Interdisciplinary Collaboration

The World Health Organization faces a global shortage of some 7.2 million health care workers. Addressing that crucial need, particularly in light of global disease challenges and potential pandemics, has become a key focus. In the attempt to train more providers, there has been an increasing awareness of the strength and validity of interdisciplinary collaboration in both education and practice. The term “interdisciplinary” is used because the term includes the use of both professionals and non-professionals, all of whom can serve together as a team to improve health care.

Interdisciplinary collaboration is increasingly seen in practices and education programs for health providers around the world. Rather than have clinicians or students isolated in a single discipline, health care systems are recognizing the importance of working together as a team and being fully aware of others’ roles and responsibilities, as well as the synergy that can occur when disciplines share information and experience. In the Framework for Action on Interprofessional Education and Collaborative Practice, WHO notes:

“Regardless of the context in which policy-makers choose to introduce collaborative practice, research evidence and experience have demonstrated that a team-based approach to health care delivery maximizes the strengths and skills of each contributing health worker.”

With each health worker’s unique skills strengthened, the collaboration of working as a team has been shown to result in improved patient safety and outcomes, fewer patient complications and clinical error rates, shorter hospital stays, lower mortality rates, improved productivity in the workplace and improved morale among staff, better access to and coordination of health care, and strengthened health systems.
Dear Friends,

In this increasingly connected world, we are certainly far more aware of issues happening across the globe and impacted by the consequences than ever before. While technological developments allow us to stay connected and communicate, there is also an increasing awareness of the necessity to collaborate personally across disciplines. Working together as a team acknowledges that each individual member brings unique strengths and skills but, together, there is a synergy that can accomplish far more than any individual effort.

At HVO, we are expanding our outreach efforts, to look at new and different ways to address the shortage of global health care providers. New scholarship opportunities are available to support short-term training for our colleagues at project sites who have been identified as leaders in their field. Some are attending courses in the US, some are presenting at global conferences, and some will be participating in regional trainings. These opportunities to share and learn with others expand understanding and build a global perspective of health care. Building this awareness and perspective can contribute to strengthened health care systems.

Our 18 different program disciplines (with 87 projects) are exploring ways they can collaborate at project sites to address similar needs with available community resources. While volunteers have always sought to build on the work of earlier volunteers, there is an increasing awareness that the different disciplines also need to be aware of each other’s efforts and provide mutual support.

HVO is also reaching out to other organizations in a more formal way, to explore ways to share the strengths and knowledge we offer in partnership with organizations that would offer complementary skills.

The world faces complex issues, none of which can be easily addressed alone. HVO is excited by the dynamic energy that we see in these collaborative efforts. Many thanks to all of our volunteers, sponsors, and donors who continue to make HVO’s work possible.

As our newsletter was going to press, we learned of the passing of HVO Board member Rita Feinberg. Rita was a strong believer in partnerships, teamwork, and empowering people through education. Rita was a wonderful board member – always prepared, thoughtful in her questions, and enthusiastic in her support of HVO and our mission. She will be greatly missed.

Sincerely,

Nancy

Nancy A. Kelly, MHS
Executive Director

“Teamwork is the ability to work together toward a common vision -- the ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”

-Andrew Carnegie
**Active Project Sites**

**CURRENT VOLUNTEER OPPORTUNITIES**

**Anesthesia**
- Bhutan: 4 weeks
- Ghana: 2 - 4 weeks
- Malawi: 2 - 4 weeks
- Vietnam: 2 - 4 weeks

**Dermatology**
- Cambodia: 2 - 3 weeks
- Costa Rica: 1 - 2 weeks
- Uganda: 3 - 4 weeks
- Vietnam: 2 - 4 weeks

**Hand Surgery**
- Honduras: 1 week

**Hand Surgery/Hand Therapy**
- Ghana: 2 - 4 weeks
- Nicaragua: 1 week

**Hematology**
- Cambodia: 2 - 4 weeks
- Tanzania: 1 - 4 weeks
- Uganda: 2 - 4 weeks

**Internal Medicine**
- Bhutan: 4 weeks
- Cambodia: 2 - 4 weeks
- Vietnam: 2 - 4 weeks

**Internal Medicine**
- India: 2 - 4 weeks
- Uganda: 4 weeks

**Nurse Anesthesia**
- Bhutan: 4 weeks
- Cambodia: 2 - 4 weeks

**Nursing Education**
- Bhutan: 4 weeks
- Cambodia: 2 weeks
- Tanzania: 3 - 4 weeks
- Uganda: 2 - 4 weeks
- Vietnam: 2 - 4 weeks

**Oncology**
- Bhutan: 2 - 4 weeks
- Honduras: 1 - 4 weeks
- Vietnam: 1 - 4 weeks

**Oral Health**
- Cambodia: 2 weeks
- Kenya: 2 weeks
- Laos: 1 - 2 weeks
- Nepal: 2 weeks
- Nicaragua: 1 - 2 weeks
- St. Lucia: 2 weeks
- Tanzania: 2 weeks

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

**Pediatrics**
- Bhutan: 4 weeks
- Indonesia: 6 weeks
- Nicaragua: 2 - 4 weeks
- St. Lucia: 2 - 4 weeks
- Uganda: 4 weeks

**Physical Therapy**
- Bhutan: 4 months
- Bolivia: 2 - 4 weeks
- India: 2 - 4 weeks
- Malawi: 4 - 6 weeks
- St. Lucia: 1 week minimum
- Vietnam: 2 - 4 weeks

**Special Projects**
**Bhutan**
- Emergency Medicine: 4 weeks
- Mental Health: 3 months
- Residency Training: 3 months
  (Anesthesia, General Medicine, General Surgery, Ophthalmology, & Pediatrics)

**Special Projects**
**Uganda**
- Pharmacy: 4 weeks

**Wound Management**
- Cambodia: 1 - 2 weeks
- Haiti: 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.
News & Events
HVO MEMBERS IN THE NEWS

Congratulations to Award Honorees
HVO is proud of its many volunteers who have been honored in the last few months.

In April, Antoinette P. Sander, PT, DPT, MS, received the Donna Frownfelter Community Service Achievement Award from Northwestern University’s Department of Physical Therapy and Human Movement Sciences. The award honors PT alumni who continue to contribute to their communities, promote physical therapy awareness, educate on its role in health care, and provide care in underserved communities. Dr. Sander recently completed a six-month HVO assignment in Rwanda where she developed and taught a continuing education course on spinal rehabilitation for therapists from across the country. Dr. Sander has been a dedicated HVO volunteer for many years and has served in India, Peru, and Haiti. This past summer she traveled to Myanmar to conduct an HVO site assessment.

Nancy Descôteaux, BSc PT, MSc (c), is the 2015 recipient of McGill University’s Dr. Alice Chan Yip Multiculturalism Award. The award recognizes “outstanding clinical, community-based” international development work and cultural sensitivity. Ms. Descôteaux was honored for her work over the last 12 years with HVO’s project in Haiti that trains rehabilitation technicians.

Jose Angel Sanchez, MD, was honored in May with the American Society of Clinical Oncology’s Humanitarian Award. Dr. Sanchez, a hematologic oncologist at Hospital Escuela, University of Honduras, is HVO’s on-site coordinator. His work with HVO and the International Cancer Corps was recognized for improving “the care of underserved patients with cancer and the education of health care providers in Honduras.” (Dr. Sanchez was highlighted in HVO’s Summer 2013 Volunteer Connection in the cover article on “The Unsung Heroes of HVO – Our On-site Coordinators.”)

The 2015 Annual Session of the American Association of Oral and Maxillofacial Surgeons was dedicated to Robert B. MacIntosh, DDS, Scholar in Residence and Clinical Professor at University of Detroit Mercy. Dr. MacIntosh, an HVO member since 1988, has volunteered in many HVO projects. He has also traveled for many years to South America to treat nearly 3,000 cleft palate patients and has trained Colombian surgeons in managing cleft deformities.

Congratulations to each of these dedicated professionals, who have so generously shared their knowledge and skills!
Lost Heroes
The world has sadly lost two health heroes in the orthopaedic field.

Ronald Lawrie Huckstep, CMG, MD, FRCS, FRACS, Emeritus Professor of Traumatic and Orthopaedic Surgery at Australia’s University of New South Wales, passed away in April at the age of 88. Born in China, he was interned as a teenager when the Japanese invaded China. He studied medicine in England and went to Kenya in 1952 as a young doctor, where he documented an outbreak of typhoid. He returned to England to study orthopaedics and was awarded a prestigious professorship for the work he had done on typhoid. In 1960 he became a professor of orthopaedics at Uganda’s Makerere University, where he taught for ten years.

His work in resource-scarce countries led to publications on typhoid, polio, trauma, and orthopaedics, as well as the development of a lightweight skelecast for tropical countries, the first interlocking nail for fracture treatment, the Huckstep hip, and an inexpensive wheelchair made from old metal chairs, bike wheels, and canvas mail bags. Within eight years, more than 1,000 of the wheelchairs were produced, bringing mobility and independence to so many patients for the first time.

Dr. Huckstep received the Orthopaedics Overseas Humanitarian Award in 1991 for his commitment to improving global orthopaedic care, particularly through his many years of work in Uganda. He was one of the founders of World Orthopaedic Concern, and a dedicated teacher. His passion for teaching and for orthopaedics has left a strong legacy.

Edward Rachlin, MD, FACS, passed away in May at the age of 85. An orthopaedic surgeon and physical medicine specialist in New York and New Jersey, he was passionate about health care and was treating patients until his death. Described as a Renaissance man, he was also an avid and formidable tennis player and a lifelong clarinetist. Dr. Rachlin was committed to improving orthopaedic care and this commitment led him and his wife, Barbara, to serve with HVO in Bhutan, Cambodia, South Africa, Mongolia, Uganda, Cameroon, and Tanzania.

HVO extends condolences to the families of these remarkable physicians, with thanks for all they have contributed to global orthopaedics.

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!
Celebrating a Decade of Professional Collaboration in Wenzhou

In 2006, Health Volunteers Overseas partnered with the Second Affiliated Hospital at Wenzhou Medical University to create a volunteer project to allow physicians in China to gain expertise and experience in various orthopaedic subspecialties. In the ten years since the project’s founding, 24 volunteers have trained local surgeons in the use of a myriad of specialized orthopaedic surgical techniques. Experts in hand, spine, and hip surgery have traveled to Wenzhou to expand the knowledge base of their Chinese colleagues while immersing themselves in the culture of their gracious hosts.

To mark the project’s decade of success, Wenzhou Medical University, led by on-site coordinators Professor Huazi Xu and Dr. Zhang Yu, hosted a ceremony to celebrate the university’s relationship with HVO. The university invited all past HVO volunteers to the China project, their spouses, and HVO staff to Wenzhou to celebrate ten years of professional collaboration. Among those in attendance were Drs. Ron Anderson and Paul Wong, along with their wives Kiem and Karen. Project director Dr. Alan Giachino, his wife Carmen and HVO Senior Volunteer Coordinator Andrea Moody also attended the festivities.

Over the course of two event-filled days, the university treated HVO volunteers and staff to the full measure of Chinese hospitality. On Saturday, attendees spent the day exploring the waterways of Wenzhou on a bamboo raft and fishing boat, stopping only to eat and enjoy the company of
their hosts. The following day, the HVO guests attended the unveiling of a new ward dedicated to spinal surgery. Following the ribbon cutting, Professor Lu Fan, Vice President of the Second Affiliated Hospital, gave an address praising the impact of HVO’s volunteers, commenting that their presence improved the standard of subspecialty care within the orthopaedic department.

Following Professor Fan’s address, Dr. Giachino and Ms. Moody spoke at length about the project and the importance of professional collaboration and exchange in improving global health. After these introductory remarks, HVO volunteers in attendance were presented awards commemorating their time with the project. To end the day, each physician, including staff at the hospital who had worked with HVO volunteers in the past, delivered a brief lecture describing a facet of a subspecialty, which they had either taught or studied.

Wenzhou Medical University hosted a remarkable commemoration of global collaboration, and HVO staff and volunteers were honored by their generosity. As Dr. Jon Kolkin, HVO volunteer to Wenzhou in 2012 and 2013 once wrote of his volunteer experience in China: “…this was an extremely rewarding experience. The orthopaedic department is congenial and well organized. People were engaging and we connected on both a personal and professional level. Everyone was very accommodating and overly generous with his or her time and resources.”

**HVO ACTIVE PROJECT SITES**

**CENTRAL AMERICA & the CARIBBEAN**

“I can say I am impressed with the knowledge of the doctors we have met. They are dealing with overwhelming numbers of cases, with inadequate supplies and equipment, and adapting best practices to the reality here.”

**SOUTH AMERICA**

“...having the opportunity to present to an engaging audience was a very fulfilling experience that I will never forget.”

**AFRICA**

“It was a two way process, we shared knowledge and experiences along with building great bridges.”

**ASIA**

“The people of Bhutan were most welcoming, the physical environment was beautiful, the hospital well run, and the staff some of the best professionals I’ve ever worked with.”

Photos courtesy of Elizabeth Cartwright, Kenneth Cauthern, Sarah Cavilla & Anali Vera
Interdisciplinary Collaboration

The basic goal of collaborating as an interdisciplinary team is to provide the best care for a patient, which often means approaching the patient’s needs in an holistic approach. Depending on the patient, those needs can encompass medical, mental, rehabilitative, emotional, and financial issues. One provider certainly cannot address all those needs but a team can work together to do just that.

Certain traits are apparent in strong working teams: a strong leader who listens well and helps shape a vision, a clear team focus on the desired outcome, respect for and understanding of each member’s role and strengths, direct and frequent communication among the team, a supportive environment, structured meetings to which all contribute, and a commitment to the team and its vision.

In order to realize interdisciplinary practice, the approach must be an integral part of education and training. Globally, this is already happening in many countries, in the fields of allied health, medicine, midwifery, nursing, and social work.

HVO has been moving toward more interdisciplinary collaborations in many of its projects. The oncology projects, particularly those in Honduras and Vietnam, utilize teams of oncologists, nurses, lab professionals, and pharmacists. The wound care and lymphedema projects utilize physicians, podiatrists, nurses, physical therapists, occupational therapists, and researchers. In Nicaragua, the hand surgery/therapy project has surgeons and hand therapists working together with the patients to ensure that the proper therapy is initiated as soon as surgery has been done to maximize a return to function. In Bhutan, HVO anesthesiologists, nurse anesthetists, and nurse educators are all collaborating to provide training for nurse anesthetists who will be practicing in rural areas on their own.

HVO is looking at ways to incorporate opportunities for interdisciplinary collaboration in more of its programs, as chronic diseases become more prevalent and patients present with complex conditions. The oncology projects have been at the forefront of the collaborative effort, since they have seen that the advantages of an interdisciplinary approach are that it:

- Helps establish a commitment of learning, with discussions that stress real-case scenarios for the in-country doctors and nurses;
- Allows for evidence-based management decisions among younger staff members;
- Integrates psychological care with standard treatment to provide a more holistic view of cancer treatment for patients at the project site;
- Provides good communication skills training;
- Establishes psychosocial and psycho-oncology research; and
- Enables discussion of ways to improve techniques and patient care, despite limited resources at the site location, through the interaction between multi-disciplinary team local health care providers.

Photo courtesy of Claudia Calderon
All of these advantages were apparent this past summer when a HVO palliative oncology team sent the following report from Honduras:

*There was a great deal of enthusiasm and passion for palliative care. This enthusiasm and the desire to work together is their greatest strength. Representatives from multiple disciplines including nursing, medicine, psychology, community volunteers, and nutritional services attended our four-day conference. In addition, professionals from multiple geographic regions came to attend the conference. All participants enjoyed working together in interdisciplinary working groups and presenting their collective findings several times during the conference. They also have skilled, knowledgeable, and creative health care providers. Although they are hampered by a lack of resources, they are practicing evidence-based medicine, for example, treating a recurrent malignant pleural effusion with pleurodesis with iodine (vs. talc).*

As global populations age and the prevalence of chronic disease increases, the necessity of health care teams becomes far more important. WHO views interdisciplinary collaboration as a way to help address the need for more health care providers. If there are more people aware of certain diseases or conditions, who can provide initial treatment and referrals, then there is a greater chance of the patient receiving timely and appropriate care. If patients are viewed in a holistic manner, with their concerns and worries addressed, in addition to their medical needs, perhaps their healing will be faster.

HVO leadership will continue to look for ways in which to incorporate interdisciplinary collaboration in its projects and welcomes ideas from members as they return from their volunteer sites.
Reflections from the Field

VOLUNTEERS REPORT ON THEIR ASSIGNMENTS

Mary Ellen Brown, MS, OTR/L ∙ Hand Therapy ∙ Nicaragua
I am encouraged to see the progress that is being made at the Velez Paiz Hospital regarding the therapists’ skills in providing hand therapy and splinting to the children, as well as the improved communication between the therapists and the surgeons so that they are working together as a team rather than in isolation. For example, the first time that I participated, there were no therapists from Velez Paiz present at the initial hand clinic with the doctors, where the children are evaluated for surgery. During my second trip, the director of the physiotherapy department was present, and this trip, there was a therapist from Velez Paiz present in each of the evaluation rooms of the hand clinic. I believe this change is directly a result of the team approach modeled by the HVO physicians and therapists.

I also feel that the therapists are beginning to use clinical reasoning skills to look at each situation individually rather than provide similar splinting and therapy to all of the patients. I feel that the therapists have been using, modifying, and adapting much of the supplies that have been donated over the years to a greater degree than in previous trips.

Melanie B. Thomas, MD, MS ∙ Oncology ∙ Honduras
The surgical oncology residents have benefited a great deal from the HVO volunteers who have been making 6 trips per year since program inception in 2010. They talk about all the prior volunteers, and remember something from each person who has gone to Honduras. They are extremely grateful for the HVO program, and it is making a big difference in their education. The oncology residents are committed to learning as much as possible, to providing the best possible cancer care despite the limited resources and dysfunctional system, and to serving the people of Honduras. SGO, Society for Gynecologic Oncology, has put a great deal of effort into the HVO-Honduras program, with clear benefits as well. SGO has established 2 Tumor Boards via Adobe Connect each month, one for gyn cases, the other for breast cancer cases. SGO has also prepared and distributed self-assessment written exams for the residents. There is also a regular journal club that was established by the residents.

Charlotte Kutsch, MD ∙ Dermatology ∙ Cambodia
The Dermatology Dept. is committed to providing superior care to patients and teaching residents and students at the same time. Although the department’s time and resources are limited, and those that they have are stretched thin, it was inspiring to me to see how much can be done with enthusiasm and a positive attitude to persevere under all circumstances.

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, so often in dermatology, 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 language translation was needed that day!

Claudia Leonard, MD ∙ Internal Medicine ∙ Uganda
Remember to be respectful, flexible and open-minded. We have as much to learn as we have to teach. When you are frustrated that things don’t seem to be done in the manner you think correct, take a deep breath and try to understand the whole picture. Try to find out what your hosts need.
**Amanda Heermans, PT ∙ Physical Therapy ∙ Malawi**

This has been a very gratifying experience and has certainly increased my interest in global health. It has increased my interest in promoting physical therapy at the community level to encourage a rehabilitative mindset and I am interested in continuing clinical supervision and teaching.

**Glen Barden, MD ∙ Orthopaedics ∙ Ethiopia**

For any who have done medical mission activities, each knows that flexibility is a key component. One goes into each trip knowing that you need to expect the “unexpected.” One needs to have all the basics in place, as best possible. However, it always seems there will be added talks on different topics than you expect, added people with whom you need to communicate, or some side issues with which to deal, all of which can be done, so long as one is willing to do some extra work while there.

**Christopher Hogness, MD, MPH ∙ Internal Medicine ∙ Cambodia**

I had a great experience at Sihanouk Hospital Center of Hope in Phnom Penh. The physicians I worked with were highly motivated for professional improvement: bright, engaged, committed, caring clinicians. My time was somewhat brief, limited by my own schedule. I gave a total of 14 lectures, two a day over 7 teaching days (weekends off). I invited the physician director to request topics and was asked to speak on interstitial lung disease, pulmonary hypertension, COPD, pulmonary hemorrhage, and pulmonary embolism--topics that needed filling in their residents’ curriculum. I certainly improved my own abilities in those areas in the process of preparing those talks. I also spoke on atrial fibrillation, use of insulin in diabetes (basal/prandial regimens), oral agents in type 2 diabetes, hypertension, and did a couple of review/quiz talks at the end. Morning lectures were in the outpatient center with a greater number of senior staff, and afternoon lectures were predominately attended by residents. I used PowerPoint for both, with handouts made by the secretary for the slides. I also had a few Medical Letter Treatment Guidelines, which were current from the year (2014, eg: on diabetes, hypertension), which staff copied for the group and were very popular. I was impressed both with the clinical acumen of staff in using the tools they had, as well as the basic inability to confidently diagnose certain diseases (eg: pulmonary embolism) based on lack of certain diagnostic technologies (in that case, no pulmonary CTA, V/Q, or pulm angiogram), and variable limitations on available treatment practically dictating care. I found in working with trainees in the ER on occasion if I became overly involved in decision making it could direct the care in ways that weren’t practical for the circumstances, and learned to exercise caution, teaching through asking questions about differential diagnosis and available options for treatment, deferring responsibility for decision-making often to staff more experienced with local patterns of care. Many patients presented with advanced stage illness—the “severity index” was ratcheted way up from a routine day in the hospital or clinic in my practice in the US (I think the first serum sodium I’ve seen less than 100 was in Phnom Penh). I found the experience invigorating, renewing my own interest in medicine through teaching motivated physicians in a context of undisputed need.
Special Thanks
DONORS & IN-KIND DONORS

...to the following individuals and companies who have so generously donated teaching materials, equipment, supplies and other support:

- Acumed
- Arex De Novo
- AxoGen
- Benik Corporation
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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.

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American Board of Orthopaedic Surgery

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In the spring of 2015, HVO Director of Program Support Kate Fincham retired after nearly 25 years of service to HVO.

In honor of her incredible contribution to the organization and our mission to improve global health, the following individuals made a contribution to the Fincham Fund – a fund to support the creation of new partnerships and projects to improve global health.
Membership & Donation Form

HVO has two categories of supporters – donors & members. Members are health care professionals who may volunteer. Donors come from all walks of life, sharing a commitment to improve global health through education. All donations and membership dues to HVO are tax-deductible.

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* A record of each donation will appear on your bank or credit card statement. You can increase, decrease, or suspend your pledge at any time by contacting HVO by phone or mail. All donations provided to HVO originating as ACH transactions comply with U.S. law.
Health Volunteers Overseas is dedicated to improving the availability and quality of health care through the education, training and professional development of the health workforce in resource-scarce countries. 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 “HVO News.” The newsletter is produced by the communications staff at HVO.

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