

2013 ANNUAL REPORT



BUILDING

A GLOBAL HEALTH COMMUNITY



Health Volunteers Overseas
Transforming Lives Through Education

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*Joined in 2014

HEALTH VOLUNTEERS OVERSEAS

MISSION STATEMENT

Health Volunteers Overseas is a private non-profit organization dedicated to improving the availability and quality of health care in developing countries through the training and education of local health care providers.

VISION

HVO will be recognized as a global leader in the development and implementation of educational programs designed to empower health care providers in developing countries.

CORE VALUES

Health Volunteers Overseas:

implements innovative, effective programs that meet the needs of the host country and institution, are sustainable and build local capacity.

recruits qualified, committed, culturally sensitive health care professionals as volunteers.

works in partnership with other organizations, host governments and institutions, and local health care professionals in a spirit of mutual respect and cooperation.

is dedicated to good stewardship and lifelong learning.



LETTER FROM THE CHAIR AND EXECUTIVE DIRECTOR

For nearly 28 years, Health Volunteers Overseas has been providing training and education to health care providers in developing countries around the world. In 2013, 455 HVO volunteers completed 506 assignments, and 15 new projects were initiated. Each of those assignments represents another step forward by improving skills and increasing knowledge, which contribute to better patient care. Yet, “Building a Global Health Community” is so much more than just a transfer of skills.

HVO volunteers are placed in an environment where their skills have been requested, there is an eagerness to learn, and there are individuals committed to improving their own skills, their profession, and the health of their patients. These individuals are eager for the professional connection that a volunteer offers and, through that desire and commitment to learn, personal connections develop. Volunteers return home and continue to provide information on techniques, best practices, and research opportunities. They often return to the project sites with additional information, taking training to another level.

Through working alongside their colleagues and sharing information – and the volunteer experience truly is a “give and take” opportunity - collaborative partnerships are forged. Through these collaborations, professional associations have been developed or strengthened, disease awareness has been expanded to the public, and respect and understanding between professions have been increased.

These personal and professional connections are crucial components that, combined with the sharing of skills and knowledge, are building a global health community.

Yet, just as each link cannot stand on its own, our volunteers cannot do their work alone. They are part of the HVO community, which is composed of volunteers, donors, sponsors, and partners. Thank you to all of you for your contribution to this community! Together, we are expanding our work to encompass a global community of health care providers.

Sincerely,

Richard Fisher

Richard Fisher, MD
Chair, HVO Board of Directors

Nancy Kelly

Nancy A. Kelly, MHS
Executive Director



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Overall, volunteering in Honduras has been a dream come true – the dream of helping those in need as well as giving back a little bit of my knowledge to the Hispanic community. Through oncology nursing education, Health Volunteer Overseas and ASCO are making a great impact in the development of health professionals across the world, and I am proud to be part of it.

- Loyda Braithwaite, RN

BUILDING A GLOBAL HEALTH COMMUNITY

Tackling a global shortage of 4 million health care providers, Health Volunteers Overseas provides training and education in developing countries, with a mission of improving both availability and quality of health care. A world where patients have access to skilled, knowledgeable providers and where care is provided safely is an underlying goal of a global health community.

What does it take to build a global health community?

HVO believes it involves sharing knowledge and skills, developing personal connections, and creating lasting collaborative partnerships.

Sharing Knowledge and Skills

Depending on the project site, HVO volunteers work in universities, hospitals, and clinics to provide both didactic and clinical training. Skills taught in the classroom are then demonstrated in clinics or during rounds. The grasp of new knowledge is always rewarding for both teacher and student, as dermatologist Charlotte Kutsch found in Cambodia:

"I was pleased when I was able to examine a patient with the students and demonstrate microscopy techniques for examining skin cells for the presence of fungus. When the specimen was positive, I could really see the light go on in many of the students' eyes. They were able to grasp how we can diagnose a condition using a clinical-laboratory correlation, then institute appropriate treatment. They were able to see the art of visual pattern recognition, and yet also the laboratory science, that underlies our specialty. No additional translation was needed that day!"

Across the globe, physical therapist Antoinette Sander provided continuing education in spinal rehabilitation skills for Rwandan therapists. Between the classroom sessions, Dr. Sander worked individually with the therapists, to ensure that the skills learned were being properly implemented.

"[Two hours north of Kigali], the therapist met me and we walked 2.5 kilometers to the hospital. Together we worked with a patient. I was really impressed with how she prepared

for my visit. We saw a patient that she has been seeing for some time. With the course information [from the first two sessions], she had re-evaluated the patient and presented a nice oral case before we saw him. She was able to identify his functional problems. Together we advanced his basic exercise program to more strengthening, and showed him ways to pace himself. This was new thinking for the therapist.

Yesterday in Kigali I found a similar situation. The therapist told me what her new patient needed, again using course principles and skills. I was able to affirm her in her use of the course skills. With a returning patient, she needed help in advancing his exercise program. These visits warmed my heart as I see actual changes in practice."

Often, volunteers' impact is through small behavior changes such as hand washing between patients or modeling communication with patients. Those small changes can significantly impact patient lives, as Kathy Clark found in Bhutan. Ms. Clark, a pediatric physical therapy specialist, was in the neonatal intensive care unit (NICU), and observed the need for training in the proper positioning of newborn babies. Those first days are crucial, as every element of care can profoundly affect healthy development – even the way the infants lie in their cribs. She was asked to present two in-services to the NICU nursing staff about the importance of positioning - the 'why' and 'how.'

As Bhutan's primary care facility, the National Referral Hospital delivers 3,500 infants yearly and receives hundreds of pediatric referrals. The demanding work and the limited staff allow little opportunity for continuing education and protocol development. Yet the NICU staff embraced the new knowledge and took initiative to ensure the best possible care for the tiny infants.

"Following [my in-services], almost every baby in the NICU was positioned properly, using a prototype roll I created. The NICU's pediatric physiotherapy staff provided consultation to parents on developmental handling and the importance of positioning, and began to sew their own waterproof positioning rolls for the NICU. Their effort resulted in improved positioning of premature babies that will positively affect their motor and sensory development, their ability to self-calm, and their respiratory status. Proper positioning will minimize skeletal deformities and muscle imbalances. It was a small but potentially profound change in behaviors that I helped moderate."

Ms. Clark, like other HVO volunteers, witnessed the impact knowledge can have on the quality and availability of health care where it is most needed. The lessons she imparted, and the professional exchange she facilitated, will lead to healthier babies long after she leaves Bhutan.

Developing Personal Connections

Often, it is the personal relationships that keep volunteers returning to a site, whether it is a colleague they have mentored, a patient for whom they cared, or a member of the hospital staff who has shared their love for their country. Occasionally, a personal connection is not apparent until years later. Such was the case for Dr. Dale Erickson, an internist and kidney specialist, who has served several times in Zimbabwe.

After Dr. Erickson conducted rounds in a dialysis unit, he was contacted by a patient's physician, Dr. Luke, whom he didn't know but had treated years earlier, when the pediatrician was dying of kidney failure. Dr. Erickson initiated the only available treatment - peritoneal dialysis, but had to return to the US the next day. Dr. Luke shared his story:

"I got better and went to Johannesburg [for a successful kidney transplant]. After recovering, I took stock of my life and did additional training in South Africa, becoming a pediatric nephrologist. I now practice in Zimbabwe, the only trained pediatric nephrologist. My wife, an RN, works in London so that I can provide nephrology services to children in Zimbabwe. I heard you have been here other times, but have always missed you. I want to say, 'thank you', for saving my life and giving me the opportunity to focus on things that are important. Many doctors would not have made the effort you did, as I was very sick, dying, that night. Now I can provide similar opportunities to children in Zimbabwe who have severe kidney disease. Thank you so very much, Chiremba. ["Doctor"]"

Dr. Erickson shared, "I had heard of a Dr. Luke, but had no idea that I was part of his story. Thanks to HVO for the opportunities!"

Creating Collaborative Partnerships

Although HVO volunteers usually travel alone, their service is not an isolated event. Rather, it is part of a plan with the institute and builds on the work of previous volunteers, providing training requested by the local providers. This allows for long-term planning and adjustments as skills develop and needs change. Support does not end when volunteers complete their assignments. Rather, volunteers continue the connections they developed, through email, teleconferences, and sharing of educational resources.

Rebecca Kruisselbrink, a critical care specialist, worked in Uganda's Mulago Hospital, where she witnessed the debilitating effect of traffic accidents in a country with few physicians and an increasing number of motorized vehicles.

"I cared for a four-year old girl in the ICU, the victim of a car-versus-motorbike accident. She wasn't wearing a helmet and had suffered skull fractures and a brain contusion, lung



and liver contusions, a broken femur, and several broken ribs. She required ventilator support for some time and eventually had a tracheostomy placed.... This little child had incredible odds stacked against her."

Throughout the girl's recovery, Dr. Kruisselbrink worked closely with the hospital staff, sharing her knowledge and expertise. The young girl survived and Dr. Kruisselbrink noted:

"I had the privilege to meet and develop strong working relationships with residents and faculty at Mulago who are similarly interested in building critical care capacity in low-income African countries."

This case demonstrated so many health needs - from public health interventions such as motorcycle helmets - to pediatric ventilators and monitors in the ICU. But her story also illustrates the commitment of Ugandan healthcare professionals to their patients, and to doing the best they can with available resources. I witnessed the diligence of the nursing staff who attended to her, doing all they could to manage her symptoms, and aid her recovery. I saw the dedication of the ICU residents who, though not on call, would stay late, return early, and answer phone calls all night long when there were questions about her care. Stories like this child are what motivate me to participate in work that seeks to improve health care in developing countries."

After returning home, Dr. Kruisselbrink has continued to work with her Ugandan colleagues, maintaining ongoing electronic communication, sharing ideas and educational resources, and collaborating on research and quality improvement projects. Her contributions to global health, and those of other HVO volunteers, are supporting committed and caring professionals, ensuring the best possible patient care and building a global health community.



partnerships

2013 COLLABORATING INSTITUTIONS & ORGANIZATIONS

We thank our many outstanding partners around the world for their support.

BELIZE

Belize City
Karl Heusner Memorial Hospital
Ministry of Health
University of Belize

BHUTAN

Mongar
Eastern Regional Referral Hospital

Thimphu

Jigme Dorji Wangchuck National
Referral Hospital
Ministry of Health
Royal Institute of Health Sciences

BOLIVIA

La Paz
HOPE Worldwide
Hospital Arco Iris

CAMBODIA

Kampot
Sonya Kill Memorial Hospital

Phnom Penh

Cambodian Dental Association
Ciomal Kien Kleng Centre
Faculty of Dentistry, International
University
HOPE Medical Centers

Preah Kossamak Hospital
Sihanouk Hospital Center of HOPE
University of Health Sciences of
Cambodia

Siem Reap

Angkor Hospital for Children

CAMEROON

Bamenda
Cameroon Baptist Convention
Mbingo Baptist Hospital

CHINA

Wenzhou
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Medical School

COSTA RICA

San Jose and Liberia
Caja Costarricense de Seguro Social
System
Medical Oncology Association
University of Costa Rica

ETHIOPIA

Addis Ababa
Addis Ababa University
Black Lion Hospital
Myungsung Christian Medical Center

GHANA

Kumasi
Komfo Anoke Teaching Hospital

HAITI

Deschapelles
Hôpital Albert Schweitzer

HONDURAS

Tegucigalpa
Cancer Center Emma Callejas
Hospital Escuela
Hospital San Felipe

INDIA

Bangalore
Bangalore Baptist Hospital

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Duncan Hospital

Vellore

Christian Medical College

KENYA

Nairobi
PCEA Kikuyu Hospital
University of Nairobi School of Dental
Sciences

LAOS

Vientiane
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MALAWI

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Malawi College of Medicine
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Traumatology
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MONGOLIA

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Yangon
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Managua
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PARAGUAY

Asuncion
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PERU

Lima (and other cities)
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Hospital System

RWANDA

Kigali
King Faisal Hospital
Rwanda Physiotherapy Association
School of Health Sciences, College of
Medicine & Health Sciences,
University of Rwanda (formerly the Ki-
gali Health Institute)

ST. LUCIA

Vieux Fort
St. Jude Hospital

SURINAME

Paramaribo
Anton de Kom University

TANZANIA

Dar es Salaam
Muhimbili National Hospital
Muhimbili University of Health and Al-
lied Sciences
Tanzanian Dental Association

Moshi
Kilimanjaro Christian Medical Center

Mwanza
Weill Bugando Medical Centre

UGANDA

Kampala
Makerere University
Mulago National Referral Hospital

Mbarara

Mbarara University of Science and
Technology
Mbarara University Teaching Hospital

Nebbi

Showers Foundation Health Center

VIETNAM

Da Nang
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tion Center

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Catalogue for Philanthropy
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Global Health Workforce Alliance
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Global Impact
Global Volunteer Partnership
International College of Dentists
International Federation for Dental
Education



Golden Apple Award

THE GOLDEN APPLE AWARD

The Golden Apple Award, presented for extraordinary educational contributions, was created in 2006 by HVO's Board of Directors to recognize those volunteers who have demonstrated a strong commitment to HVO's educational mission through their work on curriculum develop-
ment, teacher training, didactic or clinical training, or the enhancement
of educational resources.

Thank you to each of the honorees for their dedication and extraordinary
commitment.

2013 GOLDEN APPLE AWARD HONOREES

William Creasman, MD
Randall Culp, MD
Diana Davidson, CRNA
Norman James, MD
Robert Kalb, MD

International Society for Prosthetics
and Orthotics
Orthopaedic Research and Education
Foundation
Orthopaedic Trauma Association
Society for Education in Anesthesia
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Development
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Orthopaedics
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Emergency & Essential Surgical Care
Clinical Procedures Unit (CPR)
World Learning
World Orthopaedic Concern



leadership



2013 VOLUNTEER LEADERS

Volunteers provide the guidance and support essential for the success of HVO programs. These leaders work year-round in many capacities – on Steering Committees providing program oversight and exploring new project opportunities, and as Project Directors recruiting and preparing volunteers, as well as monitoring and refining the educational goals of individual projects. Special thanks are due to these individuals who provide the framework for the management of HVO's educational programs.

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PT, CWS
Cambodia (Siem Reap) Laurie Rapp,
PT, CWS
Haiti Cristin Taylor, PA-C, DPT, ATC
India Barbara Bates-Jensen, PhD, RN &
Michael Southworth, MD, FACS
Peru Geraldine Vehr, MD

SPECIAL PROJECTS

Emergency Medicine Bhutan Katharine
Morley, MD, MPH
Mental Health Bhutan Charles
Thompson, MD
Pharmacy Uganda Susan Raber,
PharmD, MPH

*USAID-funded Advancement of Rwandan
Rehabilitation Services Project*
Project Coordinator *Monika Mann*, PT
Technical Advisory Group *Julia
Chevan*, PT, PhD, MPH, OCS & *Kim
Dunleavy*, PhD, PT, MOMT

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Haley Brightman, Administrative
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Joyce Nyiraneza, Project Manager

UGANDA

Stella Nyange, Volunteer Coordinator

CONSULTANTS

Kelley Silberberg, Graphic Design Services
e-Guard Technology Services, Network
& IT Support



volunteers

This list represents volunteers who completed assignments as of December 31, 2013.

*Stars indicate number of assignments in 2013

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Ronald Ailsby, MD
Sergio Martinez Alvarez, MD
Keith Anderson, MD
Nancy Anderson, RN, MSN**
Philip Anderson, DDS
Ariadna Arauz, PA-C
Isidora Arzu, MD, PhD
Jennifer Audette, PhD, PT
Farrah Ayob, MBBS
Mark Baker, MD, FACEP
Samuel Baker, MD
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Beverly Bauman, MD
Suzanne Beaumont, PA-C
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Roberta Beiso, RN, BSN
Eugenio Beltran, DMD, MPH, DrPH, MS*****
Emily Benson, MD
Gertrudis Elizabeth Benz Ianalf, PT, MPH

Joan Bessey, CRNA, MS
Barbara Billek-Sawhney, PT, EdD, DPT, MS, GCS
Jean Philippe Bismuth, MD
Sheena Black, MD
Andrew Blackman, MD
Susan Blackmore, MS, OTR/L, CHT
Joel Bleicher, MD**
Berva Bocklage
Joseph Bocklage, MD
William Bohl, MD
Deborah Bohn, MD
Reanne Booker, MN, BScN
Yves Boudreau, MD
Lindsey Bozich
Loyda Braithwaite, RN
Paul Brewer
Danni Brown, BS, MS
Paul Brown, DDS, MS
Suzanne Brown, CRNA****
T. Desmond Brown, MD
Lawrence Bruno, MD
Carol Brunzell, RDN, LD, CDE
Robert Buchholz, CRNA, MSNA
Emily Bucholz, MPH
Robert Bucholz, MD
Chester Buckenmaier, MD
George Burns

John Burrell, MD
Joseph Calabrese, PhD
Amber Caldwell
Mary Jane Carraway, RN
Sarah Cavilla, MBBS, BSc, MRCP
Amitabha Chakraborty, MBBS, MD, FRCPC
Ronda Chandler, RN
Helen Charles
Ching-Rong Cheng, MD
Linus Chuang, MD, MPH, MS
Charlene Clark, MD
Wesley Clark, MD, MPH
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This experience reinforced my perspective that quality health care education and training is vital to increase the ability of developing nations to provide their citizens with safe, effective care. It is vital in order to decrease health care disparities and injustices that are present in the world. I appreciate the opportunity to have worked to this end and I am committed to continuing to do so.

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One of the student nurses doing her internship in ICU that I worked with, told me on the 2nd day that she was so impressed at my knowledge and teaching style, that she was really inspired to finish her career and be an ICU nurse and also teach someday. She was there at all the lectures and on our last day.

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This is a developing country, obviously, and being there as a volunteer is quite an adjustment, and also a privilege, to be part of their daily life. To witness how a country deals with too few resources, too little infrastructure, and too little prosperity is a stressful but rewarding (and in a way necessary) education for anyone from the developed world.

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When you teach, you learn. Teaching is like showing a visitor around your town. You take them to the sights, places that you have seen many, many times, but as you point out the buildings, the architecture, the history, you see the city in a new way. So it seems to be for me. I read my notes and seem to understand the concepts differently than before.

- Joyce Wasserman, PT

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INDEPENDENT AUDITOR'S REPORT

To The Board of Directors
Health Volunteers Overseas, Inc. and Affiliate

I have audited the accompanying combined financial statements of Health Volunteers Overseas, Inc. and Affiliate (nonprofit organizations) which comprise the combined statements of financial position as of December 31, 2013 and 2012, and the related combined statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Health Volunteers Overseas, Inc. and Affiliate as of December 31, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Kimberly F. Palmisano

Kimberly F. Palmisano, CPA, P.A.
Hunt Valley, Maryland
June 16, 2014

COMBINED STATEMENTS OF FINANCIAL POSITION
December 31, 2013 and 2102

		ASSETS	
CURRENT ASSETS		2013	2012
Cash and Cash Equivalents		\$263,186	\$143,264
Contributions Receivable		18,728	63,761
Marketable Securities		1,020,952	963,714
Prepaid Expenses		10,157	19,594
TOTAL CURRENT ASSETS		1,313,023	1,190,333
FURNITURE AND EQUIPMENT			
Equipment		25,106	23,613
Furniture and Fixtures		7,375	7,375
Total		32,481	30,988
Less: Accumulated Depreciation		-23,350	-24,124
TOTAL FURNITURE AND EQUIPMENT, NET		9,131	6,864
OTHER ASSETS			
Investments - Other		149,821	141,842
Deposits		5,455	5,455
Charitable Remainder Trust Receivable		718,772	643,512
TOTAL OTHER ASSETS		874,048	790,809
TOTAL ASSETS		\$2,196,202	\$1,988,006
		LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES			
Accounts Payable and Accrued Expenses		\$85,313	\$98,797
Deferred Registration		2,100	1,600
TOTAL CURRENT LIABILITIES		87,413	100,397
NET ASSETS			
Unrestricted		1,041,987	945,507
Temporarily Restricted		1,066,802	942,102
TOTAL NET ASSETS		2,108,789	1,887,609
TOTAL LIABILITIES AND NET ASSETS		\$2,196,202	\$1,988,006

COMBINED STATEMENTS OF ACTIVITIES
For the Years Ended December 31, 2013 and 2012

	2013			2012		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
INCOME						
Contributions						
In-Kind Contributions	\$7,440,337	\$ 0	\$7,440,337	\$6,466,975	\$ 0	\$6,466,975
Member Contributions	292,555	0	292,555	318,311	0	318,311
Contributions - Other	298,828	125,895	424,723	316,284	267,858	584,142
Workplace Giving Contributions	16,167	0	16,167	12,936	0	12,936
Charitable Remainder Trust -						
Change in Fair Value	0	75,260	75,260	0	81,906	81,906
Program Service Fees	4,710	0	4,710	4,545	0	4,545
Publications	2,325	0	2,325	2,307	0	2,307
Registration	7,750	0	7,750	10,450	0	10,450
Grant Income	0	321,623	321,623	0	116,912	116,912
Net Investment Income (Loss)	163,980	0	163,980	129,574	0	129,574
Overhead	40,946	0	40,946	29,125	0	29,125
Miscellaneous	275	0	275	373	0	373
Net Assets Released from Restriction	398,078	-398,078	0	390,908	-390,908	0
TOTAL INCOME	8,665,951	124,700	8,790,651	7,681,788	75,768	7,757,556
General and Administrative Expenses	151,606	0	151,606	149,179	0	149,179
PROGRAM EXPENSES						
In-Kind Expenditures						
Professional Services Donations	4,466,818	0	4,466,818	3,773,050	0	3,773,050
Travel and Living Costs Paid by Volunteers	1,217,927	0	1,217,927	1,435,621	0	1,435,621
Equipment and Other Donations	1,755,593	0	1,755,593	1,258,304	0	1,258,304
Other Program	934,384	0	934,384	980,177	0	980,177
TOTAL PROGRAM EXPENSES	8,374,722	0	8,374,722	7,447,152	0	7,447,152
Fundraising Expenses	43,143	0	43,143	44,364	0	44,364
TOTAL EXPENSES	8,569,471	0	8,569,471	7,640,695	0	7,640,695
CHANGE IN NET ASSETS	96,480	124,700	221,180	41,093	75,768	116,861
Net Assets - Beginning of Year	945,507	942,102	1,887,609	904,414	866,334	1,770,748
NET ASSETS - END OF YEAR	\$1,041,987	\$1,066,802	\$2,108,789	\$945,507	\$942,102	\$1,887,609

The complete audited statements are available upon request and on the HVO website.

Not only are we learning medicine, but we're learning about different cultures and perspectives. I have had different types of learning based on the different volunteers' expertise and our friendships. As a trainer myself, I have especially appreciated seeing the different ways of delivering teaching. I have learned more about modern medicine and grown in my patient care, and in my bedside teaching.

– Lim Kruey, MD, on-site coordinator Cambodia



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