



## HVO Turns 25

HVO is approaching its 25<sup>th</sup> anniversary and, as much has changed globally since 1986, we were curious as to the changes that have occurred at HVO. We spoke with David Frost, Board Chair Emeritus, an HVO member since the earliest days, and Julia Plotnick, who became Board Chair in November, 2009. A condensed version appeared in Winter 2010-2011 issue of the *The Volunteer Connection*; this is the full version.

**When and how did you first encounter HVO? How did it draw you to volunteer?  
Describe your first volunteer experience. What did you learn from that experience?**

**DF:** My first encounter with HVO was in 1986, when I met three maxillofacial surgeons who had just returned from a site assessment in Nepal. That encounter led me to be in HVO's second volunteer group to Nepal, my first such experience in a developing country. I was drawn to the experience because it offered the opportunity to teach while doing hands-on treatment.

**JP:** I first became aware of HVO in 1999, through Marie O'Toole, who was at Rutgers University. She shared her volunteer experiences and within a couple of months we were traveling to Uganda to conduct a site assessment for HVO! The Izumi Foundation had provided funding to improve pediatric nursing in Uganda and it was our job to determine the most appropriate site for the program.

**What changes in HVO have you seen since you first joined? Which ones, to you, have had the greatest impact?**

**DF:** HVO is now so much bigger than when it started with a staff of two! Initially, HVO was an outgrowth of the work of Orthopaedics Overseas. Oral Surgery was the next division added, followed by Anesthesia. Today, there are volunteer opportunities in so many different specialties, and there are 80 programs in more than 25 countries.

**JP:** I am impressed by how smoothly the organization is run. The longer I'm involved with HVO, the more impressed I am. Nancy Kelly delegates well and the staff handles their responsibilities smoothly and efficiently. I serve on several other Boards and I would have to say this organization runs the most smoothly.

**What kind of changes have you seen in health care in the United States that could have an impact on HVO? Has HVO's structure and process kept up with the changes?**

**DF:** Technology's impact in the U.S. certainly has affected developing countries. Although countries may not yet have some of the equipment, surgeons are aware of new techniques and want to receive such training. With that knowledge, and a savvy ability to locate funding, they are often able to obtain the necessary equipment.

Technology has also brought a greater sense of connectivity. Once volunteers have made the initial contact with sites, it is possible to stay in touch and even provide telemedicine capabilities in some circumstances.

HVO has managed to stay ahead of the curve in terms of using technology to strengthen contact with the sites and volunteers. Its infrastructure has grown well and the organization is positioned well in Washington, to stay abreast of opportunities and maintain contact with other organizations. The Board of Directors represents a variety of backgrounds which offers access to other fields, such as industry and the media.

**JP:** We are all so busy these days, I fear it will be harder to find people who have the time to volunteer. In this recession, money for travel is also an issue. We may need to explore alternative ways of volunteering.

In the US, we still have a nursing shortage and, in situations like the operating room, we are often using technicians rather than nurses. Yet, on each of my six trips to Uganda, they have asked me for training in mid-level nursing management and OR nursing. We are just having a difficult time locating nurses able to volunteer.

**What kind of health care changes have you seen in HVO service countries? Examples? What impact do they have on the HVO volunteer experience? On the projects?**

**DF:** I think there is a growing awareness of care in the countries where HVO works. Patients have a better understanding of the kind of care that is possible and, once that awareness is there, the expectations for the country begin to change. In Belize, the HVO program trained CRNAs and that had a major impact on the country. In Vellore, India I have seen a change in the way that doctors interact with their patients. I think there is more listening involved, and patients are becoming more involved in their own care.

HVO volunteers are people who want to assist others and they will look for ways to make a difference. One dramatic change is that developments in computer technology and communication have brought a broader knowledge to the program sites and have certainly eased follow-up communication.

**JP:** In many HVO countries, there is now a need for advanced education. In the past, at least in nursing, volunteers served as teachers. Now, they are serving more as consultants, which requires

a shift in the volunteer's perspective. In more of a "consultant" role, you don't need to do as much hands-on work. It is important to have the initial face-to-face contact but, once the connection has been made, a lot of follow-up work can be done via the Internet or technology such as Skype. I expect we'll see more of that.

**What level of interest for volunteering do you see among colleagues? Are there factors that have made volunteering more difficult? Easier? What are differences among disciplines in the ability / interest in volunteering? In younger generations of health care service providers?**

**DF:** I find that people 40-60 years old are more apt to volunteer and the younger generation is not yet quite as interested. There is a lot of interest among students in what I call "safari surgery" where they travel to see how surgery is performed elsewhere, but HVO's work is very different. HVO volunteers travel to teach, to leave knowledge behind, and to strengthen the skills of their colleagues overseas.

I think 9/11 had an impact on volunteering; people were initially concerned about their safety. Today, the economy seems a factor in holding people back.

Volunteering is easier with the ease of travel over the last 25 years, as well as improved technology which makes it easier to stay in touch with family and colleagues while you're gone, and with the program site when you return home.

My experience is that HVO volunteers work within their skill set. They recognize their own limitations and realize they can say no to requests for training in areas where they are not comfortable. The recipients of HVO's training are eager for knowledge and will absorb as much as possible. However, they also recognize that no volunteer can know everything and it is important that volunteers accept that.

**JP:** Colleagues at various nursing organizations have indicated that they see a great deal of interest in volunteering. Jeanne Leffers and I have actually been asked to contribute to a book on volunteer opportunities in nursing.

**Why is HVO so important to you? Has it affected your family? Your friends? Your work?**

**DF:** HVO is very important to me because it allows me to do what I do best in a new and interesting environment. I believe that change in our world must come from the bottom up, at the grass roots level. HVO is working with our colleagues who are able to bring that change. People around the world are starved for education and HVO allows us to share the knowledge we have gained with others; we are truly making a difference!

My experience with HVO has certainly affected my family as I have been volunteering for many years, and often for extended periods, since my children were young. I believe in the concept of "paying it forward" so my children have seen the importance of "giving back" to others.

I am very thankful to work with supportive colleagues who understand what an impact HVO is having.

**JP:** HVO is a great organization! I truly believe that it represents the way all volunteering should be. HVO assesses the needs and what the people want to do, and then works hard to achieve those goals. HVO doesn't impose its own ideas but works with the host institution to meet their objectives.

My friends and family have been very interested in and supportive of HVO's work. Those who can't volunteer spread the word about HVO and have become good donors!

**What recommendations do you have for HVO as it begins its next 25 years? If you could look back ten years from now, what would you like to see?**

**DF:** I think it is crucial to ensure that HVO is here in 25 years. That is why the HVO Legacy Circle is so important as it ensures funding into the future.

We need to become more outcome and assessment oriented. The work is being done, and progress is being made but we need to document that more by showing outcomes (e.g. fewer amputations, a decrease in tooth decay, etc.)

I hope that in the future, there will be public awareness in our program countries that health care is so good that people will stay in their country and not feel they must leave to receive treatment.

**JP:** On our Board we have a very interdisciplinary group, and we are all able to benefit from such a wealth of varied knowledge. I would like to see our programs take on more of an interdisciplinary manner, so we can address issues from more of a team approach whenever possible.

**If you had a colleague who had just heard of HVO what would you say to encourage that person to volunteer?**

**DF:** I would say that the experience will make them a changed person. I can't tell them what kind of difference it will make in their life, but it will truly have an impact. When you serve as an HVO volunteer, and travel to share your knowledge and experience, you end up learning so much! The close interactions with colleagues abroad means you learn about their country, their beliefs, their ways of doing medicine. It leaves you feeling much more involved and motivated in your own work at home.

**JP:** I would give them some HVO literature so they could get a sense of how much one organization is able to accomplish. I would discuss the value that volunteering brings to a site, as the local personnel are able to access knowledge in ways that were previously not possible. I would also stress the importance to the prospective volunteer of "giving back" and how the volunteer gains so much from the experience and all it takes is a sharing of their time and skills.

**Describe one of your favorite HVO experiences.**

**DF:** On my very first trip to Nepal, I had a profound experience which has stayed with me. I worked closely with a resident who was learning cleft lip & palate surgery. He was a very busy man with many responsibilities but he was eager to learn from my experience.

A 20-year-old woman arrived at the hospital for surgery, having walked for days from the mountains where she lived. She had an unrepaired open cleft lip which would now be repaired after twenty years. The surgery went well and I was talking with the resident about the follow-up treatment and subsequent surgery she would need. I was very intent on conveying this information to him, since it would occur after my departure.

He looked at me, shook his head, and said, “You don’t get it.” I was a bit taken aback that he, a young resident, was telling me, an experienced surgeon, that I didn’t understand the situation. As he explained, this was the one chance in her life for this woman. She made the long journey to have the surgery, would return home to marry, and would never return for follow-up. This was her chance and we had that one moment to address her need. It was an important lesson to learn and one I’ve not forgotten.

That experience taught me a lot about health care needs in the developing world and reinforced how important HVO’s commitment is.

**JP:** Through my varied experiences with HVO – serving as a volunteer and a Steering Committee member, conducting new program assessments, and serving on the Board of Directors, I have a real understanding of how HVO works. There is a wealth of experience from a variety of backgrounds that contributes to make this organization such a dynamic and committed one. Working with a dedicated Board and with Nancy Kelly’s fine leadership, I look forward to the next 25 years of improving global health.

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