

# The Volunteer Connection



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## A Tribute to Nursing from HVO

*The following article is a guest contribution from Betty Beard, RN, MSN, PhD. Dr. Beard, Professor Emeritus at Eastern Michigan University, is the Project Director for HVO's nursing education project at Hai Duong Medical Technical University in Vietnam.*

The World Health Assembly, governing body of the World Health Organization, chose 2020 as the Year of the Nurse and Midwife. The year also commemorates the 200th anniversary of the birth of the person who most influenced contemporary nursing: Florence Nightingale. HVO joins with global organizations to celebrate the profession that represents over half of all health care providers worldwide. This is the year to not only honor nursing but to also help people be more aware of the actual work that nurses do. In order to achieve and sustain universal health coverage by 2030, the World Health Organization reports a need for 18 million health care providers, half of whom will be nurses and midwives.

Nurses are intimately involved with patients, families and communities from before birth - with family planning, throughout life, and beyond death when they help families work through their grief and loss. In many communities nurses and midwives are the only ones providing health care.

HVO has long recognized the critical role that nurses perform in providing care and has developed projects and programs to support and advance this care by recruiting volunteers who work beside nurses who are performing roles of both educator and provider in their local communities. HVO's philosophy is to partner with local providers, by invitation, to provide transformative education that will improve health care over the long haul.

HVO currently has specialized programs that seek nursing volunteers, for example, in wound care and lymphedema, hematology, and oncology. HVO also has seven nursing education projects in five countries on two continents.



*Dr. Beard with Hai Duong Medical and Technical University nursing faculty, Hai Duong, Vietnam*

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## News & Events

LETTER FROM THE EXECUTIVE DIRECTOR



*“The test of our progress is not whether we add more to the abundance of those who have enough; it is whether we provide enough for those who have too little.”*

*- Franklin Delano Roosevelt*

Dear Friends,

The World Health Organization has designated 2020 as International Year of the Nurse and Midwife, a recognition of such a vital role in global health care. Nearly half of the global health workforce is made up of nurses and midwives, who provide essential care at all stages of life. The World Health Statistics Report noted that there were about 29 million nurses and midwives working as of November 2019, but an additional million will be needed in 2020.

As we go to print, the deaths from the coronavirus, COVID-19, are increasing daily and the World Health Organization has officially confirmed that this is a pandemic. As the world encounters more new diseases and outbreaks of familiar diseases in new environments, as a result of the changing climate, the demands on health care are increasing drastically.

On page 11, an HVO member shares her thoughts on promoting alternative delivery methods of care. Technology has expanded the options for care delivery and, in a world where access to hospitals may be limited, either due to distance or quarantine requirements, alternative means of providing care should be explored, similar to the way HVO has expanded its methods of providing training, through e-volunteer assignments and training sessions via Skype.

In our cover article, Dr. Betty Beard, HVO’s project director for the nursing education project in Hai Duong, Vietnam discusses how the site is incorporating e-volunteering along with on-site volunteer assignments to bolster the nursing program at the local university. By expanding our methods of training, we hope to reach an increased number of health workers to address the needs of the future.

To nurses and midwives around the world, on behalf of HVO, I extend our heartfelt gratitude for the skills, care, and compassion you provide throughout our lives and, particularly, in stressful, demanding times like these. I hope everyone stays safe and healthy.

Sincerely,

*Nancy*

Nancy A. Kelly, MHS  
Executive Director

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# Active Project Sites

## CURRENT VOLUNTEER OPPORTUNITIES

Health Volunteers Overseas is closely monitoring the situation caused by the global COVID-19 pandemic. The situation is rapidly evolving, and we are updating our guidance on project suspensions based on host country government policies, as well as advisories from the US Centers for Disease Control and Prevention and the US State Department.

**After much consideration, HVO suspended volunteer placements at all of our projects until May 31st.**

We are continuing to recruit and place volunteers on the schedule for later this year and for 2021, as our important work to educate and train health workers around the world continues and is more important than ever. If you have questions or would like information about a specific program or project, please contact [info@hvousa.org](mailto:info@hvousa.org) or call 202-296-0928.

### Anesthesia

Bhutan .....	4 weeks
Cambodia .....	2 - 4 weeks
Ghana .....	2 - 4 weeks
Laos .....	2 - 4 weeks
Malawi .....	<i>suspended</i>
Rwanda .....	2 - 4 weeks
Vietnam .....	2 - 4 weeks

### Dermatology

Cambodia .....	2 - 3 weeks
Costa Rica .....	1 - 2 weeks
Nepal .....	2 - 4 weeks
Uganda .....	2 weeks
Vietnam .....	2 - 4 weeks

### Hand Surgery

Honduras .....	1 week
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### Hand Surgery/Hand Therapy

Ghana .....	2 - 4 weeks
Nicaragua .....	<i>suspended</i>

### Hematology

Cambodia .....	2 - 4 weeks
Peru .....	2 - 4 weeks
Tanzania .....	1 - 4 weeks
Uganda .....	<i>suspended</i>

### Internal Medicine

Bhutan .....	4 weeks
Cambodia .....	2 - 4 weeks
Costa Rica .....	2 weeks
Guyana .....	2 - 4 weeks
India .....	2 - 4 weeks
Nepal .....	3 - 4 weeks
Uganda .....	4 weeks

### Nursing Education

Cambodia .....	2 - 4 weeks
Laos .....	4 weeks
Tanzania .....	3 - 4 weeks
Uganda .....	3 - 4 weeks
Vietnam .....	2 - 4 weeks

### Obstetrics-Gynecology

Cambodia .....	2 weeks
Haiti .....	<i>suspended</i>
Uganda .....	1 - 4 weeks
Vietnam .....	2 - 3 weeks

### Oncology

Bhutan .....	4 weeks
Honduras .....	1 week
Nepal (gyn-onc) .....	1 - 2 weeks
Nepal (med-onc) .....	2 - 3 weeks
Uganda .....	2 weeks
Vietnam .....	2 weeks

### Oral Health

Haiti .....	<i>suspended</i>
Laos .....	1 - 2 weeks
Nepal .....	2 weeks
Peru .....	1 - 2 weeks
Tanzania .....	2 weeks

### Orthopaedics

Bhutan .....	4 weeks
China .....	<i>suspended</i>
Costa Rica .....	<i>suspended</i>
Ghana .....	2 - 4 weeks
Myanmar .....	3 - 4 weeks
Nicaragua .....	<i>suspended</i>
Philippines .....	2 - 4 weeks

### Orthopaedics

St. Lucia .....	1 - 4 weeks
Tanzania .....	2 - 4 weeks
Uganda .....	2 - 4 weeks

### Other Projects

#### Bhutan

Emergency Medicine ....	4 weeks
Mental Health .....	3 months
Residency Training .....	3 months
<i>(Anesthesia, General Medicine, General Surgery, Ophthalmology, &amp; Pediatrics)</i>	

#### Uganda

Pharmacy .....	3 - 4 weeks
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### Pediatrics

Bhutan .....	4 weeks
Cambodia .....	4 weeks
Laos .....	4 weeks
Nepal .....	3 - 4 weeks
Nicaragua .....	<i>suspended</i>
St. Lucia .....	2 - 4 weeks
Uganda .....	1 - 4 weeks

### Physical Therapy

Bhutan .....	2 - 4 months
India .....	2 - 4 weeks
Malawi .....	4 - 6 weeks
Rwanda .....	2 - 4 weeks
St. Lucia .....	1 - 4 weeks
Vietnam .....	2 - 4 weeks

### Wound Management

Cambodia .....	1 - 2 weeks
Haiti .....	<i>suspended</i>
India .....	1 - 4 weeks



## News & Events

HVO MEMBERS IN THE NEWS

### Remembering Agnes Heather Onyett, Trail-blazing Pediatric Clinician-Educator

HVO is saddened by the loss of Heather Onyett, DTM&H, MPH, FRCPC, FAAP and Professor Emeritus at Queen's University in Kingston, Canada.

Raised in northern Ontario, Dr. Onyett spent time around remote communities but it was her two years of volunteer service in rural Burundi, where she taught French, which transformed her life. She returned home with a new understanding of the need for medical care in impoverished communities, and earned a medical degree, graduating as the Memorial University of Newfoundland's first pediatrician. She spent many years providing pediatric care to remote, indigenous communities in northern Canada. She studied tropical medicine in Liverpool, and received the Gold Medal in International Community Health from the School of Tropical Medicine and Hygiene. She earned an MPH at Johns Hopkins School of Public Health (where she met HVO Executive Director Nancy Kelly), and was inducted into the National Honorary Public Health Society, Delta Omega Alpha.

A life-long learner, she went on to become a pediatric infectious disease specialist with Canada's Royal College of Physicians and Surgeons. She spent her free time volunteering in Liberia, Kenya, Uganda, Honduras, Ecuador, Dominican Republic, Cambodia, Malawi, and Vietnam, always learning as she served.

Dr. Onyett had a passion for teaching and serving. She was a tenured Full Professor of Paediatrics, Microbiology and Immunology, Community Health and Epidemiology, and Rehabilitation Therapy at Queen's University Faculty of Medicine, and became Professor Emeritus in 2012. She founded the Infectious Disease service, set up specialty clinics, served on numerous committees for infectious diseases, and was a member of the Board of Directors' Executive Committee in the Canadian Paediatric Society.

Maternal and child health was also a keen interest and she developed the first medical school undergraduate course in Canada on the topic. In addition to her teaching load in Canada, she taught courses at all levels at Boston University School of Public Health. Her commitment to teaching earned her numerous awards, but she was also always mindful of returning to remote areas to serve.

A long-time member of HVO, she volunteered in Cambodia, Malawi, and Guyana, where she served as project director.

Dr. Onyett's passion and commitment to improving pediatric care, serving resource-scarce populations, and sharing her skills and knowledge with future health care providers will be well-remembered. Our condolences are with her family and the community of those she mentored.

### Priscilla Sagar, EdD, RN, ACNS-BC, CTN-A, Inducted as AAN Fellow

Dr. Sagar, nursing professor emerita of Mount Saint Mary College in Newburgh, NY, was recently inducted as a Fellow in the American Academy of Nursing. AAN has a mission of "advancing health policy, practice, and science through organizational excellence and effective nursing leadership." Fellows are chosen based on their leadership in the nursing field, and, along with the honor, comes a responsibility to serve in improving the US health system.

A long-time member of HVO, Dr. Sagar has volunteered on several assignments in Vietnam and mentored Vietnamese nursing colleagues when they came to the US for short trainings. She has always been willing to assist and encourage nurses as they sought new skills and information, and as they worked to develop the profession.

HVO congratulates Dr. Sagar on this recognition of her service and looks forward to her continued contribution to improve the nursing profession and health care in the US.

## News & Events

IN MEMORIAM

### Barbara Edwards 1968-2020

The HVO community is deeply saddened by the loss of our friend and colleague, Barbara Edwards. One of our longest serving employees, Barbara began working part-time at HVO in the fall of 1999 and over the years took on many new responsibilities including working with the oral health and wound care projects. She was always willing to tackle the myriad “tasks as assigned” that staff of a small nonprofit inevitably encounter. For many years, Barbara’s was the friendly voice who answered the phone and, after hours, calmly directed callers through the answering system. She also took the lead in HVO’s recent technology update – leading the charge to move HVO to the cloud. She was a willing soundboard, ready to hear new proposals and brainstorm ideas for tackling challenges, always with grace and a sense of humor – and she was ready to offer a sympathetic ear if a challenge couldn’t be overcome. In 2017 she was promoted to Director of Operations.

Barbara was diagnosed with a rare and aggressive cancer in March of last year. She underwent a brutal schedule of chemo and radiation treatments and for the most part continued to come to work on a regular basis through the summer. She was determined that this cancer would not define her and insisted that staff and others not see her as sick.

As HVO grew over the years, Barbara and her can-do attitude took on the challenge of advancing our organization’s technological capacity, expanding her own skills and knowledge to better understand the changing



tech landscape and ensuring that HVO would be equipped to evolve as well. Barbara was totally committed to HVO’s mission of training and education and delighted in reading volunteers’ reports of accomplishments in the field. She personified the core traits we so often associate with successful volunteers – flexibility, patience, openness, innovativeness, integrity, and humor – bringing these essential qualities to her work and serving as an example for other HVO staff, leadership, and volunteers.

With the support of her family, HVO is establishing the Barbara Edwards Fund to honor her memory. Consistent with Barbara’s pragmatic nature, all donations received in her memory will be allocated where the need is greatest.

Barbara will be missed by all here at HVO – staff and volunteers.



*Barbara with HVO staff at the HVO 30th anniversary symposium*



## Reflections from the Field

VOLUNTEERS REPORT ON THEIR ASSIGNMENTS

### *Steven Bayer, DO · Residency Program · Bhutan*

The knowledge base of the attending physicians was impressive. The residents in internal medicine - there are six spread over 4 years - were knowledgeable, commensurate with their position. The interns were eager to learn about topics in both inpatient and outpatient neurology as they are looking at spending time in the various district hospitals and clinics after finishing their year of training. Residents and interns always amassed an adequate data base when obtaining a history.

Attending physicians, residents, interns and nurses were all extremely appreciative of input regarding clinical situations and were also helpful and informative when I had questions regarding communicating with patients and families. I spent a lot of time in ICU; one or two weeks all 10 beds were filled with neuro cases. Staff was helpful in helping me understand the expectations of families. Be up front with questions and if you don't understand the reply ask at least a second time for clarification. There are cultural differences but they are not significant barriers to communication and positive relationships. Being a physician is a powerful common denominator.

I have a new appreciation of how one can measure success as a physician after working with attendings and residents in a resource limited country. I spent two half days a week in the EMG lab working with the medical physiologist. There were times when the temperature in the exam room was in the low 40s. We used blankets and a space heater to keep the patients at an adequate temperature. At times we wore gloves for warmth and had to work through intermittent electrical problems. Dr. Phurpa was always upbeat and positive as well as focused on obtaining the most accurate possible results. His energy and enthusiasm are emblematic of the attitude of health care workers I encountered in Bhutan.

### *Kalpana Chhetri, MD · Pediatrics · Bhutan*

*[As a Wyss scholar, Dr. Chhetri attended a tropical pediatrics course in Germany.]*

The workshop on ETAT (Emergency Triage Assessment & Treatment) which I attended as a part of the course has really motivated me to start a triage system in my hospital here [in Bhutan], and I am working on it.



***A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in resource-scarce countries.***

When you write or review your will, please consider leaving HVO a charitable bequest as an investment in HVO's future. To discuss making a bequest in your will or other charitable aspects of your estate planning, please contact Nancy Kelly at [giving@hvousa.org](mailto:giving@hvousa.org).

*If you have already made a charitable bequest, please let us know. We would like the opportunity to express our gratitude and will honor all requests to remain anonymous.*

**Thank you to the following people who have made this commitment:**

Anonymous (8)	Germaine Fritz, DO	Stephanie & Chris Murphy
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## Reflections from the Field

VOLUNTEERS REPORT ON THEIR ASSIGNMENTS

### *Dr. Ankita Sagar, MD, MPH, FACP · Internal Medicine · Costa Rica*

A trip with HVO has significant impact on my personal and professional growth/perspective. On a professional level, working with colleagues in a cross cultural system allows me to appreciate utilizing resources to their maximum effect and also to see how we can innovate with care in US. There are more than a few ideas that I am bringing to my home institution to improve delivery of care and access to care. On a personal level, this trip was exciting as it was the first trip where I was traveling to a hospital system that I was completely unfamiliar with. The transition was exceptionally easy, for which I have to thank my hosts. I also brought home with me the idea that one can have a fulfilling career and personal life, without sacrificing my sanity, by slowing down quite a bit. [I am] Choosing to voice my needs as a clinician in order to make my care delivery that much better.

### *Joseph Sullivan, MD, MPH · Internal Medicine · Cambodia (Kampot)*

I recently finished a degree in tropical medicine and this volunteer experience gave me the perfect opportunity to practice this new skill set. I really enjoyed the in-patient setting and the challenge of working up and treating patients in a low resource setting. I really enjoyed the bedside and didactic teaching and will continue this in my future volunteer roles.

### *Victor Diego Chauvet-Almazan, MD · Anesthesia · Ghana*

Doing a medical volunteer [assignment] in Kumasi, Ghana, was a life-changing experience. It so happens that in this city - similar to countless other places in Africa - due to the lack of physicians, health care depends heavily on nurses and technicians. Being able to help with the training of these great people was a two-way stream. It has opened my eyes to the vast amount of need and how relatively simple it is to go and help out. I am unsure if I changed the world with this visit, but definitely it was a grain of sand towards the right direction.

The obstacles that health care providers in Ghana face are huge, in many aspects of their daily life. However their great attitude and warm hearts in facing these challenges filled me with hope for a better future.

### *Medina Mohamed, MD · Internal Medicine · Uganda*

I gained a broader sense of understanding regarding global health, and how to practice medicine and provide patient care with very limited resources. I have nothing but positive things to say about the residents, staff and allied health at KIRRUDU Hospital and Makerere University in Kampala, Uganda. Everyone was extremely welcoming and friendly. It is absolutely commendable how dedicated they are to patient care and medicine as a whole, despite being in a resource scarce setting.



Photo courtesy of Rebecca Krusselbrink



## News & Events

TRIBUTE TO NURSING

### Tribute to Nursing...

*continued from page 1*

These nursing projects meet the needs of host country institutions, are sustainable, and all build local capacity. HVO volunteers are nurses who willingly give up their precious holiday and vacation time, at their own expense, to travel overseas to work with their nursing colleagues. Not only are they working with nurses, but they also often team up with medical and nursing students, medical residents, physicians and surgeons, and university faculty. They do this through methods as varied as formal lecturing, seminars and discussions, role modeling, mentoring and coaching, clinical rounds, skills labs, and development of clinical protocols. Volunteers must be flexible as schedules, people, methods, and topics can rapidly change.

Topics are identified either by local hosts or in consultation between providers and volunteers. Over the past few years, HVO nursing volunteers have consulted on wide-ranging areas. Here is a sample: post-partum and newborn assessments; diabetic care; depression; managing ventilators; burn care; domestic abuse; emergency preparedness; patient safety; ICU; peri-operative care; triage; and physical assessment. At universities, volunteers consult with enthusiastic faculty on their programs of research, curriculum planning and evaluation, active teaching and learning methods, development of simulation case studies for both fundamentals of nursing courses and specialty courses, and student clinical evaluations.



Photo courtesy of Ellen Milan



Photo courtesy of Betty Beard

Volunteers come away from these experiences humbled by what they see and experience. They describe their colleagues as: bright and eager to learn; tenacious; creative; committed to life-long learning. Nurses stand in awe of other nurses and say that they are “learning together.” Host health care workers are hungry to learn how to improve the care they provide. They are curious about how protocols work in more developed countries and how to integrate those protocols into the care they give. At a major nursing school in Asia, nursing faculty are developing their programs of research to help improve health care in their country. They are working on wound care assessment and revision of protocols for wounds; early breast cancer diagnosis; and assessment of congestive heart failure for patients living in rural areas. HVO volunteers are collaborating with the young nursing faculty to develop their research proposals and implement their projects in the clinical area.

At a hospital in another Asian country, an HVO volunteer was shocked, when making clinical rounds, to see patients with advanced tuberculosis, polio, HIV, tetanus/lock-jaw. The severity of disease and the scale of the resources to address them was “eye-opening.” And then the volunteer dug in, as nurses do, to work with the staff to identify the most challenging health issues they see along with creative, sustainable ways to address these to improve their nursing care.

## News & Events

TRIBUTE TO NURSING

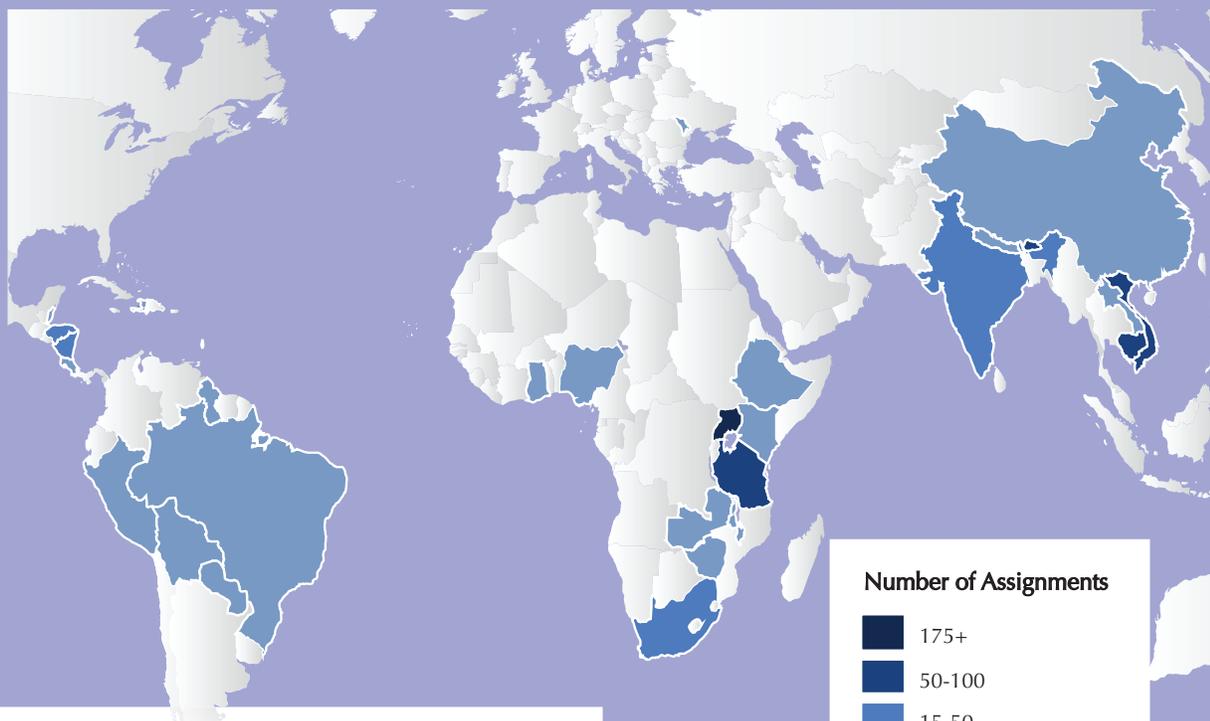
Volunteers frequently comment about the commitment demonstrated by nurses to learn and to share their questions and concerns. Nurses often must come in on their day off to attend workshops, seminars, and discussions. While not every nurse is eager to change their practice, many are.

Not all changes happen to nurses in host countries. Changes happen to and within the HVO volunteers, too. The ‘transformation of lives’ works both ways. In one case, a volunteer nurse was in the Neonatal ICU. There were 60 babies with only 3-4 nurses. One infant was gasping for air. The other nurses were busy so

the volunteer grabbed the ambu bag and gave him manual breaths. Heart rate and oxygen were good if he was bagged. The volunteer kept this resuscitation up for one hour and “couldn’t let this baby go.” When the parents showed up the volunteer explained the situation and was on the verge of tears telling the parents how sorry they were while still bagging the baby. The father said, “Don’t worry sister; it is what God wants.” The volunteer stopped and handed the baby to the parents. As the volunteer said, “I can’t really explain how I felt at that moment, but I had gained some perspective.”

*continued on page 10*

### Where in the world HVO nursing volunteers have traveled...



#### Most traveled volunteers:

- Ellen Murphy (20 assignments)
- Jill Derstine (19 assignments)
- Ellen-Marie Milan (13 assignments)
- Sue Alice Erickson (9 assignments)

## News & Events

TRIBUTE TO NURSING

### Tribute to Nursing...

*continued from page 9*

In another country, working on another neonatal unit, an HVO volunteer shared some words of guidance for future HVO nurses, “Know that you are not going to always be able to ‘change the system’ but you can share your knowledge and expertise; model care and compassion; be supportive and nonjudgmental. My nursing colleagues here have taught me (and often have to remind me), ‘you can only do what you can do and the work will never be done.’ A baby (patient) or two may survive because you were physically there, but many more will survive because you shared your knowledge.”

About six months ago, an HVO nursing volunteer made rounds on two 18 bed ICU units in a government hospital. After rounds, both head nurses asked the same thing, “What can we do to improve our nursing care? What do you do in the US?” After a review of patient charts, the volunteer pointed out that pressure sore assessment was only done once per 12-hour shift or even less often. As a result of that short collaboration, nursing care protocols were immediately changed, and standardized charts were revised.

Early on in their basic programs, nurses learn the importance of teamwork. They learn that the best care provided for patients is given within the framework of effective, respectful teams. HVO nurses value this concept as they work with their colleagues to improve the health care that all patients receive, and the education provided for future nurses – wherever those nurses and patients happen to be.

In this year that formally honors nurses and midwives, HVO joins with health care organizations to thank the nurses who willingly give their time, finances, talents, energy, hearts, creativity, and knowledge as volunteers and partners with host institutions overseas. We also celebrate nurses in the work that they do every day in every corner of this beautiful small world we share; well done, nursing colleagues.



Photo courtesy of Joanne Amberg

## TeleHealth Expansion: The Time is Now

*This opinion was submitted by Carmen Cooper Oguz, PT, DPT, MBA, CWS, WCC. Dr. Cooper is Vice President of Service Line Development and Director of Rehabilitation at the North Sunflower Medical Center in Ruleville, MS. She is also the Physical Therapy Assistant Program Director at Mississippi Delta Community College.*

Since December 2019, the case count of Coronavirus, formally known as 2019-nCoV, continues to climb. The World Health Organization declared the outbreak to be a “public health emergency of international concern” on January 30, 2020.\* Across China, people have been asked to stay inside their homes, many businesses are closed, events are postponed, appropriate masks and personal protective equipment are in short supply even for clinicians, and hospitals are overcrowded.

As physical therapists, we immediately realize the negative consequences for inactivity for healthy people. More importantly, our mindset shifts to patients who are closed off to the world and can no longer receive vital therapy services that they need. Certainly, there will be physical sequelae to follow any time a population (of infirmed or healthy people) can no longer receive health care services or participate in physical activities. According to the article in link, Baptist Memorial Hospital based in Memphis, Tennessee, is urging people to “use telemedicine service for the flu”: [www.beckershospitalreview.com/telehealth/baptist-memorial-hospital-urges-patients-to-use-telemedicine-service-for-the-flu.html](http://www.beckershospitalreview.com/telehealth/baptist-memorial-hospital-urges-patients-to-use-telemedicine-service-for-the-flu.html). Makes perfect sense, right?

In July 2019, I traveled to China to present in the first “Sino-American Symposium on the Culture of Disability” which was made possible, in part, by a grant from the U.S. State Department. My portion of the presentation was centered around the fact that China is a nation (of almost 1.5 billion people) that has a severe health care professional shortage. Being that the symposium was about the culture of disability,

my perspective was given from the facts that I am a physical therapist and that China desperately needs to set up TeleHealth policies and procedures that include TeleRehab services (physical therapy, occupational therapy, and speech therapy.)

At times when people are unable to reach health care services outside of their homes (whether due to physical disabilities/immobility, rural access-to-care issues, or viral epidemics of worldly proportions), wouldn’t TeleHealth/TeleRehab infrastructure come in handy right about now? When I spoke about the need for it in China back in 2019, I had no premonition that the Coronavirus crisis was about to happen. However, history has proven again and again that epidemics of worldly proportions can and do happen.

So, why are we waiting? Doesn’t every successful business have a contingency plan to implement in times of need? Shouldn’t every country adopt a comprehensive, alternative method of health care delivery?

Similarly, with the rural health care issues repeating themselves again and again across the U.S. (and, I dare say, across the world), what must it take to speed the evolution of full TeleHealth/TeleRehab implementation? The U.S. (and China) have 5G networks. Technological devices are abundant. Caregivers can be trained.

Think about this. If your loved one were unable to receive health care services (due to being homebound from patient/caregiver physical disability or incapability OR due to a viral epidemic OR due to a simple lack of health care services in the area), wouldn’t you be grateful for the option of TeleHealth/TeleRehab services? The time for TeleHealth/TeleRehab expansion is now.

*\*As this goes to print, COVID-19 cases have risen above 165,000 cases worldwide. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic.*

# Special Thanks

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