US Foreign Assistance in the 21st Century

Among those working in the field of foreign assistance, there is a growing consensus that framework provided by the Foreign Assistance Act of 1961 and signed by President Kennedy is no longer sufficient or relevant given the issues faced today. The new administration coming to Washington in January will quickly find that reshaping US foreign assistance is a pressing issue. Across a wide political spectrum - from conservative to liberal - think tanks, non-governmental organizations, and government agencies are calling for structural reform.

In 1961, when the Foreign Assistance Act was developed, the underlying concept was to develop ways to provide assistance, including military aid, to countries along the rim of the Communist block, in keeping with the Cold War alignment. Forty-seven years later, the world is a very different place. The Cold War has ended, but governments are faced with insurgencies around the world, climate change and the host of environmental concerns that raise, food shortages, population expansion/depletion (depending on which part of the world you look at), HIV/AIDS, increased vehicle traffic which has led to increased trauma-related injuries and pollution problems, outbreaks of new or more severe diseases such as Ebola, avian flu, SARS, etc.

The Center for Global Development states, “US development assistance refers to the transfer of resources from the United States to developing countries and to some strategic allies. It is delivered in the form of money (via loans or grants), contribution of goods (such as food aid), and technical assistance.” The reasons for assistance are varied, covering national security, political development and stability, humanitarian crises, and long-term development goals.

With such varied purposes, the current foreign assistance budgeting structure categorizes needs into at least 33 different accounts such as “Child Survival and Health,” “Development Assistance,” and “International Narcotics Control and Law Enforcement.” Funds are earmarked to specific accounts, and it is extremely difficult to shift funds between accounts. Funds are also directed to specific countries, but the reasons for doing so are often more tied to political, strategic reasons than to pressing development needs. (Historically, the largest aid recipients have been Egypt, Israel, and Russia. More recently, substantial assistance has been provided to Iraq, Afghanistan, and Pakistan). The end result of these earmarks, of course, is to reduce flexibility.

Foreign assistance is crucial; few Americans realize that it is just 1% of our national budget.

- Center for Global Development

continued on page 6
Dear Friends,

“We make a living by what we get; we make a life by what we give.”

As another year draws to a close, marked by major economic uncertainty both here and abroad, I am reminded of this wonderful Winston Churchill quote which puts life in perspective. United in a common vision of sharing ideas and knowledge, HVO volunteers are demonstrating every day all over the world, that one person can make a difference, one volunteer assignment at a time. Our more than 500 volunteers this year certainly are making a difference, in the lives of their colleagues and patients overseas. Their work, though, is made possible through the contributions of our many donors, with each gift making a step toward a healthier world.

As a teacher you will never know the full impact that you might have had on someone. Volunteers who return to a site comment on the progress that they see – the professional growth of their colleagues, the successful implementation of a new clinical approach or teaching technique. Measuring success, of course, is a challenge. Just ask anyone trying to measure success in an educational environment. The same is true for our programs – we cannot measure the impact of each volunteer, but by focusing on long-term changes in the delivery of care, the training of students, and the application of new knowledge, we see progress. As one volunteer said years ago, likening his volunteer experience to the myth of Sisyphus, “Little by little, volunteer by volunteer, things do get better.”

HVO is a successful and thriving organization thanks to the energy and commitment of hundreds of volunteers and thousands of members and donors who give so generously of their time and resources. As you think about your year-end giving plans, I do hope that you will keep HVO in mind. With over 70 programs in 25 countries involving more than 2500 clinicians, faculty and students, there is a significant cost involved in developing and monitoring programs as well as recruiting and preparing volunteers.

Your gift to HVO is an investment in the training of thousands of clinicians, faculty and students in the health care arena around the world. “We make a life by what we give,” and each gift to HVO is a step towards a healthier life for millions of people without access to health care. Thank you in advance for your support.

Nancy A. Kelly, MHS
Executive Director
Please Note: New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: programs@hvousa.org or 202-296-0928. Visit the website www.hvousa.org.

**Program Sites**

**CURRENT VOLUNTEER OPPORTUNITIES**

**Anesthesia**
- Eritrea: 2 - 8 weeks
- India: 2 - 4 weeks
- Peru: 1 - 4 weeks
- South Africa: 2 - 4 weeks
- Tanzania: 3 - 4 weeks
- Vietnam: 2 - 4 weeks

**Burn Management**
- India: 2 - 4 weeks
- Malawi: 2 - 4 weeks
- Zambia: 2 - 4 weeks

**Dentistry**
- Cambodia: 2 weeks
- China: 2 weeks
- Honduras: 2 weeks
- Laos: 1 - 2 weeks
- Nicaragua: 1 week
- St. Lucia: 2 - 4 weeks
- Tanzania: 2 weeks
- Vietnam: 1 - 2 weeks

**Hand Surgery**
- Honduras: 1 week
- Peru: 1 - 2 weeks

**Hand Surgery/Hand Therapy**
- Nicaragua: 1 week

**Hematology**
- Cambodia: 2 - 4 weeks
- Uganda: 2 - 4 weeks

**Internal Medicine**
- Cambodia: 2 - 4 weeks
- India: 2 - 4 weeks
- Peru: 2 - 4 weeks
- Uganda: 1 month

**Nurse Anesthesia**
- Bhutan: 1 month
- Cambodia: 2 - 4 weeks
- Eritrea: 2 - 8 weeks

**Nursing Education**
- Cambodia: 1 - 2 weeks
- India: 2 - 4 weeks
- Peru: 1 - 2 weeks
- Uganda: 1 month

**Oral and Maxillofacial Surgery**
- Cambodia: 2 weeks
- India: 1 - 2 weeks
- Peru: 1 - 2 weeks
- Samoa: 2 - 4 weeks
- Vietnam: 2 - 4 weeks

**Orthopaedics**
- Bhutan: 1 month
- Cambodia: 2 - 4 weeks
- Cameroon: 1 month
- China: 2 - 4 weeks
- Malawi: 1 month
- Moldova: 2 weeks
- Nicaragua: 2 weeks
- Peru: 2 weeks
- South Africa: 1 month
- St. Lucia: 2 - 4 weeks
- Tanzania: 2 weeks
- Thailand: 3 months
- Vietnam: 2 - 4 weeks

**Physical Therapy**
- Bhutan: 4 months
- Cambodia: 1 - 2 weeks
- India: 3 weeks
- Nicaragua: 2 - 4 weeks
- Peru: 2 - 4 weeks
- St. Lucia: 2 - 4 weeks
- Suriname: 2 - 4 weeks
- Tanzania: 2 weeks
- Vietnam: 2 - 4 weeks

**Pediatrics**
- Cambodia: 1 month
- Malawi: 1 month
- St. Lucia: 2 - 4 weeks
- Uganda: 1 month

**Wound Management**
- Cambodia: 1 - 2 weeks
- India: 1 - 2 weeks
- Peru: 1 - 2 weeks

Volunteer Art Zwerling, Nurse Anesthesia - Eritrea
Philanthropist of the Year

HVO member Suzanne Brown, CRNA, BSN was recently honored as the 2008 Rita LeBlanc Philanthropist of the Year. The award, which was presented in Minneapolis at the annual American Association of Nurse Anesthetists meeting, is given to a CRNA who has “demonstrated outstanding commitment to the community through the service of nurse anesthesia.”

Ms. Brown currently serves as an AANA Foundation Advocate for Oregon and is a former chairperson of the Council for Public Interest in Anesthesia (CPIA). She works as a nurse anesthetist at Kaiser-Permanente Health Care System in Portland, Oregon and is an adjunct professor in the school of nurse anesthesia at Oregon Health Science University. Her volunteer service with HVO has taken her to Guyana and on multiple visits to Belize and Cambodia. She has also served with programs in Mexico and Guatemala.

She initiated two HVO programs in Cambodia and has served as the Program Director since 2003. Her leadership has resulted in improvements in the quality of anesthesia care but perhaps the greatest accomplishment is that many of those trained are now involved in developing training programs for their colleagues at neighboring hospitals and clinics.

Additionally, Ms. Brown serves on the HVO Nurse Anesthesia Steering Committee. Her commitment to education was recognized by the HVO Board in 2007 when she received the HVO Golden Apple Award. HVO congratulates her on being selected as Philanthropist of the Year!

Westlake Friendship Award

Dr. Alan Giachino, HVO’s Program Director for Wenzhou, China, was recently honored with the Westlake Friendship Award for his development of orthopaedic care in the city.

The award is the highest presented by the Zhejiang Provincial Government to foreign experts and is given to acknowledge special contributions to the province’s growth in economy, technology, culture, and education. The award has been presented annually since 1977 with the hope that increased foreign participation in Zhejiang’s development will promote globalization of the province.

Dr. Giachino has been working with Wenzhou, the province’s third largest city, since 1999. He became an HVO member in 1996, and has served as Program Director for the orthopaedics program at the Second Affiliated Hospital of Wenzhou Medical School since January, 2006.

Dr. Giachino is an Associate Professor in the Division of Orthopaedic Surgery at the University of Ottawa.

Why Join Health Volunteers Overseas?

Membership in HVO allows you to:

- Support HVO’s mission of “improving the availability and quality of health care in developing countries through the training and education of local health care providers”;
- Serve as a volunteer and see HVO’s work first-hand;
- Stay connected through the biannual newsletter, “The Volunteer Connection”;
- Learn of trainings & conferences through the monthly e-news bulletin, “Net Connection”;
- Access the KnowNet, HVO’s knowledge network, which is an invaluable tool providing information on program sites, trip reports, lectures provided, etc.

If you are a member but have not yet tried out the KnowNet, please contact the HVO office for an access code. Please consider joining HVO and take full advantage of the many benefits available to you!
Getting Married?

If you are planning a wedding, you can now support HVO by registering with the I Do Foundation. From honeymoons to invitations to wedding gifts to charitable wedding favors, the I Do Foundation allows couples and their guests to make wedding-related purchases that generate donations for charity. The I Do Foundation’s Charity Registry service also makes it easy for guests to make donations in lieu of gifts. All of these services are available free of cost at www.IDoFoundation.org. Check it out today, and be sure to select HVO as the beneficiary of your charitable wedding.

IRA Rollover Provision Extended Two Years

As part of H.R. 1424, the Financial Rescue Package, there was a two-year extension of the IRA rollover provision first enacted in the Pension Protection Act of 2006.

The provision is retroactive to January 1, 2008 and will apply to gifts made from that date through December 31, 2009. The provision exempts from taxable income any funds transferred (“rolled over”) from an Individual Retirement Account (IRA) to a charitable organization such as HVO. Limitations include: the donor must be age 70 ½ or older; the cap on annual IRA rollover is $100,000; the contribution must be a direct gift to a charity (no planned gifts). For more information on this opportunity, please consult your tax and/or financial advisors.

Volunteer Christine Lathuras, Dentistry - Tanzania
An other structural problem is the issue of “tied aid” where 70% of all funds must go to US contractors and goods. So, rather than buying supplies and materials locally, which would support the local economy, most goods must be shipped from the US. The result is that the actual value of US assistance is reduced by 25%, according to the Center for Global Development. Another concern is the short-term funding cycles (often 1-2 years) that are tied to grants, which make addressing long-term development problems difficult when it is unclear how long funds will be available. These are just a few of the structural concerns that have been raised.

While all of those concerned seem to agree that the world and the issues have changed, there is less agreement on how to change the system. Some advocate for a cabinet-level department of global development. As mentioned, foreign assistance encompasses many different and complex issues. Many question whether one agency can handle such wide-ranging issues. Some advocate that all foreign assistance should fall under the Department of State. Yet, many of the goals of the State Department are for short-term, security-driven, political outcomes. Many of the issues in development involve long-range planning, years of implementation, and a focus on empowering beneficiaries.

In a November 2007 speech, Secretary of Defense Robert M. Gates pointed out that many of our governmental structures date back to the late 1940’s, when the US was dealing with the issues and constraints encountered in World War II. During the Cold War, there was recognition of the need for “soft power” (intelligence, economic assistance, information sharing, etc) alongside military strength. Yet, with the end of the Cold War, many of those capabilities were allowed to wither or disappear (the State Department froze the hiring of new Foreign Service officers, the US Agency for International Development suffered severe staff cuts, and the US Information Agency was abolished).

While funding for non-military foreign assistance has increased since 2001, it remains disproportionately small. Secretary Gates, in his November 2007 remarks noted, “Consider that this year’s budget for the Department of Defense – not counting operations in Iraq and Afghanistan - is nearly half a trillion dollars. The total foreign affairs budget request for the State Department is $36 billion - less than what the Pentagon spends on health care alone.” Oxfam America states that, “Of the total outlays for national security in FY’07, 95% was for defense, compared with 3.5% for development (and 1.5% for diplomacy).”

Many argue that the US emphasis on military strength rather than poverty reduction and economic development has led to the vast disparity in economic levels throughout the world which, in turn, has contributed to the increase in violent insurgencies.

### Americans are Generous

In addition to the foreign assistance provided by the US government, additional assistance is provided in other ways. Much of it comes through non-governmental organizations (NGOs) — of which HVO is one — and foundations. A major source of assistance, which usually tends to be on a more private, family-oriented level, is that of remittances, where foreigners working in the US send funds back to their native country.

Among donor nations, official US government assistance is some of the lowest, based on a percentage of GNP. However, the generosity of the American people is well-acknowledged. In 2002, for example, private American donations overseas were at least $34 billion, which more than doubled official US assistance of $15 billion.
In a report issued by Oxfam America (“Smart Development: Why US Foreign Aid Demands Major Reform”), the organization argues for smarter development assistance. “Smart development is providing aid for development that empowers effective states and active citizens to manage their own way forward from poverty and injustice. Smart development puts responsible governments and poor people on the agenda, reflecting their indigenous knowledge, entrepreneurial assets, and needs.”

In a world where people are more inter-connected daily, yet half of the population lives on less than $2 a day, foreign assistance is crucial, if only for our own national security interests. Surveys indicate that Americans feel it is important to provide assistance yet most have an inflated impression of how much aid is provided. Few realize that it is just 1% of our national budget. Of that small sliver of 1% for foreign assistance, only 23% goes for core humanitarian programs (development assistance, malaria and HIV/AIDS projects, etc).

InterAction, an umbrella organization of non-profits working in international development, endorses the “New Day, New Way” proposal (see sidebar). According to InterAction, “The “New Day, New Way” proposal is about more than simply increasing funding or making bureaucratic changes in our government; it is about changing the way that the American people relate to the world’s poor.”

In these tough economic times, it will not be easy to reallocate funds and, certainly, reforming foreign assistance will be a slow and cumbersome process. Yet, there is a growing awareness that change must occur and, in the long run, the US will be in a more secure place as a result. While no one can predict the outcome, this is a discussion that will be ongoing for quite some time.

For more information:
American Enterprise Institute for Public Policy Research: www.aci.org
Levy, Philip I. Making U.S. Foreign Aid More Effective
Global Issues: www.globalissues.org
HELP Commission (Helping to Enhance the Liveliood of People Around the Globe): www.helpcommission.gov
InterAction: www.interaction.org
Recent articles show how the current financial crisis may impact on US foreign assistance and private donations: www.washingtonpost.com/wp-dyn/content/article/2008/10/10/AR2008101002937.html?referrer=emailarticle
Reflections from the Field

**Zahira Khalid, MBBS ~ Internal Medicine ~ Uganda**

With 3rd year Senior House Officers, I did a 3 hour session everyday on topics that they wanted to discuss. I was requested to do case based teaching around acute emergency medicine as well as sessions on ECGs. These sessions were extremely lively because both the SHO's and I would learn a great deal from each other. The time spent during these sessions was probably the best part of my rotation and something that I really miss since I have come back.

**Chris Consilvio, MD ~ Anesthesia ~ Tanzania**

Mwanza was a great experience. In many respects it is like getting in a time machine and discovering anesthesia 30 years ago. I would go there with realistic goals of both yourself and your students. You are not going to train an anesthesiologist in a month, nor change the standards of practice in Tanzania. You can however, get them to have some understanding of what they are doing and why - with that understanding some lives will be saved in the long run. You will also learn more than you can imagine.

**Alex Lau, MD, PhD ~ Internal Medicine ~ Cambodia**

The professionalism and devotion of Sihanouk Hospital staff are very impressive. Other volunteers from many different nations and backgrounds are such an encouraging sign of hope for humanity. My trip itself might have motivated many people at my workplace. It demonstrated that giving back to humanity is a joyful, elevating experience.

**Morton Lynn, MD ~ Orthopedics ~ Moldova**

My trip to Moldova was a wonderful way to be introduced to volunteering overseas. I had an opportunity to teach eager students, not only in the OR, but also through patient consultations, and lectures. The country has a fascinating history and free time was spent in visiting museums and traveling to the countryside to see ancient monasteries and vineyards. I do believe that my teaching was beneficial, and will make a difference so that foot surgery will have more recognition than in the past.

**Jaclynn Derosier, PT ~ Physical Therapy ~ Bhutan**

I never expected to be touched by so many beautiful people in my time there. In 4 months I made some special Bhutanese friends that I hope to someday see again and will keep in contact with as best as I can. The people of Bhutan seem to always have time to make your stay easier. They want you to “love Bhutan.” However, the STUDENTS - all 9 of them - they were undoubtedly the special part of my experience. I still miss their faces each morning. They were so kind, respectful, caring, concerned about my happiness, helpful, appreciative. They made me feel that this experience was totally worthwhile. I cannot thank them enough for how good they were to me.

**Gwen Ladha, MBChB, MPH ~ Internal Medicine ~ India**

Both administrative and clinical teams at Bangalore Baptist Hospital show incredible dedication and try to practice humane compassionate care of all patients regardless of ability to pay. I made many new friends among the staff and came away with a confirmation of my belief that the vocational physician-patient relationship still exists in other countries, if at times difficult to find in ours.
Andrew P. Mezey, MD ~ Pediatrics ~ Cambodia

This was a more than a worthwhile experience, both from the medical experience and the cultural experience. From a medical standpoint, if I have to pick a most memorable moment it was going out on a home visit to see children with HIV/AIDS. These children were managed with anti-retroviral therapy plus supports to maintain nutrition and clean water. The hospital helps build wells for the families, and provides food supplements as well. The most memorable cultural moment was seeing the sun rise directly over the central tower of Angkor Wat at the time of the vernal equinox.

James Leffers, MD ~ Orthopaedics ~ Uganda

The experience for me was both richly rewarding and troubling. Rewarding in that I became more complete as an orthopedist through experience and friendships, and troubling to once again see first-hand the disparities between the developed and developing world. I grew to see my role as a medical ambassador for the US, and to help them do what they do. They greatly appreciate that professionals from the developed world care to be there and share knowledge.

John McDowell, MD ~ Anesthesia ~ Tanzania

My activities were focused on teaching the 22 nurse anesthesia students, assisting Dr. Matasha with morning report, and assisting in the OTs. I felt I was able to be effective in meeting these goals and that I had sufficient time to accomplish them. Over the four weeks I became friends with many of the students and even had a little ‘good bye’ party with them on my last day. I wanted to treat them to drinks at a local store, but I was surprised to find they had brought gifts for me and my wife to show their gratitude for all my work that month. This helped me to realize how important my role was as an HVO volunteer. Without HVO staff the students are without didactic lectures, handouts, and different perspectives in how to provide safe anesthesia.

Claudia Leonard, MD ~ Internal Medicine ~ Uganda

Overall, I had much more opportunity for teaching then I had even hoped. I learned tons, and even felt that I was productive with some of my guidance on rounds, feedback to the medical students, and teaching sessions with the post-grads. I look forward to the next chance to return there.

"Fisherman's Hut - Cambodia"

Lewis Nerenberg, MD
Volunteer Perspectives

Volunteering and Language Barriers  by Karen McKoy, MD, MPH

The frustrations of cultural and language barriers may make the prospect of educating or providing care to limited English speakers daunting. Yet it is possible to help others tremendously, even with limited knowledge and experience, if the volunteer has patience and a desire to understand others.

What is the “language barrier”? We must remember that the barriers (or conditions making it difficult to achieve our objectives) are not only language differences which hamper communication; a barrier means any condition blocking progress to your goal. These hidden barriers are numerous and often unexpected – for example, if a patient tells you in Spanish that they are “constipado”, they actually mean congested, not constipated. Never pat an Indonesian child on the head, as this is considered offensive.

Hidden barriers include:
- Country and Region
- Education
- Patterns of health care use
- Culture-specific expressions
- Culture-specific methods of explaining illness
- Previous health care experiences

When in another land, the best solution to reduce communication barriers is to be bilingual and bicultural yourself. Unfortunately, this is usually not possible, so the next step is to look for an interpreter. The interpreter could be (in order of preference):
- a trained medical interpreter (rarely available overseas)
- an untrained community volunteer
- an ad hoc interpreter – whoever can be found. This is the usual circumstance, and unfortunately, it is often a poorly educated person and a minor, as schoolchildren overseas are more likely to know English. Ad hoc interpreters are considered unreliable, as they often make errors, may have secondary agendas, and reduce patient confidentiality. U.S. standards state that children should never be used as interpreters.

Using interpreters correctly is an art…you should speak with them before interacting with a patient to assess their comfort level, competence with medical terms, or problems and possible conflicts of interest with the patient. Positioning is very important to normalize the situation; placing the interpreter to the side or behind you forces you to look at the patient rather than the interpreter. Speaking succinctly, in manageable chunks, and avoiding medical jargon makes the interpreter’s job easier. The interpreter should be asked to provide all information from the patient, not to summarize, as it most approximates the natural rhythm of an encounter and assures the maximum detail is conveyed. If the interpreter perceives a cultural or communication problem, they should stop and alert you.

You will often be in situations without an interpreter. There are many patients and medical staff who have enough English to interact, but perhaps not enough to understand or convey the more complex information medical encounters require. In these situations you must be careful to watch for indicators that the patient or student does not comprehend or is uncomfortable. Watch body language and expressions for agreement with what the person is saying. Remember that avoiding eye contact in some cultures is a sign of respect for the physician. Ask the person to repeat back explanations or instructions to check understanding.

If there is a total lack of English on the patient’s side, your choice is to use some of their language or to be very creative. This can actually be fun. There is much you can say, understand, and convey without words; the simple act of scratching one’s groin is a pretty good indicator of tinea cruris, even in a culture where the patient won’t undress for an exam.

Say it without words:
- Use body language and facial expressions (charades)
- Draw it
- Confirm – “do you understand?”
- Be patient

Editor’s Note: In this occasional feature, we hope to highlight suggestions that volunteers have found helpful and would apply across cultures and programs. Please feel free to submit your ideas; they can be sent to the HVO recruiters.
You should always try to learn at least “toobitsey” – Creole for “a little bit” – the good will and smiles with only a word or two of the local language are an incredible return on your investment of a little time and effort. There are readily available resources for many languages, some even with medical terms. Despite frustration and uncertainty, you will find that your efforts to communicate and to be there for those in need will be appreciated and remembered.

References:

General

Cultural guides:
- DiversityRx - Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities (US oriented but lists language resources) http://www.diversityrx.org

Specific languages:
- Translation services free online (not very effective) are AltaVista - French, German, Italian, Portuguese, and Spanish (http://www.altavista.com) and FreeTranslation.com - FROM English to French, German, Spanish, Italian, and Portuguese and TO English from French, German, and Spanish (http://www.freetranslation.com).
- Language tutors - An increasing number of resources are available on the Web for learning a language. This can include interactive exercises and audio clips of native pronunciation. The University of South Florida offers an extensive listing of foreign language resources, including American Sign Language. (http://nosferatu.cas.usf.edu/languages/fresource.html). Another useful selection is provided by the Library of Congress (http://lcweb.loc.gov/nls/reference/foreign.html).
- The Yamada Language Center at the University of Oregon (http://babel.uoregon.edu/yamada/guides.html) offers WWW Language Guides to 115 languages, links to language-related news groups and mailing lists, and an interactive language resource guide.
- Patient education materials are primarily available in Spanish but remember that Spanish may differ considerably from country to country. These include:
  - HealthFinder (http://www.healthfinder.gov/htmlgen/HFKeyword.cfm?Keyword=foreign+language+resources)
  - National Institutes of Health (http://www.nih.gov/about/hispanic/salud/publicaciones/)
- Less prominent are health sites with patient education aids for languages other than Spanish. One example from the Food & Drug Administration is the site for Asian Language Health Screening Information (http://www.apanet.org/~fdala/), which offers materials in Samoan, Cambodian, Chinese, Thai, Laotian, Vietnamese and Korean.

Useful dermatology phrases to know:
Legacy Circle — An investment in the future.

Both my wife and I feel that our lives have been greatly enriched by our association with HVO. The opportunity to go to a country where resources are scarce but the interest in learning is vast and to interact with students, doctors, and patients in a meaningful way has been one of the great delights of our lives over the past 20 years. HVO has come to mean so much to both of us. This is why we have decided to join the Legacy Circle and to contribute to the future of this wonderful organization.

Dr. David Frost, Chair
HVO Board of Directors

In 2006 HVO celebrated its 20th anniversary. At the time the Board of Directors established the Legacy Circle as part of a long-term plan for the future health of the organization. The Legacy Circle will honor and recognize those individuals who have chosen to include HVO in their estate planning.

Planned gifts come in many forms: from a bequest in a will for a specified dollar amount or a percentage of an estate, to a gift of stock, to designating HVO the beneficiary of a life insurance policy. If you need advice or have questions about the full range of planned giving options, we recommend you contact your financial planner or attorney.

A planned gift ensures that HVO will be able to continue to make important strides in the education and support of one of the world’s scarcest resources – health care professionals! Ensuring HVO’s future health will allow us to send ever increasing numbers of volunteers to share their knowledge and skills abroad and to support the professional development of our colleagues at more than 70 institutions around the world.

Knowledge about planned bequests helps HVO plan for the future!

___ I have made a provision in my will for HVO’s future assistance.
___ I am considering a provision in my will for HVO’s future assistance.
___ I would like to speak to someone at HVO about a charitable bequest.
___ Please send me information on The Legacy Circle, including sample bequest language.

Name ____________________________________________
Address ___________________________________________
City/State/Zip ______________________________________
Home Phone (_____) ____________________________ Business Phone (____) ________________________
Email address _____________________________________
...to the following individuals and companies who have so generously donated teaching materials, equipment, supplies, and other support:

American Academy of Orthopaedic Surgeons
American Association of Nurse Anesthetists
American Association of Oral and Maxillofacial Surgeons
American Dental Association
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