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Premium Content

WomenUp: Elizabeth Sheehan takes her brand of medical care on the road ... literally

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Brian Hoefling, Special to the Journal

Title and company: Founder and president, Care 2 Communities

Age: 55

Education: Bachelor's degree in pre-medical, **College of the Holy Cross**, 1981; Master's degree in health sciences, physician's assistant program, **Duke University School of Medicine**, 1989; Master's degree in health policy, planning, and financing, London School of Hygiene and Tropical Medicine, University of London, 1995.

Residence: Sherborn

THE INFLUENCE FACTOR

Did you have a mentor? I have had many at different times in my life. I would mention Dr. James Woods, who I worked with in Cambodia ... Dr Woods, a longtime aid worker, never cracked under pressure and always brought his best to the challenging situations. And kept a sense of humor.

Are there people you would go to for advice in your professional life today? I have a fantastic board of directors at C2C, many of them in financial services, clinic operations, building business enterprises. So I use the board very, very much.

From an unassuming building in Newton Centre, [Elizabeth Sheehan](#) and her team are quietly saving lives.

Sheehan, a veteran emergency-room clinician with a degree from the London School of Hygiene and Tropical Medicine, spent 10 years as a health economist in the developing world before striking out on her own.

"I had my moment six years ago," she says, "based on decades in the field, seeing women and children dying of completely treatable illnesses."

In 2008, Sheehan founded Containers2Clinics — so called because its signature activity was turning old shipping containers into fully functioning medical clinics. The name has since been changed to Care2Communities, reflecting the organization's broader mission of building self-sustaining medical communities in the areas they serve. Some 45,000 people have already been treated in C2C clinics, and the company booked roughly \$668,000 in revenue from contributions and grants in 2013, its most-recent tax-reporting year.

Today, C2C is raising \$1 million a year, and plans to expand its operations with new clinics in Haiti and Central America. Sheehan is also hoping to expand her board here in Boston, with help from the city's medical and business communities.

How is it that you came to be doing medical work in the developing world? My first job was as a P.A. (physician's assistant). I became very interested in why the poor had such unequal, inequitable access to care here in the United States. I worked in rural North Carolina, then in an E.R. in New York City on the Lower East Side. The poor really suffered. They used the emergency room as their primary health care, they had patchy follow up; they died of chronic, treatable diseases. I wanted to understand why these systems are broken and how to fix them.

How do you find and select a site to start a clinic? We look for where there's a gap in services and we won't create parallel systems. We go into the community and do a deep market assessment — what are they already paying for care, where are they getting their care, are they happy with the care, can we provide the care that they need — and do house-to-house surveys, do community conversations.

How do you turn a shipping container into a medical clinic? This is a metal box, and if you put it on the equator, you're going to cook people. So, we have an insulating layer. We have heat-reflective paint. We have all sorts of adaptations to put this into a difficult environment — the ability to have solar panels, run off a grid, run off a generator. They're cool, they're bleachable, they have really high-quality cabinetry. It really looks like your doctor's office inside, with a lab and a pharmacy.

What do the donated funds cover? Philanthropic dollars get the clinic onto the ground, give it some working capital, and fill the pharmacy. It takes about \$150,000 to retrofit, ship, install it, and give it a couple of years of working capital. Over time, and this is where we're unique and we're innovative, the revenue from the clinic will start to cover the operating costs. And at the same time the community is learning how to operate the business and the clinic, and the clinic is eventually owned and operated by the community.

The clinic staff, then, are entirely local? Yes. Never had anything different, because we truly believe that that's the best way to build a sustainable model.

If you had to give international charitable medicine a prognosis, would you say things are moving in a good direction? I think there's a lot of attention on it now ... there are a lot of really good solutions out there. I don't think that there's a lot of great collaboration out there. I think that there's just complexity, there's siloed approaches, there's duplication,

and there's waste and there's bureaucracy. And we've had times that we have not used resources efficiently and we have not made the impact that we've wanted. And we've iterated the model. We're small enough that we can do that. Some of these very big organizations simply can't change their direction, because they're so big it's like turning an aircraft carrier. I would say that there is enough to keep everyone healthy in the world, and we need to get our priorities right. There needs to be much more collaboration and honesty about what works and what doesn't work.

Do you have any advice for young people who are interested in moving into international philanthropy or medicine? In international issues of any kind, we need to be patient. Humble. We don't know what the resource-poor need; we need to listen to them. We really have to turn the table around and collaborate, and understand how communities operate, before you have a solution for them. And be prepared to fail. Failing is where you have your best learning.

What do you do to relax? I am a big outdoors person. I love being outdoors. I swim. I hike. I enjoy meeting family and friends. It's very important to prioritize that as a parent as a founder and trying to grow this organization and speak on international stages I have in the past really got out of balance and it makes the work very challenging because my internal drive is to help, is to be compassionate, but when you're not feeding yourself you can get very depleted

Are there particular places you like to travel or go on vacation? Definitely off the beaten path. I love India. I love Africa. I travel to Haiti often and really, really enjoy being there. It's a very colorful, vibrant culture, and some of the most really, really remarkable people that I've ever met, who just overcome unbelievable odds - ninety minutes of Miami.

What was the last book that you read that you enjoyed? I'm going to say Shantaram - it's by Greg (Roberts). It's about an Australian ex-con that goes to work in the slums of India as a paramedic, and he had a troubled past and he went into the slums to work and personally save himself. I relate to the deep connection we can make as humans when we are in service to the less fortunate.