driver liked to pass slow moving vehicles on blind curves while going up hills. Kept us awake. Drink stops. Elimination stops. We finally arrived in La Esperanza, but couldn’t find the Red Cross building. Our driver kept asking local folks for directions and got, not necessarily in this order, “There’s a Red Cross in La Esperanza?” or “Drive east on this road, it’s just out of town.” or “Drive west on this road (same road). It’s in town somewhere.” We saw a lot more of La Esperanza than we cared to at the end of a long day. Turned out it was outside of town. Way out of town. Rutted road. Bus groaning up the hill, but there it is. La Cruz Roja. Out of bus. We all walked funny from cramped hips and knees, mostly from riding around La Esperanza. Quickly unloaded things from back of bus. Our driver wanted to leave ASAP to get back to La Ceiba, free from the crazy gringos.

The Red Cross building turned out to be about 3/4 mile from the hospital, and everything else for that matter. It was a relatively new building, surrounded by a wall with gates but lots of green space. It had a veranda and several rooms suitable for doctor examination rooms, a pharmacy, a place to make dental appliances, eye examinations, and a radio room. There were three rooms for sleeping, a kitchen, and best of all, three bathrooms, two with hot water showers. Life is good.

Nine of us chose the largest room to set up our mosquito proof tents on the floor. We didn’t need them—never did see any mosquitoes—toocold. The pharmacy people couldn’t give their chloroquine pills away. Two others used the bunk beds that were in that room. Three of the guys used a smaller sleeping room with a bathroom attached. The third sleeping room was reserved for Red Cross personnel who were on duty 24 hours a day.

Others, like Mike Ward, the radio man assigned to the medical team, set up their sleeping areas where they worked. Radio men, especially, like to be near their radios.

Members of an orthopedic team from Save the Children who happened to be working in the La Esperanza area came by to say hello. We saw them briefly over the next two days before they left. One member of our team got to assist on an orthopedic procedure. After supper, Dr. Rene Ratliff-Bueso, director of surgery at the hospital came by to fill us in on the facilities available at the hospital. They, the hospital staff, had no idea we were coming until two or three weeks before we arrived. Arrangements were made for our surgeon and the CRNAs and RNs to visit the hospital first thing Tuesday morning.

Then the supply truck from La Ceiba arrived well after dark. The driver couldn’t find the Red Cross building, either. The truck was unloaded by flashlight, but we had lots of help. There were always young Red Cross volunteers hanging around. It was the place to be. Great kids. They did chores and kept the place clean. They just oozed enthusiasm.

No complaints. We have supplies. Now all we needed was patients. We got word later in the week that nothing had arrived for the surgical team in Puerto Lempira. We boxed up part of ours, took them by ambulance to Siguatepeque which was about 60 miles away, and flagged down the bus to take them back to La Ceiba. It took a while, but we heard that they finally did get to Puerto Lempira.

Did we mention how cold it was in La Esperanza with the wind blowing off the mountains? We had met on the veranda wearing all our warmest clothes. Finally it was time for bed. Sleeping bags zipped all the way up? Check. Gloves and socks? Check. Dogs barking. Wind howling. Close those windows now! And so to sleep. We later discovered a storeroom full of blankets for disaster relief. After some persuasion the Red Cross personnel broke them out for us. After that we slept much warmer.

Our tour of the surgical area at the hospital on Tuesday revealed two operating rooms, a recovery room, and sterilization facilities, but very little storage space. We were able to commandeering part of a meeting room near the administration offices to store and sort our supplies. Meanwhile, back at the Red Cross our general helper, Jim Prater, and Terry McClary from the medical team were unpacking and storing food supplies. IHS volunteers will never starve. Never saw so much peanut butter, crackers, oatmeal, pasta, tuna fish, macaroni, cans of cookies, assorted junk food, and the list goes on and on. I should mention that as far as we could tell, none of the Red Cross personnel or volunteers ever took anything that wasn’t given to them. Like we said before, they were great kids.

A typical day usual began with rumpled, bleary eyed...

(Continued on page 22)
Medical and surgical team members gathered outside the kitchen to share coffee and tea, fruit, oatmeal, Rice Krispy treats and whatever else struck our fancy from the food pantry. Then as the medical team prepared to start seeing patients who were already gathering outside the Red Cross building, members of the surgical team picked up our backpacks and whatever supplies we could carry and departed for the hospital. This involved walking across a hilly meadow, over a concrete bridge still under construction, past a stone quarry, down the main highway and over to the hospital entrance which was gated and guarded by gun toting, albeit pleasant, security personnel.

On our first day at the hospital, we were met by Jeff Wolfe, a Peace Corps volunteer, who agreed to be our interpreter. He was invaluable. Jeff was a little hesitant at first, having absolutely no medical background. But by the end of our stay, he was our chief scrub technician and retractor holder. He seemed to love it. Even said he might go back to school and study medicine. Said it would make his mother very happy to have a doctor in the family.

Our workday usually ran from about 8 AM to 6 PM. We worked every day, even Sunday. By mid week we were seeing some patients referred to us by the IHS medical team, but the bulk of the procedures performed were scheduled hospital cases. We sometimes worked with the regular hospital staff and sometimes on our own.

At the end of the day, we walked back to the Red Cross Building for supper. The teams had contracted with a local woman to provide us with lunch and supper. One of our teammates was a repairman who cooked over wood fires. A miracle, given the circumstances.

“Just a word about our work. We participated in 52 surgical procedures. Among them but not limited to were gall bladders, a mastectomy, inguinal and abdominal hernias removal of a stomach, and plastic surgery. Dr. Tim Fitzgerald developed a great rapport with Dr. Ratliff-Bueso and the other surgeons at the hospital. They all seemed very receptive to learning his surgical techniques. Tim’s a great teacher. Ruth Logar and Gayle Crabtree-Pergoli were efficient, sympathetic and caring nurse anesthetists. Paula Parker, circulating nurse extraordinaire, also became very creative in cataloging and moving supplies from our make-shift storage area to the O.R. My husband, Jim, found himself a title, Manager, Materials Division and Fleet-footed Messenger. The radios didn’t always work between La Cruz Roja and the hospital.

Memories: Shared tent space in the coed dorm. Reading by flashlight after lights out. Very difficult with sleeping bags zipped all the way up. Overworked interpreters. Breakfast on the run. Lunch the hospital promptly at 1 PM. Even with patients on the table. Don’t worry, they won’t climb off. Dinner together at 7 PM. Even with patients on the table. Interpreter. He was invaluable. Jeff was a little hesitant at first, having absolutely no medical background. But by the end of our stay, he was our chief scrub technician and retractor holder. He seemed to love it. Even said he might go back to school and study medicine. Said it would make his mother very happy to have a doctor in the family.

One final thought. Had the hospital personnel been given more lead time about our arrival, I’m sure we could have better integrated ourselves into their operation and perhaps performed a larger number and more varied kinds of procedures. They’re building two more surgical suites which will perhaps craft a more efficient cooperative effort. Hope to see everyone there in 2005.

Jo-Ann Prater, RN

Puerto Lempira Surgery—Serving La Moskitia

The surgery team at Puerto Lempira not only serves the community of PL but also takes care of surgery referrals from three of the La Moskitia medical teams. One referral is this young boy who was born with an extra digit on his hand… this was removed by Dr. Rod Brown and team… they performed 44 surgeries of which half were referrals from the medical teams. This is made possible through the use of bush pilots and small airplanes flying the patients to and from their villages. All this is coordinated (radio communications, refueling planes and transporting patients to the hospital) by the PL logistics team.
The Tocoa Surgery Team completed surgery on 59 patients over 8 working days. This figure includes 9 patients who were referred by the IHS medical team in Yocon.

In order to accommodate the Yocon patients, there were a number of obstacles that had to be dealt with. Even when the patients were in route to Tocoa it was not clear that they could all be attended. The first question raised was if patients could be referred from one province to another (Tocoa and Yocon are in different provinces). This had apparently been an issue for some IHS teams in the past, but fortunately was not a problem for the Tocoa Hospital. A more serious obstacle was the schedule and procedures of the Tocoa Hospital. The schedule for the only working operating room was essentially full with “their” patients and in addition the operating room had to be shared with unscheduled emergency and OB-GYN patients. The hospital also required an extensive pre-operation evaluation for other than minor surgery and for patients over 40 included an EKG. Tocoa’s EKG machine was out of service so the patients were supposed to schedule and pay for their own examination at a private clinic.

After a number of e-mails back and forth (thanks to the IHS’s excellent communications system) about the number and needs of patients that could be seen, it was decided that “where there’s a will, there’s a way” and that Yocon should send the patients and the Tocoa Surgery Team would do their best to attend them. Once the patients arrived, both the IHS Surgery Team and our Honduran colleagues went “above and beyond the call” to care for them. The extra effort started with several 10-11 hour days in the operating room and included the Tocoa staff surgeon, Dr. Marulanda arranging for the hospital to pay for the outside tests that were required, maximum effort from all the hospital staff to process and attend the patients, and help from several IHS team members to provide food and return bus fare for the patients and the family members who accompanied them.

The combined efforts were successful and all of the Yocon patients who were sent to Tocoa were operated on and sent back to Yocon. This was extremely gratifying both because the Yocon patients were some of the most needy that the team saw and because it graphically demonstrated the bond of cooperation that had developed between the IHS team and the hospital staff.

Pictured above are Rosario Arias, Ricardo Irias and America Everett. These are three of a nine-member committee that year-after-year contribute their time to help IHS have very successful Medical Missions.

Rosario is part-owner of the SuperCeibeno Grocery stores and president of the La Ceiba Red Cross. Ricardo owns ‘Ricardo’s’ the best restaurant in town. America is retired from Standard Fruit where she was a secretary.
Survivor 2004 Tipi village Episode

The Survivor television series writers were never so brazen as the script for Tipi 2004. Fourteen days, ten volunteers, dozens of broken promises and surprises. The cast includes veterans Barb, Doc Joe, Doc Gerard and Dentista Manuel. The rookies are Marilu, Sylvia, Jerry, Susan, Sara and Monique. The team is first assigned to Warunta and Wauplaja, also known as What, Where? Visions of cool tropical breezes and warm sunshine fill their heads when they are assigned to the Caribbean beach at Ulsibila. This is not to be, say the writers, for the landing strip is but a marsh, say the pilots. It is off to Tipi village, far from the beach, far from the cool breezes, but the sunshine remains intense, says Cheryl.

Before they hardly know each other, the pharmacist is banished to long days of moving and sorting boxes in the front line bodega. There is one more twist before they depart La Ceiba, a medical condition will confine their translator to Puerto Lempira. Can these professionals quickly bond, put aside their fear and overcome the obstacles facing them in Survivor 2004: Tipi Village?

Wagers are placed on the C-130’s departure time, for this is Honduras, where time is known to stand still, or at least feel like it. Lives here, and airplanes, run on a schedule little influenced or understood by non-natives. The plane eventually lifts off, and the rumors of a kickback to the pilot are weakly denied by the winner. As the planes get smaller, the living conditions become more primitive. A night in the catholic compound, sleeping on wooden beds, bathing in cold water, using an outhouse, and trying to sleep with constant rooster crowing is a proper prelude to what lies ahead.

Tipi is the last team to depart Puerto Lempira. On the first flights are the veterans, so they may negotiate for clinic and living quarters. Upon landing, the pilot warns the runway must be lengthened, if the survivors want to go home. Some are ready to go now! Five flights later by George and Jarle, the now nine member team finally assembles in Tipi, under a blazing noon day sun.

Concerns are eased when they are allowed to use the school. Class had not resumed after the winter break, and a principal can always use another week without children. A collective groan can be heard, loudest from the non-campers, as the team first sees the school from the soccer field. They were expecting a brick and mortar building, not something from the set of Little House on the Prairie. At least the school has a water-well, but critical parts are missing. A proper outhouse is provided, but only those lightest of foot would dare cross the threshold. Out-numbered two to one, the men briefly establish their dominance in the tribe, using their skill at primitive woodcraft to reinforce the outhouse floor. They claim the first challenge victory, but no immunity with this one, especially from the mosquitoes and chiggers.

Patients begin gathering soon after sunrise on the first clinic day. By noon, all the shaded areas, medical and dental rooms are filled. The often repeated question is “How did they know we were here?” Mysterious but effective is the grapevine in La Moskitia.

Three villagers distinguish themselves with their ability to converse in Moskito and Spanish, and as much English as most of the team knows Spanish. Docs Joe, and especially Gerard, have little difficulty with the language. The rest of the team struggles. By the end of the mission, “four pills a day” in English becomes “four pills a day” in Moskito, but only when the translator remembers to repeat the instructions in Moskito.

With PVC pipe, fittings and epoxy flown in from PLP, and local experience, the shallow water well is repaired to the mutual joy of the team and villagers. By meeting this challenge, the team is rewarded with eliminating daily trips to the village creek to fill water jugs and bathe. Warm water showers are now possible, thanks to ol’ Sol. A shower curtain in the kitchen corner, and darkness, provide modest privacy.

Beans and rice were supplemented with locally baked coconut bread (coconut water, flour, lard) and tortillas. Chef Barb repeatedly amazed everyone with her one pot glue stews and other gastronomic miracles. The team barely stopped a villager intent on killing a live chicken for them, in the kitchen.

A very sick infant flown to PLP died despite the best efforts of everyone. Less than 12 hours later, the village gained a new resident. Lying on the porch of a

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Survivor 2004 Tipi Village Episode

(Continued from page 24)

house near the school, Doc Gerard and Sylvia made a

house call to assist in the birth process and administer
treatments. Another infant was admitted to the Tipi es-
cuela ICU for 24 hours, and left much improved. The
sleeping room became a treatment room for one team

member being rehydrated. Many other patients traveled
to PLP, were successfully treated, and returned joyous.

Some had diseases too advanced for the available treat-

ment. Still others may be treated by other medical
groups during upcoming missions.

Tipi relaxation included a one-way guided tour of an
even more remote village. You know it is remote when
the guide says take off your shoes and wade across the
creek. No mission to Tipi can be complete without an
afternoon at the cascades. The cascades are a beautiful
small waterfall upstream from the village and a favorite
spot for the children. It is well worth the walk among
what must be the happiest children found anywhere.

The script would be incomplete without a Top Ten

List. These are the Top Ten reasons young women
should not go to La Mosquitia.

(10) The wooden accommodations. We thought all

schools were concrete, with metal doors and glass win-
dows. Boy! Were we surprised!

(9) There is no entertainment. What would we do if it
were not for watching Joe jump out of the bushes and
chase the children each evening?

(8) All that spitting! And Manuel told them NOT to
spit!

(7) Crowd control. What would have happened to us if
not for Barb to help with this?

(6) Having 10 children, being pregnant, contractions two
minutes apart, and then walking home! Gerard and Syl-
via made it just in time.

(5) Sleeping just too close, especially with the snoring of

some people. Not to mention any names (Jerry, Barb,
Marilu).

(4) We can’t speak Moskito! Some patients must be

coated with medicine from head to foot after Susan
thought liwa meant scabies, and Sara thought pedicu-
locide meant athlete’s foot. Whoops!

(3) There is no running water. The water well was bro-
ken, but repaired a few days later, so we could finally
take sun showers. The river baths just weren’t cutting it.
Thank you Jerry!

(2) Scorpions. Dinner of rice and beans just won’t be

the same after Sara felt something on her leg and hand.

Her flashlight revealed a huge scorpion under the table!
Manuel saved the team by pounding it flat with his shoe.

(1) The bano! Even before we could use it, we had to
repair it. No back, no door, half a floor, and a pig to greet
you when you tried to leave. It did have a nice toilet seat!

During the week, floor boards kept falling through. We
are very certain this bano won’t be there next year.

Jerry Reimer

(1) Dentista Manuel Henriquez gets his ‘dental office’
set up for the day’s business.

(2) The Dental Appointment—
another survivor episode.

(3) Is Jerry trying to tell Susan how to run HER pharmacy?

If you want happiness for an hour—take a
nap. If you want happiness for a day—go
fishing. If you want happiness for a month—get married. If you want
happiness for a year—inherit a fortune. If you want
happiness for a lifetime—help some one
else. - Chinese Proverb -

We make a living by what we get,
we make a life by what we give.
- Sir Winston Churchill -

Our prime purpose in this life is to help oth-
ers. And if you can’t help them, at least
don’t hurt them. - Dalai Lama -

Always do right. This will gratify some peo-
ple , and astonish the rest. - Mark Twain -
Marta Sabonger came to St. Cloud for training nine years ago so she would be able to bring dialysis nursing techniques home to her hospital in La Ceiba; located on the northern coast of Honduras. For two weeks, Marta was back at St. Cloud Hospital. She’s been pulled out of retirement to learn more skills: Her hospital in La Ceiba needs her again. Marta has been observing employees in St. Cloud Hospital’s dialysis department. Dialysis is a treatment for patients with kidney failure.

This visit and her previous one were arranged through International Health Service, a nonprofit organization that sends doctors, surgeons, pharmacists, radio operators and others to Honduras, one of the poorest countries in the Western Hemisphere. Many St. Cloud Hospital employees volunteer through International Health Service, which is based in Minnesota.

Officials at St. Cloud Hospital wanted to accommodate Marta so much that they actually replaced some of their dialysis machines with older models, which are similar to what she will use in Honduras, just for her visit.

Marta retired about four years ago after 35 years in nursing. She said the private hospital where she works at in La Ceiba is one of the best in Honduras, but still doesn’t compare to the great health care in St. Cloud.

Even though the weather seems chilly to her and her husband, Jorge, Marta said earlier this week that she is enjoying her second trip to Central Minnesota. "I was so happy, because I have my friends here," Marta said through an interpreter.

She had an interpreter with her most days, but hospital workers have figured out how to communicate with Marta in a pinch, said Cathy Sindelir, director of dialysis for St. Cloud Hospital. She is confident Marta will bring much-needed knowledge to her hospital in Honduras, she said.

Thanks be to all... .

First on the list, I would like to thank all of you who generously parted with some of your dollars to ensure that the annual February IHS Medical Mission to Honduras would happen... your donations have gone to help over 13,000 people. Clearly, all of these were not life-or-death cases... there were a few... but ‘help’ covers a broad spectrum. Some had surgery, some received medication for life-threatening disease, some received eye-glasses, some got rotten teeth pulled, some had dentures made, and on-and-on. Most people come to the IHS clinics because it is the one opportunity for them to consult with a doctor... BUT all that came went away feeling a little better just knowing that there are others that truly care about their well-being. That is a gift you can all be proud of being a part of.

Next, many thanks to the IHS Board Members and all the others who put in many hours all year long in preparation for the mission. There were those who donated supplies, gathered supplies, procured the medicines, organized and packed the supplied, manifested and shipped the supplies, planned the logistics and took new participants under their wings to help them have a fruitful trip. It takes many people to put a mission like this together and each person that contributed is to be commended for their part.

The participants... our hope is that the rewards you receive in your heart outweigh the monetary costs and time you gave in order to travel to Honduras and reach out and touch these wonderful people. You have had an experience that few people in our great country have the joy and privilege of knowing. Congratulations!!

Lastly... but not the least by any means... Thank You to all our friends in Honduras. Without their help IHS would have a difficult time trying to make all of this work. These fine people help so much with housing, logistics and most importantly, helping with all the legal aspects of working in Honduras. Bless each and everyone of them!!

Cheryl Schraeder, IHS Project Director
**Annual Fundraiser – “The Honduran Hop”**

A big “THANKS” to all of you who so generously supported the 7th annual Honduran Hop last September. Your financial support enables volunteers to continue their medical work with the underserved people of Honduras, the poorest of the Central American countries.

The date for the 8th annual “Honduran Hop” fundraiser is set.

**Save this date !!!**

**Friday, September 17, 2004**

**Civic Center - St. Cloud, MN**

**Social Hour - Silent Auction - Dinner - Program**

**NEEDED!!!** Items for both the silent and live auction

For more information contact Barb Hamilton - Phone: (320) 230-3955  e-mail: barbh@astound.net

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**Medical Mission opportunities . . .**

**October 22–31, 2004**

(10 days – 20-22 open positions)

During this week a small group of 3-4 people are needed to travel to Honduras and lay the groundwork for the much longer February medical mission. Among the many tasks on the October planning list the most important are determining the February team sites, team logistics, housing and meals.

Additional we will take 1-2 medical/dental teams and a surgery team depending on participant applications. On the medical teams we need a doctor, nurse, pharmacist, translator and two or one two general helpers. For the surgery team we need a surgeon, CRNA, scrub and circulating nurses, translator and general helper.

The villages for these teams have not yet been determined.

**February 11–27, 2005**

(17 days – 80-85 open positions)

This trip is the highlight of the year for IHS. IHS will take 80-85 participants from all parts of the U.S. and beyond to work at ten different villages in remote parts of Honduras. There will be six medical/dental teams, 1-3 surgery teams and 2 administration teams.

The combination medical/dental and surgery teams have the same make-up as the October teams but may have multiple people for each position (2 doctors, 2 nurses, etc); there is also the addition of a radio operator. The administration teams each need a radio operator, general helpers. All participants must be flexible, innovative, be able to deal with change, have a sense of humor and have lots of patience… and you will have lots of patients.

Format of this trip is two days of orientation upon arrival in the city of La Ceiba, a travel day to the work site, ten days working in the village, a travel day back to La Ceiba and several days to explore and relax before returning home.

For the medical personnel, your jobs are fairly self-explanatory… adapted, of course, to a remote area of a 3rd world country. It is the job of the general helpers to do anything that needs to be done, from triage, to bagging pills in the pharmacy, to filtering water, to cleaning dental instruments. The translator is the one who is most in demand… you will be summoned by everyone on the team and half the villagers. And, it is everyone’s job to carry boxes, load boxes, unload boxes, weigh boxes, count boxes, inventory boxes, etc.

For those who will be participating in the February 2005 Medical Mission… put this date on your calendar… Saturday, December 4, 2004. This is when orientation for the trip takes place. Travel, schedule, safety, expectations, workflow, job functions, needs, expectations (yes, it’s here twice) etc will be discussed. You will meet some of your team members for the first time, others you will not meet until you are in Honduras.

If you would like to join us – please fill out the application and don’t forget to include requested documents (listed on application) and your deposit (non-refundable).

For more information contact
Cheryl Schraeder at (952) 996-0977
e-mail at cschraeder@earthlink.net

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**News Break 2004**

A big “THANKS” to all of you who so generously supported the 7th annual Honduran Hop last September.

Your financial support enables volunteers to continue their medical work with the underserved people of Honduras, the poorest of the Central American countries.

The date for the 8th annual “Honduran Hop” fundraiser is set.

**Save this date !!!**

**Friday, September 17, 2004**

**Civic Center - St. Cloud, MN**

**Social Hour - Silent Auction - Dinner - Program**

**NEEDED!!!** Items for both the silent and live auction

For more information contact Barb Hamilton - Phone: (320) 230-3955  e-mail: barbh@astound.net
International Health Service, Officers, Board of Directors, Advisors, participants and, most of all, the people of Honduras wish to extend heartfelt thanks to each of you that have contributed to the success of our work in Honduras. We hope to have listed all that have donated over the past year and sincerely apologize for any names we may have missed.

Thank You so much!! Mucho Gracias!!

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<th>MONETARY DONATIONS</th>
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<td>Miller, Melinda</td>
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<td>Mundahl, Carol</td>
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International Health Service of Minnesota News Break 2004
Together we have done much...
there is much more to do...
together we can do it.

Musselman, Doug & Laurie
Nelson, Dick & Karen
Nemanich, Dr George & Ann
Newell, William & Joyce
Nickel, David & Mary
Nienhuis, Janine
Obermiller, Bob & Marilyn
Olgay, William & Joyce
Osgood, Brenda & Al
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Rentz, Tamala Lynn
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Sedlman, Carol
International Health Service of Minnesota is a corporation organized under the non-profit organization provisions of the laws of the State of Minnesota and is recognized by the Internal Revenue Service under section 501c.

All donations are tax deductible !!

Contributions can be mailed to:

International Health Service - P.O. Box 16149 - St. Louis Park, MN 55416
Desperately Needed!!

Warehouse Space
Each year IHS collects, sorts, packs and manifests 50-60,000 pounds of equipment, supplies and medicines to ship to Honduras in January for use during our February medical mission.

IHS is in need of 1200 sq ft of heated warehouse space; preferably in the south or southwest part of the Minneapolis area. Year round space would be wonderful; space during October through January is essential.

IHS can provide a great tax deduction for a donation of warehouse space!!

Call (952) 920-0433 today!

Volunteers Wanted
Translators — Pharmacists — Dentists — Doctors
Nurses — Operating Room Nurses — Surgeons

If you are looking for a rewarding experience...
Come with IHS to Honduras giving help some of the poorest people in remote villages.
It will be something that you treasure for a lifetime.

IHS Contact Information can be found on page 3

Medical Supplies Needed
Contact
Dr. Marianne Serkland
Mtserkland@charter.net

Wanted!! Wheelchairs!!
After speaking to a church group last year about our IHS Mission, two families approached me about donating wheelchairs. In February these quickly found homes in Tocoa, Honduras. However, we needed more. A wheelchair is a very valued commodity in Honduras and receiving one can be life changing for the person in need.

Our first wheelchair went to Ramon Andradez Lanza, a young man in his 20’s who was left paralyzed following a severe spinal injury. He depends entirely on his mother and brother to lift him and care for him. This wheelchair will be so liberating. Extremely grateful, he made sure that IHS received a letter expressing his thankfulness.

Our second wheelchair went to a woman whose entire right side was left badly impaired following a stroke. Her leg dragged as she was helped into the chair. She, too, will be confined to the wheelchair as she has no ability to move about on her own.

One of the Honduran nurses wanted so much to have a wheelchair for her mother who is a diabetic and whose left leg has been amputated above the knee. Unfortunately, we had no more wheelchairs.

If you know of a wheelchair that is no longer in use, please consider asking that it be donated to IHS. The need is critical and the sincere appreciation of the poor in Honduras is, indeed, heartfelt. — Ann Nemanich

Ramon was so grateful to receive a wheelchair—he is pictured here with his mother and brother who are his caretakers.

Volunteer Needed
to take over the IHS Newsbreak publication

This version of the Newsbreak is published in June and a very short version of the newsletter is published in December

As with all IHS volunteers... this is a non-paid position

If you are interested in a rewarding challenging opportunity...
Contact Cheryl Schraeder
(952) 996-0977