The last 25 years have seen a major shift in health care needs in developing countries. While malaria, tuberculosis and other infectious diseases remain important contributors to the disease burden found in developing countries, these countries are now also faced with the full array of chronic diseases, including diabetes, heart disease and cancer associated with more developed countries.

Injuries from violence and road traffic accidents have also increased dramatically over this time and are expected to be the fifth overall cause of death in the world by 2030. More than 5 million people die every year as a result of injuries, more than HIV/AIDS, malaria and tuberculosis combined. More than 90% of these deaths occur in low and middle income countries where the health systems are ill prepared to meet this challenge.

These changing conditions have contributed to a growing awareness of the need for people in developing countries to have access to surgical services, with traffic-related trauma and obstetric emergencies as priorities. WHO has conservatively estimated surgical surgeries at 11% of the global disease burden, although others estimate the need as far greater.

In recognition of this global health issue, WHO established the Global Initiative for Emergency and Essential Surgical Care (GIEESC) in 2005 to improve access to and quality of surgical care in developing countries. By the time this newsletter goes to print, the fifth meeting of the GIEESC will have been held in Trinidad and Tobago in October, with more than 1,000 members from 100 countries. Immediately following the meeting was the World Congress of Surgery, Obstetrics, Trauma, and Anesthesia to focus on issues affecting global surgery. HVO was represented at the meetings by Board Chair Dr. Richard Fisher. He and several other HVO members have been closely involved in the initiative since its early days.

As the issue of essential surgery is discussed in global health, it is becoming apparent that a discussion of public health must include essential surgeries, such as emergency

Ravish Kapoor, MD and Andrea Tsai, MD, MA teach central line placement.
Dear Friends,

I am reminded of this quote when I consider how the perception of international development has changed over the years. Initial efforts focused strictly on distribution of goods (eg: food packages or, in health care, basic immunizations). Although those are certainly important, they are not sustainable efforts. Development activities moved from “giving a man a fish” to “teaching him to fish.”

Over time, as training was incorporated in development activities and knowledge absorbed into the local infrastructure, the world has fortunately seen many changes and improvements. People are living longer and opportunities for growth and education that once seemed impossible are now available to many. Yet, there is still a vast discrepancy in the world between what is available in the US and what is available in developing countries, particularly in health care. One glaring discrepancy is in essential surgery. As our cover article indicates, there is a growing awareness that access to essential surgical services is a crucial need, and one that should be considered a component of public health care. In a world where the poorest third of the population only receives 3.5% of all the surgeries, it is clear that essential needs are not being met.

HVO is working to address the need for safe surgeries and appropriate post-operative care and rehabilitation through training provided in the fields of anesthesia, hand surgery, hematology, orthopaedics, nursing, oncology, physical therapy, and wound management.

This year, HVO anticipates that over 500 volunteers will have served in 95 projects around the world, providing increased access to better skilled health care workers.

Please join me in supporting this work by becoming a member, donating, or serving as a volunteer.

Thank you for helping us to improve the lives of others through education and better health care.

Sincerely,

Nancy

Nancy A. Kelly, MHS
Executive Director
### Active Project Sites

**Current Volunteer Opportunities**

**Orthopaedics**
- Bhutan: 1 month
- Bolivia: 2 weeks
- Cambodia: 2-4 weeks
- China: 2-4 weeks
- Costa Rica: 1-2 weeks
- Ethiopia: 2-4 weeks
- Ghana: 2-4 weeks
- Malawi: 1 month
- Moldova: 2 weeks
- Mongolia: 2-4 weeks
- Myanmar: 2-4 weeks
- Nicaragua: 2 weeks
- St. Lucia: 2-4 weeks
- Tanzania: 2-4 weeks
- Uganda: 1 month

**Pediatrics**
- Bhutan: 1 month
- Nicaragua: 2-4 weeks
- St. Lucia: 2-4 weeks
- Uganda: 1 month

**Physical Therapy**
- Bhutan: 4 months
- Bolivia: 2-4 weeks
- Haiti: 2-4 weeks
- India: 2-4 weeks
- Malawi: 4 weeks
- Myanmar: 2-4 weeks
- Nicaragua: 2 weeks
- St. Lucia: 1 week minimum
- Suriname: 2-4 weeks
- Vietnam: 2-4 weeks

**Special Projects**

**Emergency Medicine**
- Bhutan: 1 month

**Mental Health**
- Bhutan: 3 months

**Pharmacy**
- Uganda: 1 month

**Wound Management**
- Cambodia: 1-2 weeks
- Haiti: 1-2 weeks
- India: 2-4 weeks

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**Please Note:** New projects 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: info@hvousa.org or 202-296-0928. Visit the website [www.hvousa.org](http://www.hvousa.org).
Travels with Genghis

In the summer of 2011, hand surgeon Robert R. Schenck, MD drove an ambulance 10,000 miles from London to Mongolia for charity. With his co-driver Norbert Ertel, Dr. Schenck traveled through seventeen countries, reversing the route of Genghis Khan in the 13th century.

In his book, *Travels with Genghis*, Dr. Schenck highlights the many adventures – and challenges – of his two month trek to Ulaanbaatar, Mongolia where he volunteered with HVO’s project at the National Traumatology and Orthopaedic Research Center in 2010. The author comments in depth on the people and cultures that he met along the way, highlighting the inherent helpfulness and goodness that made the success of his trip possible.

*Travels with Genghis* is available in both soft cover ($16.95 + $4 shipping) and hard cover ($29.95 + $4 shipping), and can be obtained directly from the author. Contact Dr. Schenck (r.schenckmd@gmail.com) for more details or to obtain a copy.

HVO KnowNET

www.hvoknownet.org

Health Volunteers Overseas offers all active members access to an essential resource for HVO program information – the *HVO KnowNET*. This members-only site brings together all the information needed for a successful volunteer trip overseas and provides resources on global health, teaching and training, and a wide variety of health care topics. Be sure to contact membership@hvousa.org to gain access today!

December 3rd is #GivingTuesday - a day to give back.
Participate with a gift to HVO & support improvements to global health.
Visit givingtuesday.razoo.com/story/BuildingResilience
Become an Ambassador-at-Large!

You can become an **Ambassador-at-Large**, as a member of HVO’s recurring gift program. As an **Ambassador**, you can transfer membership dues and yearly donations from a checking account or credit card directly to HVO on a monthly, quarterly, semi-annual or annual basis.

By choosing the convenience of creating a recurring gift, you amplify the impact of your support, saving HVO both time and money. This means that more of your tax-deductible dues and donations can be directed to what you really care about – projects that transform lives through education. Please see the recurring gift section on the membership application or donor envelope to join!

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**HVO Legacy Circle**

*When you write or review your will, please consider leaving HVO a charitable bequest as an investment in HVO’s future. You may bequeath a specific amount of money or a percentage of your estate. Another relatively simple option is to designate HVO as the beneficiary of a life insurance policy or the assets of a retirement plan.*

If you are interested in creating a charitable bequest in your will or in discussing some other charitable aspect of your estate planning, please contact Nancy Kelly at giving@hvousa.org. If you have already made a charitable bequest, please let us know! We will honor all requests to remain anonymous.

Thank you to the following people who have made such a commitment:

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*A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries.*
obstetric care and trauma related injuries, as well as common surgical conditions such as hernia repair, otitis media, cataracts, circumcision, and club foot repair. WHO and the Bellagio Essential Surgery Group (an organization committed to raising awareness about the need for surgical services in sub-Saharan Africa) are developing lists of surgical priorities, to gain a better understanding of which surgeries would have the most impact on a population. Of first priority would be surgeries that have a large public health impact, are cost effective, and successfully treat the condition. Examples would include emergency laparotomy, Caesarean section, repair of isolated cleft lip, appendectomy, etc.

One of the arguments used in the past against providing surgeries as part of a public health package was the assumption that they were too expensive. Recent studies, however, indicate that essential surgeries are quite cost-effective given their impact on disability, pre-mature death, and loss of work productivity. WHO reports that surgical care in Africa has proven as cost-effective as measles immunization. Surgeries which are fairly simple and do not require a lot of equipment can have a significant public health impact. Examples are circumcision, as a protection against HIV, and clubfoot casting.

Another misconception about offering surgical care is that procedures can only be performed by surgeons. In some countries, non-physician providers are being trained to perform essential emergency surgeries (Caesarian sections, hernia repair, wound and burn care, etc.). This occurs primarily in rural district hospitals. Since most surgeons in these countries are located in large cities, training other health care workers to provide these procedures in rural areas has made a significant difference in patients’ lives.

Apart from the surgical procedure itself, a major obstacle in providing surgeries continues to be delivery of safe anesthesia and post-operative care. In 2008, The Lancet noted that “mortality from general anaesthesia is reported to be as high as one in 150 in parts of sub-Saharan Africa.” Unfortunately, many countries do not keep data on post-operative infections and mortality rates but, with global post-operative infection rates of 3% and mortality rates of less than 5%, it must be assumed that rates in developing countries are higher.

Providing the necessary training to ensure safe surgeries, proper anesthesia delivery, appropriate post-operative care, and rehabilitation are all crucial components, yet another argument against providing essential surgery is that a strong health system must first be in place. Ironically, WHO research has shown that building surgical systems, training a workforce, and developing the infrastructure actually strengthens the health system. Working within the existing system and training the providers who are there develops an infrastructure on which to build for the future.
Essential Surgery  

With these common misconceptions overturned, the global health community is beginning to acknowledge that essential surgical care is a crucial aspect of public health and, more importantly, is beginning to address the need. HVO volunteers have been providing related training for many years. From anesthesia in South Africa to trauma care in Ghana, from hematology in Cambodia to nursing education in Uganda, from wound management in Haiti to physical therapy in Vietnam, HVO volunteers recognize the need for delivering safe surgical care in developing countries and welcome attention to the need.

Resources:


IRA Charitable Rollover

A tax act earlier this year allows Individual Retirement Account (IRA) rollovers to charitable organizations such as HVO through December 31, 2013. Individuals who are age 70 ½ or older can make tax-free distributions of up to $100,000 per taxpayer from IRAs (either traditional or Roth) that are transferred to charities. For more information on this opportunity please consult your tax and/or financial advisors. **Remember this opportunity expires December 31, 2013.**
OUR CONTRIBUTORS EMPOWER OUR VOLUNTEERS…

Our Ambassadors-at-Large
These recurring gift-givers ensure hundreds of health care providers receive essential education every year.

Our Members
The annual dues of our members enable universities, hospitals & clinics throughout the developing world to utilize HVO volunteers to train staff in life-saving techniques.

“Our members sustain our operations and make a difference every day, and for that, I can’t say thank you enough.”
—Nancy Kelly, Executive Director

Our Sponsors
These association partnerships help to provide up-to-date teaching materials & hundreds of the most highly-qualified volunteers reach developing countries each year.

“Sponsors provide access to the best-qualified volunteers, and, as professional associations, their support opens the door to essential resources for health care workers overseas. Our programs and projects are so much better thanks to them.”
—Kate Fincham, Director of Program Support
Our Legacy Circle

The quality of care for thousands of patients will continue to improve in the years to come because these members commit to HVO’s future through planned gifts & bequests.

“HVO’s focus on building resilience is its own legacy and HVO volunteers are constantly striving toward a legacy of improved global health. What better way to support this work than with a legacy of your own?”

—James Pembroke, Legacy Circle Member

Our Annual Donors

Thousands of patients receive the care they need – when they need it most – thanks to the annual contributions of our donors.

Our Surgeons’ Circle

These lifetime members allow life-saving health care techniques to be taught to & perfected by hundreds of health care providers who serve the most disadvantaged populations.

Our Tribute Donors

These gifts honoring friends at home help provide training to colleagues overseas.

"HVO donors have made possible 27 years of improving global health. Just think how many thousands of lives they’ve touched through their extraordinary generosity."

—Richard Fisher, HVO Board Chair

Please consider a contribution to HVO to ensure our volunteers can continue their life-transforming work.
A. Neil Salyapongse, MD ∙ Hand Surgery ∙ Ghana
What I learned is that there is an enthusiasm for knowledge, and excitement (and maybe even craving) for what can be done, and a group of people who warmly welcome anyone who shares their interests and demonstrates an interest in their world.

Roland Beverly, MD ∙ Dermatology ∙ Cambodia
This was one of the best experiences of my life!!! I look forward to returning to Cambodia soon. It also whet my appetite to try other locations. It recharged my batteries to practice medicine in ways it’s hard to explain. Working with Dr. Mey was one of the true highlights of my life. He is passionate and dedicated about delivering the best care possible for his patients..... It “recharged my batteries” about why I got into medicine. He is a dedicated practitioner and the patients were truly grateful.

Mary-Alice Tully, PNP-BC ∙ Pediatrics ∙ Bhutan
Overall, I was impressed with the Kingdom’s desire to provide excellent health care to their children. They have very high aspirations and are only limited by lack of resources such as manpower. As a witness to their intelligence and compassion, I trust that someday they will achieve their goals.

Stephen Barr, MD ∙ Orthopaedics ∙ Peru
Some of my best interactions here were with the residents who were, as they self described, literally starved for lack of didactic teaching. Whenever there was a free moment, either in between cases, at the end of the day, or early in the day before its official start, we often sat down and went through a quick 15 minute lecture with some discussion during and after. Given the importance of learning, and the knowledge that a straight lecture is clearly less effective than a small group discussion in the big scheme of things, I changed my lecture format to reflect this. As the HVO guide outlines: More active (do and remember), Less Active (hear and forget), I worked in straight directed questions to individual residents, asking how they would evaluate this particular fracture/problem/patient. After they had formulated their plan of action, I would further discuss in more detail, often asking open ended questions to draw their analysis out in more detail.

Nancy Anderson, CRNA ∙ Nursing Education ∙ Uganda
I did go over to the hospital the first few days of my arrival. I wanted to take a look at how care was performed, the supplies they had, and the facility resources. Of course, it was very different from what I am used to, but after the first week, the “shock” wore off, and I began to see past “how” care is performed, and rather looked at the rationale behind “what” they were doing to see if I could interject some minor changes. One area I witnessed was in wound care. Most of the wounds are cleaned with NS and cotton balls at Mulago hospital. So in one of my surgical classes I introduced them to the concept of using NS and sterile catheter tipped syringes for wound irrigation. The students were quite excited about this, so on my return trip I want to go over this with the new nursing students entering the program. I did however learn some cost effective techniques for wound care. They use “honey” dressings for wound care. I had never seen this before and did some research and found that it is an “old” method that works quite well for the most part. So, I guess you learn something new every day.
reflections…

Gordon Noel, (MD) · Internal Medicine · Cambodia

A few days ago I was talking with a medical student who asked me about Cambodia. I told him that most physicians who teach medicine in the United States contribute very little to a particular student or resident’s development. Graduating residents are like a piece of fine cloth densely interwoven with fibers that have been contributed by a hundred parents and grandparents and friends and teachers. If I spend two weeks with a student I might add a few threads. It is possible that if I were to work with one of my students ten years after graduation I would recognize at most a thread or two as having come from me. But while I and all the other teachers have contributed very little to a particular student, all of us and all of the patients and experiences of medicine and life taken together have added thousands of threads that have helped a talented student become a skillful and compassionate and fulfilled physician.

When I said goodbye to the seven residents and dozen staff physicians with whom I cared for patients in Phnom Penh, I knew that for a few I had added a little knowledge or a better way to examine a thyroid gland or liver or heart or a way of asking a patient if it was all right for me to examine them. I have left them with a few threads.

They are not nearly enough. At present there simply are not enough teachers or educational structure—standards and evaluation and feedback and certification of competency—to assure that a resident who begins to practice after one year of training in medicine will be competent or able to sustain renewal over a lifetime of practice. There are not enough teachers and more senior residents contributing threads now, and there are no systems of health care delivery or screening or prevention to support them. This is a problem that the Cambodians will have to solve for themselves, but something to which a visitor—even one who spends only a few weeks—can contribute.

William Creasman, MD · Oncology · Honduras

This is my fourth trip on behalf of HVO, ASCO and SGO to spend a week at San Felipe Hospital. To see residents who were just beginning their first year on my first trip and now are ready to graduate in just a few short months is extremely gratifying to see the maturation that has taken place. This was true of their medical knowledge, OR acumen and their ability to communicate in English. Some of these residents did not speak, or spoke very little English, when they started and now are quite fluent. So not only have they accomplished much medically but, additionally, having learned a new language is a testimony to their eagerness to excel. I’m sure not many of us could have accomplished the same.

Steven Finkleman, MD · Pediatrics · Bhutan

My experience was EXCELLENT. I have done about 10 volunteer medical missions in my life. This was clearly the best. The place, the hospital, the personnel. Everyone was so nice. The pathology was “jaw dropping.” Lots of opportunities to teach. I had great people to teach, who were interested and receptive. As a note, I retired 6 months ago, and seemed to say that this was going to be my last medical mission, before I start to forget things. Thanks to HVO for giving me this most marvelous experience. It was truly memorable.
Special Thanks

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Health Volunteers Overseas is a private nonprofit organization dedicated to improving the availability and quality of health care in developing countries through the training and education of local health care providers. HVO designs and implements clinical training and education programs in child health, primary care, trauma and rehabilitation, essential surgical care, oral health, blood disorders and cancer, infectious disease, wound management and nursing education.

The Volunteer Connection, HVO’s biannual newsletter, is available by mail or electronically for those who prefer. Subscriptions are free to HVO members and donors. Previous issues are available on the HVO website under “Press Room.” The newsletter is produced by the communications staff at HVO and designed by Kelley Silberberg of Graphic Design Services.

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