

Johnson Institute

for Responsible Leadership

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The authors express their gratitude to Kathleen Hower and the other interviewees. However, the content of this case is the sole responsibility of the authors.

Between 1989 and 2012, Global Links shipped 444 tractor-trailer loads of medical materials to facilities in 27 countries. The estimated total value of the shipped materials exceeds \$173 million. PAHO/WHO has cited Global Links as “an important partner and ally in our strategic planning efforts in the region.”

Since its inception, Global Links has redirected more than nine million pounds of medical materials to developing countries where they are desperately needed, and kept those materials out of landfills in the Pittsburgh area. Its environmental impact has been nationally recognized through awards, citations, and requests from hospitals throughout the country for help in greening their own operations and contributing to the health of people in resource-poor communities.

Kathleen Hower and Global Links

The “Fast Pitch” Event

It is a mid-winter afternoon in Pittsburgh, Pennsylvania, February 17, 2011. It is only 5:30 p.m., but already nighttime darkness has descended on the city. Its citizens are grimly enduring one of the most severe winters in recent memory and on this bitterly cold evening; most are making their way home from work.

But at the Senator John Heinz History Center in Pittsburgh’s historic market district, hundreds of people are trudging through the snowy parking lot and filing inside to witness an extraordinary community event. Pittsburgh Social Venture Partners (PSVP) is hosting the first annual Fast Pitch competition. Ten innovative nonprofit organizations have been selected to make a “fast pitch” – conveying their mission, accomplishments, and financial needs in just three minutes to three hundred business and nonprofit leaders, donors, foundation executives, and other entrepreneurs with hopes of winning the top prize of \$20,000 for the best pitch.

Nothing like this has been attempted in Pittsburgh, and the atmosphere is quite at odds with the normally deliberate and thoughtful manner of persuading people to invest in nonprofit organizations. Especially in Pittsburgh, with its many old and storied foundations, such meetings usually take place in paneled board rooms in serious, measured tones. The atmosphere this evening is, in contrast, more like a festival. Waiters are serving hors d’oeuvres and wine, people are mingling with old friends and colleagues and a quartet is playing cool jazz. Then, suddenly, the event begins, and the atmosphere shifts to something resembling a game show or an auction.

The master of ceremonies leaps onto the stage to explain the rules of the competition. Ballot cards are distributed to the audience with instructions for voting on the “winning pitch.” Then, one by one, representatives from the ten nonprofit organizations come to the stage to deliver their well-rehearsed pitches. One nonprofit CEO speaks of a program to provide on-the-spot health services to the homeless. Another quickly summarizes a program to provide reliable cars to people in need. A third contender attempts in just a few moments to convey the mission of an environmental protection initiative. Some of the nonprofits have cheering sections in the audience, who whoop and holler their approval of their favorite organization. The atmosphere is lively and, at times, even slightly chaotic.

Meanwhile, Kathleen Hower, co-founder and executive director of Global Links, waits backstage, anxiously anticipating her turn. Global Links, an international medical aid



Kathleen Hower, Executive Director

organization, is an outlier in this cast. All of the other organizations at Fast Pitch provide services to Pittsburgh itself. Kathleen wonders if the audience will appreciate a mission targeted at people thousands of miles away from Pittsburgh. Moreover, Kathleen herself feels vaguely out of place. She is far more accustomed to and comfortable in settings where she can deliberately convey the mission and strategy of Global Links, including information on urgent healthcare needs in countries like Haiti, Guatemala, and Nicaragua. She excels at informing donors about the health care infrastructure in these countries and how Global Links works closely with public health professionals to deliver only medical supplies that can actually be used to their fullest advantage. She enjoys building relationships with donors, responding to their ideas, and methodically preparing proposals to support her organization. But such a deliberate approach would have to wait for another time and place. As she waits to be introduced, her mind races back to the humble beginnings of Global Links.

Early Years

Mission and Values

In the 1980s, Kathleen worked in a staff position in another international aid organization. There, she met Brenda Smith and Emily Solomon. The three worked together and gradually developed a shared vision for an organization that would provide medical supplies and equipment to countries in need and would be driven by core values of respect for and collaboration with public health institutions in those countries. Hower, Smith, and Solomon felt constrained by their current work environment and concluded that the only way to pursue their shared vision was in a new organization. Kathleen says: “We all were pretty idealistic about what we were doing, and for all of us I think it was just extremely difficult to reconcile [our shared vision with our current work environment].” Kathleen and Brenda started meeting regularly, and stayed in close contact with Emily, who had taken a new position in Washington, D.C. Learning from their previous experience, they had an idea for an organization with a different philosophy, a different kind of work environment, a different set of values, and even a different set of outcomes in the sense of being a more recipient organization. Describing the desired work environment, Kathleen explains:

You can't do good work if you are in a confrontational or tension-filled environment. I just can't stress

strongly enough how much I believe that. If you are doing humanitarian work, you should begin with people around you, [those] you are working with. Dealing with people with respect [will help] them do good work.

In the beginning, Hower, Smith and Solomon encountered difficulty articulating the mission of the organization, the nature of the work, and target areas to be served. They did not follow a textbook planning process. The women may have lacked focus, but they did not lack passion. Moreover, they believed from the start that the development of the mission should be a collaborative process. Kathleen, Brenda and Emily started contacting friends, acquaintances, hospitals and other parties in the field to explore ways to collaborate and build a network. In addition, the women tried to learn more about medical needs and how they might address them, quickly learning that there was a need in many developing countries for surgical sutures. The team discovered that, in some cases, poor countries had skilled and capable physicians who were available to perform surgeries, yet the countries lacked the sutures needed to complete the job. It's such a simple thing, yet the lack of these has grave consequences. In fact, Kathleen previously had an idea for a suture program in her former organization but could not push for it. Thus, a program to supply surgical sutures became the cornerstone for the new organization, which they named Global Links.

They did not follow a textbook planning process. The women may have lacked focus, but they did not lack passion.

Partnering with Hospitals in Pittsburgh

One of the most important decisions that the three women made very early on was to seek out partnerships with Pittsburgh's many excellent hospitals. Other organizations that ship medical supplies to developing countries usually rely on relationships with manufacturers, not hospitals. Kathleen and her colleagues knew from experience that manufacturers have limited supplies and that their motives are not necessarily in line with the mission envisioned for Global Links.

Moreover, the three women wanted to add something distinctive to this field. They recognized that partnering with hospitals would provide access to healthcare expertise, not just surplus medical supplies. They were not

certain, but they hoped this expertise could be mobilized to help them identify and meet health needs in developing countries. Pittsburgh's health sector was growing rapidly, due in large part to the groundbreaking research and services offered through the University of Pittsburgh Medical Center (UPMC), one of the premier health systems in the nation.

It was not long after approaching some area hospitals that they discovered huge amounts of medical surplus, not only sutures but other types of equipment and supplies. Due to competitive and regulatory pressures, hospitals in the United States often discard perfectly useable equipment and supplies long before they are obsolete. Much of this surplus ends up in landfills creating a derivative environmental problem. As they started to delve deeper into the hospital system, moving from one hospital to another, they discovered vast amounts of surplus that even the hospital staff members were surprised to see. The discovery of this surplus, combined with the environmental costs of disposal, had a dramatic impact on the business model of Global Links. Kathleen recalls:

[We realized that if we work] with manufacturers... there is a limited-pool [of materials]; all you do is reduce it [by taking] from...poor people in one country to give it to poor people in another country. But with the hospitals we said, "Oh, my God, this is a totally new untapped source that is going into a landfill." So it is a hundred percent gain, and the universe of items is quite a bit larger than what is available from manufacturers at any given time.

Today, Global Links is a valued partner with UPMC. David A. Hargraves, Vice President of UPMC's Clinical Supply Chain says, "The impact of Global Links is significant. Global Links' re-direction and re-use of surplus medical supplies and equipment improves global healthcare while also improving the environment." Others also appreciate this "double bottom line" of Global Links. Gail Reed, International Director of Medical Education Cooperation with Cuba (MEDICC) notes,

Global Links is unique in its field: it is not just a "shipper of material support," but an organization mindful of the environment, of its responsibility not only to recruit but also to educate local volunteers, and of its daily commitment to make real and lasting US and international partnerships that indeed contribute to achieving greater health equity in so many countries.

The Organization Takes Shape

Global Links developed gradually. A board of directors formed, consisting primarily of friends and colleagues of the three women. Kathleen was the only paid employee, and even she was paid very little. She worked from her home, storing supplies in her dining room and in spaces offered by friends and family. Eventually, Global Links was offered a space in a school building to store supplies, relieving some pressure but creating problems of its own.

"Global Links' re-direction and re-use of surplus medical supplies and equipment improves global healthcare while also improving the environment."

"The building was not designed as a warehouse or for storage," recalls Kathleen, "you can imagine the difficulty of lugging supplies and equipment up and down the stairs of this building. There was no loading dock." They even used vehicles and trucks of friends and relatives, and rented trucks to collect and transport the supplies. Kathleen smiles as she recalls these early days relating how luck as well as hard work played into their early successes. Her laugh is humble and contagious. Kathleen notes, "sometimes I wonder how we ever made it through those first years."

One of the first board members of Global Links was an ophthalmologist with an office in downtown Pittsburgh. In late 1989, he offered one of his little exam rooms to be the first Global Links office, a turning point in the life of the young organization. Months later, Global Links had a two-room office, and began attracting interns from the Graduate School of Public and International Affairs (GSPIA) at the University of Pittsburgh. The organization now has a large loft office where staff and volunteers work in an open, engaging atmosphere. It also leases 35,000 feet of warehouse space filled floor to ceiling with medical supplies and equipment waiting to be shipped. The organization now employs twenty staff members and benefits from the services of over two thousand volunteers.

The Pan American Health Organization

Another crucial partnership for Global Links involved the Pan American Health Organization (PAHO), an international public health agency with more than 100 years of

experience working to improve health and living standards of the countries of the Americas. It also serves as the Regional Office for the Americas of the World Health Organization (WHO) and enjoys international recognition as part of the United Nations system.¹

The relationship between Global Links and PAHO started in 1990. One of the early advocates of Global Links, Dr. Michael Carstens, worked as a health assessor for PAHO and was deeply engaged in assessing damage to the public health infrastructure in Nicaragua following its devastating ten year civil war. Through Dr. Carstens, PAHO requested that Global Links work with them in Nicaragua by shipping urgently needed medical supplies and equipment. Carstens was in Nicaragua and started gathering information on the kinds and amounts of needed supplies which was a tremendous support for Global Links. Kathleen recalls: “We knew that one of the most important things in sending any materials really is that you had to be confident that someone was receiving it on the other end [who] could be there giving us information, making sure the [shipments] would get where they are needed to go.”

Kathleen and her colleagues insisted on remaining true to their core values – they would not simply collect medical surplus that would be “dumped” on Nicaragua.

Throughout even this difficult period, when some organizations will do almost anything to gain a foothold, Kathleen and her colleagues insisted on remaining true to their core values – they would not simply collect medical surplus that would be “dumped” on Nicaragua or any other country in need. Instead, they only accepted supplies that could actually be used by public health officials in the countries they served. The amount of work involved in tailoring each shipment of supplies to local needs and capabilities is difficult for even the most sophisticated organization. It was simply staggering for the young Global Links team. Kathleen notes:

It’s very challenging to make sure that what you are sending overseas can actually be used...that’s why you have to know your recipient’s capacities and limitations too. If we didn’t feel the same way about the humanity of what we were doing and the importance and the ethical way that we wanted to

be working, it would not have worked either... everyone brought something to the table.

Patricia Skillin, Consultant at PAHO and former Global Links Program Director, appreciates Kathleen’s attention to every shipment:

Kathleen knows every detail of the organization inside and out. Since she has been there from the beginning, she has participated in every aspect from the collection of materials to the preparation of them for shipment to the loading of trucks to the overseas evaluation after arrival. Her leadership and knowledge were invaluable during my training as the program officer. I traveled with Kathleen to Nicaragua for my first overseas visit and she taught me how to do a hospital visit the “Global Links” way. The majority of the visit was on your feet, walking the halls of the institutions, entering labor and delivery suites, operating rooms, hospital wards, etc. She did not want to stay in the Director’s office and talk, she wanted to physically see. She would ask questions not only to doctors, but also to nurses and support staff as well as patients. Everyone’s opinion mattered. When something didn’t make sense, Kathleen would not be afraid to ask a clarifying question. Why didn’t this work for you?

Her ability to ask those questions and her desire to do better next time was always evident. Her unending strive towards excellence was to me perhaps her greatest strength. She was not afraid to ask questions in order to prevent future mistakes or misunderstandings. I took those lessons with me on every single visit I took as the Program Officer, because I knew that if I didn’t ask the right questions to get the necessary answers, I would have let her and the Organization down. Those questions and not being afraid to be humble enough to ask questions are what have allowed the organization to excel and send only what is really needed and useful overseas.

Ascending to Leadership

In 2000, after ten years as Operations Officer at Global Links, and with the departure of the other full-time founding member who served as Global Links President, Kathleen Hower assumed the position of Chief Executive Officer. The transition was challenging for both personal and professional reasons. Throughout her career she had served in support or operational positions, never in a chief executive capacity. Moreover, the founding team at Global Links was in transition, and Kathleen was now the only one of the three founding women still actively involved in the organization. She recalls: “[I received] a lot of support from the board...they gave me great advice and great

¹ PAHO website, <http://new.paho.org/>

moral support. I just never could have done it without a lot of input and support.” She started by putting a system in place for documenting activities and processes of the previous ten years. Her major concern was the potential loss of accumulated organizational knowledge as the organization grew.

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In some respects, one might conclude that Kathleen Hower is an unlikely leader. She has few of the formal prerequisites for leadership such as educational achievement or distinctive life-long progression through various leadership experiences. Rather, as noted by Gail Reed, International Director of MEDICC, “[Kathleen] leads by the example of her dedication to social responsibility and respect for Global Links’ partners, and by that difficult combination of perseverance and patience.” The outcomes of Kathleen’s leadership are evident to her partners. PAHO’s Patricia Skillin:

Global Links has reached thousands of vulnerable and disadvantaged people throughout the globe, though primarily in Latin American and the Caribbean, providing lifesaving medical supplies and materials. Global Links has helped to elevate the quality of care being provided in communities large and small. Global Links has helped to provide access to primary health care through the provision of key materials such as exam tables, stethoscopes, [and] gloves...to communities that did not have them before.

Patricia Skillin also notes Kathleen’s leadership strengths:

One of Kathleen’s principle strengths is her vision for the organization. She has clear notions of where the organization should go and then surrounds herself with staff that can help her accomplish those goals. She also has an unending dedication to quality of service and quality of the materials sent. Her commitment to excellence permeates the entire organization...Kathleen’s vision and extraordinary leadership have not only kept Global Links in business for over 20 years, but have helped it to acquire a status and reputation for providing high quality materials when and where [they are] needed most. Her attention to detail and emphasis on the quality of the materials has enabled the organization to grow and excel at what it does.

Without her vision and her commitment to excellence, that organization would not be where it is today.

Nicaragua

Global Links shipped its first supplies to Nicaragua. The largest country in Central America, Nicaragua has endured tremendous volatility and violence since the 1960s. Once among the region’s wealthiest nations, its people have been buffeted by periods of political unrest, corrupt dictatorships, outside intervention, armed conflicts, and natural disasters. Nicaragua’s population is remarkably diverse including indigenous communities, as well as people from Asia, Europe, Africa, and the Middle East.

Global Links entered Nicaragua during the country’s fledgling efforts to reestablish democratic principles and institutions. Yet, those early years of Nicaraguan democracy were fraught with political scheming, deal making, and often blatant corruption. Among the most corrupt of these officials was Mayor of Managua, Arnoldo Aleman. Aleman defeated Daniel Ortega in the 1996 Presidential election, but his administration was marred by corruption as it had been in Managua. Near the end of his presidency, he actually entered into a pact with Ortega to divide control of state institutions in an effort to perpetuate their power.

Kathleen Hower remembers Aleman very well and certainly not with fondness or respect. It was in her interactions with him, both as mayor and subsequently as president, that Kathleen saw the extent to which graft and corruption can directly affect services to those in need. It was also Aleman who tested her resolve to maintain the operating philosophy of Global Links to distribute medical supplies only in close coordination with public health officials, and never through politicians. Kathleen recalls:

Aleman didn’t like the foreign NGOs. He was trying to get them out of the country. So I had two separate meetings with him and explained what we were doing...And his response was, “Well, if you give the medical supplies to me, consign it to me, then I will make sure it is distributed.” [I responded that is] just not how we work. [I said that] we would be happy to work with the Ministry of Health to where materials should go and to work with the hospitals but... our policy is not to turn things over to the government. His reaction was [that]... he didn’t want to talk any further. So we weren’t going to get any support from him.

Sadly, after other failed efforts to negotiate an acceptable arrangement consistent with the mission and values of Global Links, Kathleen and her team made the difficult decision to withdraw from Nicaragua rather than play into the corrupt hands of the politicians.

[Kathleen] has a business-like way of seeing that her limited resources must be allocated, and sometimes reallocated, to countries where need intersects with demand; that is, where real change can be achieved.

She knew that supplies and equipment turned over to government officials could eventually be sold on the black market or, more likely, they would be politicized by rewarding communities that supported Aleman's election with donations and denying aid to communities that opposed him. Global Links could not be a party to this type of manipulation. Kathleen notes,

Nicaragua is, to me, just a sad case...we had to suspend our program because we just could not work under that situation, and they made it very difficult for nonprofits to work there. And PAHO, it was difficult for PAHO then too because they have to work with the government and the Ministry of Health so we just decided, after really trying hard, that it was like beating your head against the wall, and we just said, "We have to stop...We just have to put our energy into other things."

The decision to withdraw was difficult for many reasons. Not only was Global Links leaving a country in need, but the organization also left behind a valued network of partners and even a physical infrastructure for distribution that was more sophisticated than their resources in some other countries. Kathleen recalls,

We had hired [someone] for Nicaragua who lives in Nicaragua who helped us do all the distribution and everything and we had our own warehouse there... But we just couldn't figure out how to continue to work there because you need a...permit from the government and...if it wasn't forthcoming [from Aleman] there was no way [we] could do it. So...we really didn't want to give up on all the relationships we had built in the hospitals and having our person there; we had an office there. But we couldn't, we couldn't [do it].

Beyond political corruption, doing business in Nicaragua presented other challenges to Global Links and other aid

organizations. Kathleen notes:

[Another] problem with Nicaragua... which was really challenging is that the rules or the laws governing [our kind of work] are not really written down anywhere [we] could read them...So they are kind of amorphous...we would send our person, Vilma, to find out what...the law says about...sending [supplies] or getting a duty free entry or whatever. So [Vilma would find out that the law] would be... written on the wall, like on a board in [a government office] but you couldn't get a copy... That was another kind of a challenge...just to figure out what is the law. It is very hard to figure that out. And I remember the one time Vilma went and she [made a handwritten copy of the law that was on the board].

Kathleen Hower and her staff bided their time. They essentially suspended operations in Nicaragua in 1997, a year in which they sent only one sea container to the country. Seven years later, in 2004, when a new regime came to power, Kathleen tried again. She has learned a valuable lesson from Nicaragua:

Now...we have a even more defined commitment in [the] countries [we work in]...Still [we must constantly remind ourselves] that if you cannot get the cooperation that you need to have, you have to be willing to walk away too...What does that say about how you work if you are going to work there no matter what? What does 'no matter what' mean? ... I mean how many hoops are you willing to jump through? When does it become too complicated... when there is so much other need that you could be fulfilling easier?

Kathleen and her staff understand that resources are limited and needs are infinite. While she is not in private business, she has a business-like way of seeing that her limited resources must be allocated, and sometimes reallocated, to countries where *need* intersects with *demand*; that is, where real change can be achieved in partnership with institutions that are willing to work with Global Links to improve the public health infrastructure. Kathleen notes,

I think [we need] that kind of critical thinking about any of the countries because it really took us a long time to come to that [conclusion] in Nicaragua... there is a very emotional connection that you have to the people you are helping and to all of those contacts that you have made. You know it was very difficult for us to step back but at a certain point you have to look beyond that emotional context. It wasn't only emotional, but we had spent all that time building up all that...those relationships too...If you can't get the cooperation you need on the

ground or people aren't interested in the kind of collaboration that you need...then...you have to be willing to walk away, I think, or at least suspend it. We looked at Nicaragua as a suspension of our work because our goal was always to go back.

Cuba

To say that relations between Cuba and the United States have been strained is an understatement. These two nations, separated by only ninety miles, have been wary of each other since the early part of the nineteenth century when leaders of the still young United States cast covetous eyes southward with talk of annexing the island, then a Spanish colony. Active engagement by the U.S. in Cuban affairs continued throughout the first half of the twentieth Century in an effort to protect its substantial economic interests on the island nation. The U.S. was, for the most part, a supporter of the corrupt regime of Fulgencio Batista until it became evident that he was likely to be overthrown by the rebel forces of Fidel Castro.

Withdrawal of U.S. arms supplies to Batista sealed his fate and the U.S. quickly recognized the new Castro administration in 1959. But the honeymoon was short-lived and the U.S. government gradually imposed more and more trade restrictions on Cuba in response to Castro's social and economic reforms and efforts to nationalize American business interests there. Castro consolidated trade relations with the former Soviet Union when the U.S. banned all exports to Cuba.

“What does that say about how you work if you are going to work there no matter what? What does ‘no matter what’ mean?”

Subsequently, relations deteriorated from mere quarreling to armed dueling. The ill-fated Bay of Pigs operation was an effort to overthrow Castro with CIA-trained Cuban exiles. Throughout the 1960s, there were other nefarious efforts to destabilize and even topple the Castro regime. Tensions reached a peak when U.S. reconnaissance planes discovered Soviet missiles in Cuba in October of 1962, leading to the nuclear standoff between President John Kennedy and the Soviet leader Nikita Khrushchev known as the Cuban Missile Crisis. The Obama administration has eased some travel restrictions, but the general economic embargo of Cuba remains in place today, fifty years later, and has even been tightened

over the past thirty years. In some political circles, Cuba remains a pariah state never to be trusted or embraced.

Kathleen cares a great deal about our political history with Cuba, as it gives great insight into the actions and reactions of both governments. And, she pays very close attention to what is going on and understands how relations between the two countries have gradually deteriorated. Her primary focus is on the substantial public health infrastructure and expertise in Cuba, arguably the most sophisticated public health system in the region and, in some respects, even superior to that in the U.S.

She knows that Cuba has steadfastly and quietly lent its highly trained medical personnel to other countries in the region, providing expertise and supplies to address healthcare problems. She sees Cuba as a public health asset and an ally in her quest to deliver high quality medical supplies to poor countries in the region.

She also sees Cuba as a country in need of ongoing support for the many gains in public health that were achieved in the latter half of the twentieth century. Particularly since the fall of the Soviet Union, Cuba's main trading partner, health conditions and infrastructure in Cuba have suffered terribly. During this time after the dissolution of the Soviet Union, referred to as the “Special Period” in Cuba, the country was in serious economic trouble. This was PAHO's concern when they asked Global Links to work with them. Years later, Kathleen was told by the now retired PAHO country director, that their work in Cuba was “historic” because of the scope and their ability to provide materials from the U.S. during the height of the embargo. The medical system has certainly improved, but there are still many needs throughout the system and many problems and shortages caused by the embargo.

According to the Trade Sanctions Reform and Enhancement Act of 2000, exports from the U.S. to Cuba of food and medical products are allowed if proper licenses and permits are issued by the U.S. Department of Commerce and the Department of the Treasury. Global Links possesses one of these few permits to travel and provide medical supplies to Cuban authorities. As with many other partnerships in the region, PAHO assisted with this arrangement. Kathleen's professional networks were growing and the reputation of Global Links as a trusted partner was spreading throughout the region. Miguel

Marquez, with whom Kathleen had worked in Nicaragua, was the PAHO officer in Havana. He helped make introductions to get exchanges moving. Kathleen says:

Well [our work in Cuba] really started at the request of the Pan American Health Organization. This was a critical time in Cuba. It was...after the Soviet Union dissolved and that was their largest trading partner. So their economy was just in free fall [and] the situation there was really terrible. That was at the same time when the United States tightened...the embargo so there were really serious problems...Their infrastructure was really suffering. The Soviet Union had always bought their sugar crop and it was just a terrible time. There were rolling blackouts all over the country not just the city...and there was a lack of water in certain places...So PAHO was very concerned that they were going to lose a lot of the advances that they had made in public health in Cuba over the years. One of their biggest problems was that they really needed materials. So that is, of course, where we came in because we could provide a lot of basic materials.

Years of political and economic battles with the U.S. fueled skepticism in even the most dedicated public health partners [in Cuba].

One of the first priorities was to ensure that earlier gains in medical services and research were not totally lost. Again, Kathleen turned to her growing network of colleagues in the medical field for data needed to support her strategy. For example, she read the research of a colleague, Gail Reed, friend and international director at MEDICC who had studied the impact of the embargo on health services. Kathleen notes:

[The Cubans] had to suspend their transplant program – I mean everything – because if you don't have infrastructure you can't run a transplant program....They had been doing kidney transplants and some very sophisticated things but if you don't have the infrastructure how do you maintain that?... They would have to postpone surgeries because they did not have sutures. There was one situation... where they had to postpone surgery because they didn't have endotracheal tubes for anesthesia. If someone would come into the emergency room they would die because they could not trach them. These kinds of things were happening all over the country because of the embargo.

Very soon in the relationship, Kathleen and her colleagues recognized that they were dealing with public health officials who not only appreciated the efforts of Global

Links, but had both the commitment and the ability to be true partners in the exchange. This was deeply appreciated given the meager resources and limited experience of the still young Global Links organization. Kathleen notes,

And you have to imagine that [at that time] we were a much smaller organization...So one of the things that really affected me...and really kind of defined a relationship with Cuba, for me, was that they said how much they appreciated that we wanted to help them...And the next thing they said was, "That's great, how can we help you?" Believe me, no one, in any of the countries [where] we worked has ever said "How can we help you?" And that is just a great definition of how they saw themselves as people who had something to offer as well. They were very confident in knowing who they were and that they had achieved a certain level of...professionalism, of knowing that they had something to offer too. That sort of sets the stage too for...more of an equal partnership. [This] is very different from "You give us stuff because we are needy," and to me that was pretty amazing. So for us...as an organization, that was a really interesting dynamic that we have not been exposed to before.

The willingness of Cuban officials to be an equal partner in matching deliveries to need was a welcome change for Global Links. But Cuba also offered a unique "market" for more sophisticated medical supplies that could not be sent to client countries because of their inability to make full use of them. Moreover, Cuba provided a kind of beta test for Global Links to build its capacity to provide more and more technically complex supplies. Kathleen notes:

[Cuba] also had the ability to use more sophisticated supplies...and that was a good thing for us too because we knew we had an outlet for some of the more sophisticated things that we were getting that could not really go to some of the other countries. So that made us feel confident...about providing more specialized material in places that we knew had the expertise to use them and that they really needed them too...It was an interesting learning opportunity.

Despite the early promise of working in Cuba, Kathleen is quick to note that it had challenges as well as rewards. Years of political and economic battles with the U.S. fueled skepticism in even the most dedicated public health partners:

It wasn't perfect; it had its challenges with ideology and logistics and...the distrust that had built up over the years...Cubans were well aware [that the U.S.

had sometimes used NGOs to destabilize the regime] and it put us in a very awkward situation. What was I supposed to do in that situation?...We just decided to [say with our actions], “Look, we are completely transparent.” You know if they want to listen to us in our hotel rooms [let them]. What are we going to do about it? We are here to try to help as much as we can and that is all we are interested in.

In some respects, the relationship with Cuba helped Global Links refine its operating values, its philosophy, and even its capacity to make logistical arrangements for shipments. Even with its government permits to do business in Cuba, Global Links still needed to route every shipment through Canada, not directly from the United States. Kathleen says that the relative sophistication of the Cuban health infrastructure and the professionalism of its health care workers helped Global Links refine its approach and its business model. The Cuban experience also helped the small but growing staff of Global Links to trust their instincts and to work in partnership with in-country public health officials to deliver only supplies that are needed and can be put to effective use.

Pharmaceuticals



Kathleen leads a tour in the Global Links warehouse

Global Links had a relationship with Mylan Pharmaceuticals from 1990 that was initiated by Kathleen, who had worked with them at another organization. For several years, the relationship was

successful since they were able to receive a broad range of surplus drugs from Mylan with expiration dates that were far enough in the future. Global Links was able to supply commonly used medicines such as antibiotics and blood pressure control medications to meet the needs of recipient countries. Over time, Global Links developed a deep level of understanding of what kind of drugs recipient countries needed and the organization was able to fill gaps between the surplus available in hospitals and the amounts needed in the countries served. The relationship with Mylan continued for nearly twenty years, and brought reciprocal benefits to everyone involved.

However, the competitive and regulatory forces in the pharmaceutical industry were shifting, bringing changes in production standards, expiration dates, and, of course, the development of new kinds of drugs. These trends had a considerable impact on the type of surplus drugs offered by the company. Some of the offered drugs had no use in the countries, as they were not listed in the countries' formularies. Most critically, other offered drugs had very short expiration dates ranging between six months and one year. The company was hoping to donate the drugs just before their expiration date. Kathleen says:

WHO guidelines say that [donated drugs] should have at least one year [remaining before their] expiration but we also leave that up to the recipients because if it is something they really need, they may take it – especially if it is an antibiotic or something that has a short term use. They might be interested in taking it so we always leave those decisions up to them. We know that particularly with maintenance drugs, like blood pressure or something that you have to keep people on [for an extended period of time] they need to have a longer expiration date.

This situation put Kathleen in a serious dilemma, and tough decisions had to be made. The infrastructure and the distribution systems in recipient countries were not sufficiently developed to guarantee fast and systematic distribution of drugs with short expiration dates. In most cases, Global Links found that expiration dates of at least one year were needed for the drugs to be useful in the recipient country. Additionally, the effort needed to rush delivery of drugs with short expiration dates was placing a significant strain on the staff of Global Links. Their processes were not advanced enough to “move” the drugs quickly, since it would require shipping by air, which is expensive and more time consuming administratively. Kathleen notes,

We felt, for what we had to offer, it did not represent us well because when you keep offering [drugs] that people don't want...it also doesn't leave [them] with a good perception of the organization.

Some international aid organizations might have happily shipped the pharmaceuticals in question simply to bolster their production and impact indices. The drugs, even though near their expiration date, still had a very high monetary value. Shipping them would have bolstered the “apparent” productivity of the organization and perhaps inflated its claims regarding the monetary value of the services offered to recipient countries.

Therefore, a decision not to accept and ship these pharmaceuticals, and abandon this connection with the company, would have significant impacts on the annual production reports of Global Links. In fact, such a strategy would create the impression (on paper) that Global Links was shrinking or losing impact. Kathleen notes:

There is a big incentive to get your numbers up...the value of the pharmaceuticals was inordinately high. So one of the problems that it presented to us is that it made our yearly figures [fluctuate significantly]...Because one year you might get twenty million dollars' worth of drugs, the next year you might get five [million]...It really presented a very misleading picture of what the organization was doing...I tried to explore options with [Mylan] but they just were not interested.

In 2009, Kathleen and her team chose to suspend the relationship rather than violate their fundamental operating principles. Kathleen recalls,

We did not say we wanted to...completely stop [the relationship] but we wanted to suspend it because we weren't getting what we needed. I had a couple moments [when I wondered if I did] the right thing after you see what it does to your bottom line. But really, this is a more accurate representation of what we are doing without the drugs. We did, however, have a great change in the figures.

For Kathleen, this decision, though painful, was consistent with the mission and core values of Global Links. She avoided a tactical move that may have produced short term gains in favor of a decision that was consistent with their long-term strategy of delivering medical supplies that respond to recipients' needs and steadily building and sustaining trust in the recipient countries. This experience taught Kathleen some crucial lessons, the most important of which is in the ethics of humanitarian work:

You get a lot of people who say...["These drugs] are still good," and I would say "Yes. [In fact] I myself might take them and give them to my family to take, but I have to respect the sensitivity of the recipients." If we are not legally allowed to sell them or use them here, it is dumping. We don't agree with the mindset of "anything is better than nothing" and [the prevailing] dynamic between a wealthy country and a resource poor country...You have to respect the wishes of your recipients...and their sensitivity.

Haiti

The island shared by the present day countries of the Dominican Republic and Haiti was discovered by Christopher Columbus in 1492 and was ruled by the Spanish for two hundred years. In 1804, Haiti declared its independence. Global Links began to work with Haiti in 1996 but their work up until 2010 has been somewhat sporadic due to various challenges within the country. Like their experience in other countries, Global Links received a request from PAHO asking for assistance in Haiti, especially in delivering critically needed medical supplies. Global Links works there in collaboration with PAHO, the Haitian Ministry of Health and other partner NGOs, including Hôpital Albert Schweitzer in Deschapelles and the House of David Community Health Center in Petionville. Then, the unthinkable happened. On January 12, 2010, a massive earthquake struck Haiti, leaving devastation and death everywhere in the capital Port-au-Prince.²

- 3,500,000 people were affected by the quake
- 220,000 fatalities and more than 300,000 injured
- Over 188,383 houses were badly damaged and 105,000 were destroyed
- 1.5 million people left homeless
- 19 million cubic meters of rubble and debris in Port-au-Prince, enough to fill a line of shipping containers stretching end to end from London to Beirut
- 4,000 schools damaged or destroyed
- 25 percent of civil servants in Port-au-Prince died
- Outbreak of cholera in October 2010. By July 2011 5,899 had died as a result of the outbreak, and 216,000 were infected.

Assessed as the worst earthquake in this region in two hundred years, the disaster exacerbated an already desperately poor public health system. Kathleen recalls:

The Ministry of Health lost two hundred people, which was major in a country that has more challenges than many other countries to begin with...and the Ministry...headquarters was destroyed too...The UN headquarters was destroyed, and PAHO's building was badly damaged and not habitable.

Responding to this disaster, massive waves of assistance from all over the world poured into Haiti. NGOs started collecting donations of supplies that were thought to be needed in Haiti, which came in response to the massive

² Figures on the earthquake came from Disasters Emergency Committee: <http://www.dec.org.uk/haiti-earthquake-facts-and-figures>

media coverage and calls for donations. However, these massive amounts of donations created a lack of understanding for the type and amount of things that Haiti needed, which is a typical problem in disaster response:

This is the common problem when there is any kind of disaster...Some people...call it the “second wave” of disaster when all the NGOs arrive. So while other people were collecting [and shipping] toiletries...I saw all that being sold on the street when I got there. You know, [in a disaster like this there is] just this rush of sending stuff. Plus we found that there were a number of warehouses in Miami full of [donated supplies] because there was no way to get it into Haiti.

Right after the earthquake, Global Links started receiving offers from different parties in the U.S. donating bottles of water and requesting that Global Links ship them to Haiti. However, Kathleen had to decline all these requests, as these plastic bottles have a terrible impact on the environment and were already causing a serious problem in Haiti: “They had these open culverts and they were just full of plastic bottles everywhere and you know it all washes out to sea. It’s a huge environmental disaster.”

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Global Links partner, the Hôpital Albert Schweitzer, located approximately one hundred fifty miles north of Port-au-Prince, was not damaged. The hospital was receiving massive amounts of injuries and cases coming from the hardest hit areas, and they were receiving hundreds of people per day. In Pittsburgh, Global Links started coordinating with UPMC to join efforts for a systematic response to the disaster. They started to provide the Schweitzer hospital with their specific needs of medicine, IV solutions and requested supplies. Additionally, because of the very long relationship that Global Links had with the hospital, they already had a great level of understanding of their needs and the way they operate. They knew that they would need a large number of crutches, especially after deforestation problems in Haiti limited producing crutches there. Therefore, Global Links started a big drive in Pittsburgh to obtain donations. Kathleen notes:

First responders need very specific things. And unless you are being told what those things are you should not just start collecting stuff. And that’s always the first thing that people want to do is start collecting stuff. Money is usually the best thing in a disaster because they can source it closer to home. [And instead of water bottles] the better solution is of course the bigger water buffalo and the water treatment...We also had people coming to us saying, “Well I want to go to Haiti, can you give me something to take?” We would [ask], “Who are you going with? Are you going with an organized group that has been accepted in Haiti?” If not we just told them that it would be better not to go because you become part of the problem.

Another lesson to learn from Global Link’s engagement in Haiti is maintaining mission fidelity against temptations of disaster response. Kathleen says,

[We did our best in this situation, but Global Links] is not a first responder [type of organization]...We would have never been involved with [the earthquake] in Haiti if it wasn’t one of our countries.

Epilogue: Back to the Fast Pitch Event

Kathleen heard the master of ceremonies call her name. It was her turn to make “the pitch,” and in the next three minutes she would tell the story of Global Links to three hundred strangers. Kathleen took a deep breath, stepped to the stage, and began with the story of Marco, an infant in a developing country who needed open heart surgery. She told the audience there were skilled surgeons in the country, but they could not perform the surgery if they lacked the specialized sutures and other equipment needed for this particular procedure. “Even the best trained doctors and nurses can’t do their jobs without the right tools,” Hower said. With that one sentence, she dispelled some prevailing myths about medical care in developing countries (that there is no professional competence at all), but at the same time she highlighted the persistent need for reliable and high quality medical equipment to help health care professionals to do the job. To the palpable relief of the audience, Hower continued, “Today I have a picture of Marco in my office, now a smiling four-year old, whose life was saved because of sutures sent from Pittsburgh.” The audience was hooked. For the next three minutes they listened in rapt attention as Hower continued to make the winning pitch.

Appendix

Mission

Global Links³ is a Pittsburgh-based medical relief and development organization dedicated to promoting environmental stewardship and improving health in resource-poor communities, primarily in Latin America and the Caribbean. This two-fold mission provides hospitals in the region with a socially and environmentally beneficial alternative to sending hundreds of tons of still-useful surplus materials to landfills. Hospitals and clinics in under-served communities often lack the supplies and equipment necessary to provide even basic care to their patients, resulting in needless suffering and deaths. At the same time, the U.S. healthcare industry generates a staggering amount of medical surplus which, without intervention, is destined to stuff U.S. landfills. Global Links' innovative model of recovery and reuse connects these two social problems in a way that helps to solve both, creating a "virtuous circle" that converts an environmental burden to a life-saving purpose.

Countries of Operation

Other than the worldwide suture program, Global Links works in nine countries in Latin America and the Caribbean.

Central and South American Countries

Bolivia has a population of 9,929,849⁴, Gross Domestic Product (GDP) of \$1,979⁵, and 60.1%⁶ of the population lives below the poverty line. Global Links sent its first container to Bolivia in 2000.

Guatemala has a population of 14,388,929, a GDP of 2,862, and 50.1% of the population lives below the poverty line. Global Links sent its first container to Guatemala in 2007, at the request of the PAHO. The Ministry of Health requested support and material aid to improve the country's health system, shattered during a bloody 36-year civil war.

Honduras has a population of 7,600,524, a GDP of \$2,026, and 60% of the population lives below the poverty line, making it one of the poorest countries in the region. Global Links' Honduras program began in 1998 after the country's medical system was devastated by Hurricane Mitch.

Nicaragua has a population of 5,788,163, a GDP of \$1,132, and 46.2% of the population lives below the poverty line. In 1990, Global Links' first container of medical aid was sent to Nicaragua. From 1990 to 1996, 50 sea containers were delivered. After a seven year halt due to certain political circumstances, activities resumed in Nicaragua in 2004.

Caribbean Countries

Cuba has a population of 11,257,979 and a GDP of \$5,565. Global Links began working in Cuba in 1994 at the request of PAHO. This case was very sensitive due to the long history of political tension between Cuba and the United States.

Dominican Republic has a population of 9,927,320, a GDP of \$5,215, and 50.5% of the population lives below the poverty line. Global Links began its program in the Dominican Republic in 1998, in close coordination with the local office of PAHO and the Secretariat of Health (SESPAS).

Guyana is a very small, poor country with a population of 754,493 and a GDP of \$2,950. Global Links' program in Guyana began in 1996 through collaboration with PAHO. Global Links supports Georgetown Public Hospital, where the complicated medical cases are attended, as well as other facilities through the country.

Haiti has a population of 9,993,247, a GDP of \$671, and 77% of the population lives below the poverty line, which makes it the poorest country in the western hemisphere. Global Links began working in Haiti in 1996, and collaborates with PAHO, the Haitian Ministry of Health and NGOs.

Jamaica has a population of 2,702,300, a GDP of \$5,274, and 9.9% of the population lives below the poverty line. Global Links' program in Jamaica is one of the organization's oldest. It began working there in 1990 by coordinating with the Jamaica Medical Assistance Committee and the local PAHO office to improve the standard of health care.

³ Global Links website: <http://www.globallinks.org/>

⁴ All population figures came from: <http://data.worldbank.org/indicator/SP.POP.TOTL>

⁵ All GDP figures came from the: <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

⁶ All poverty rates came from http://hdr.undp.org/en/media/HDR_2011_EN_Table5.pdf

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