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No Excuses

Delivering Sustainable Health to the Humblest Parts of the World

CHERYL B. SCAPAROTTA **writer**

if there's one word that describes the experience of working as a humanitarian aid worker in Cambodia and Africa, it's "heartbreaking."

So says Elizabeth Sheehan, a Massachusetts native who worked for a decade in clinics, hospitals, and minefields for international organizations The HALO Trust and Doctors Without Borders.

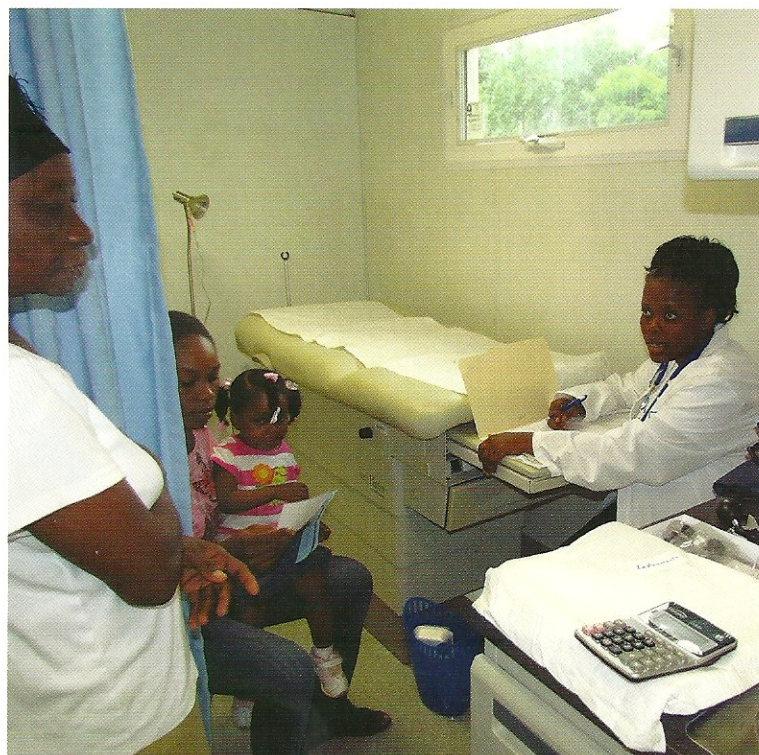
"More often than not, I was heartbroken by senseless deaths occurring because clinics weren't open, and medicine or staff wasn't available," she recalls. "I watched children die

from simple dehydration and I was deeply moved. Health is a human right, and every person should be able to access simple primary health care services."

This has become a lifelong cause for Sheehan, who has garnered resources, talent, and added a dash of innovation to start up Needham-based Containers 2 Clinics (C2C), a nonprofit that provides medical care for people in the developing world. C2C uses philanthropic funding to manufacture, ship, and place the clinic where needed, as well as to cover start-up costs and revenue shortfalls until clinic revenue begins to cover annual modest operating costs.

"We partner with patients and we're proving that with philanthropic help to get started, even very poor communities can sustain a primary health care clinic without the need for continued philanthropic support," explains Dawn Belizaire, C2C's director of development and communications.

This past summer, C2C opened a modular clinic in northern Haiti, where patients can pay a small fee for services, such as \$1.50 for a round of antibiotics. But the difference is that the



Clinics are staffed by local personnel trained to operate them now and in the future.



clinic is staffed by local personnel who have been trained to operate them now and into the future. This clinic is in addition to a flagship location in Port-au-Prince which C2C opened in 2010 after the devastating earthquake in that nation.

"By creating self-sustaining primary health care, we're providing lifesaving care," says Sheehan. "Our plan is for the long-term. While the philanthropy dollar is great, communities are more empowered when there's a partnership and a conversation about working together to rebuild the systems that will benefit them in the long-term."

The Wellesley resident and mother of two describes her role at C2C as "president, founder, board member, advocate, and fundraiser." Well-known Boston philanthropists such as Jack Connors and Gerald Sheehan provided initial funding for the organization's latest project in Haiti.

But what drives Sheehan is a passion for basic human dignity. "This issue is in my DNA—I feel that health is a human right and everyone should have access to primary health care," she emphasizes. "When I talk to women who tell me of being treated poorly by the doctor, in

The typical C2C clinic offers primary health care for entire communities.

terms of being spoken down to, not told what their diagnosis is, and receiving shoddy medical care, that goes to my core. I say we can do better. We can provide dignified, high-quality health care where it's needed most."

Sheehan's interest in medicine is linked to her diagnosis of juvenile rheumatoid arthritis at the age of ten. "I watched my worried parents seek medical care for a somewhat rare disease at the time," she recalls. She grew up to become a physician's assistant and public health practitioner, working in emergency rooms in New York City and in the rural south for a decade. "I witnessed how the poor suffered from lack of access to medical care, either due to cost or lack of services," she says.

Getting to Yes

Sheehan had her "a-ha" moment for C2C five years ago, when she realized that merging surplus used shipping containers with gently used

good works “we’re not trying to make a profit”

medical equipment could perhaps make an impact on the huge global need for a health care delivery system in a simple, efficient way.

C2C aims to keep margins low. “We only want clinics to break even — we’re not trying to make a profit,” Belizaire emphasizes. “We conducted door-to-door surveys in northern Haiti, and we discovered that many people spend 50 to 60 percent of their income on health events, which includes the cost of travel to other parts of the country where they can obtain care. It might mean paying for a taxi or motorcycle ride, plus the additional cost of seeing a physician and for pharmaceuticals.”

With C2C’s financial model, patients pay much less, without having to journey far from home.

Sheehan says what differentiates C2C from other charitable organizations is the long-term commitment and presence on the ground. “Philanthropic dollars have a finite runway,” she points out. “From the big USAID grants to the Bill & Melinda Gates Foundation, they have a short memory. There’s a big initial push by these types of organizations to build a hospital or school, but as soon as a need is found elsewhere, that philanthropic money leaves and there’s no way to cover day-to-day costs.”

Belizaire adds, “We want to bring high quality care and make it affordable, and continue to offer that care without constantly going back to donors to keep it running.”

Currently, in addition to the two locations in Haiti, C2C maintains a location in Namibia. The process starts with two eight by twenty feet shipping containers, which transform into fully-stocked, fully-equipped health care clinics upon arrival. The typical C2C clinic offers primary health care for entire communities, with an emphasis on specialized care for women and children. The air-conditioned facilities have adaptable water and power hook-ups, two private examination rooms, space for a pharmacy and laboratory, and are movable — they can be re-loaded onto flatbed trucks if disaster strikes.

Meanwhile, back in the Needham office, a team of five women who all excel in different areas such as business and operations, development, and communications, devote their efforts to C2C.

The Ground Truth

Sheehan’s decade abroad taught her, if nothing else, that there needs to be community buy-in. “For our model in Haiti, we hire local citizens before the clinic even opens,” she explains. “They educate their fellow

CONTAINERS 2 CLINICS (C2C)

www.containers2clinics.org



Local citizens educate their neighbors on basic issues like proper hygiene.

COURTESY OF CONTAINERS 2 CLINICS

good works “our babies are as important as yours”



C2C clinics offer specialized care for women and their children.

the child will not be vaccinated or go to school, and we know they won't thrive."

There were also some riveting stories of what some Haitians had to endure to receive adequate health care. "We had a woman come from almost two hours away by a local taxi, because she heard there was good care for HIV-positive patients at our clinic," says Sheehan. "This woman was a sex worker, and she was pregnant. She couldn't be seen in her community because of the shame around that, but she really cared about health of her baby, and she came to us to get the medicine she needed."

Another woman who had pre-eclampsia lived only a quarter-mile from C2C's Haiti clinic, but she didn't know it existed. C2C health workers saw her swollen ankles and brought her in immediately, due to her high risk. She was transferred to a specialty clinic and had a Caesarean section, which literally saved her and her baby's life.

"Women are coming earlier to C2C because they know it's there and they are becoming proactive about their health," says Belizaire. "This is the building block of a community."

C2C's future endeavors are looking bright, and while the need can seem overwhelming, the organization is focused. "We are looking at deploying a cluster of clinics in northern Haiti, within 50 to 60 miles of each other," says Sheehan. "There is also tremendous need in Central America, specifically Honduras and Guatemala."

In addition, there are many potential partners, both public and private. "If there is a private enterprise or foundation that is interested in Southern Africa, that's ripe for us as well," Sheehan says.

The social model and business skills that C2C brings each underserved, rural community only begets positive ripple effects.

"Together, we all lift the waters," Sheehan says. "We're in it for the long term, with a sustainable social business model that can be replicated." **WW**

neighbors on basic issues of hygiene and treatment. That's no small feat in a place where people think they can get by on dirty water."

Another goal is to introduce health education to the population. "That's why we have community workers specifically focused on education and health-related issues," says Miriam Christof, a member of C2C's board. Christof believes C2C earned credibility and trust in Haiti by inviting local priests to meet with them, learn of their mission, and spread the word throughout the populace. "These community leaders were instrumental in the recruitment process," says the Wellesley resident, who plans to travel to Haiti in 2014 to see the clinic firsthand, accompanied by her two school-aged daughters.

The type of feedback C2C received from these meetings was powerful. "The underlying message we heard from women in Haiti was 'our babies are as important as yours and so is our health,'" says Sheehan. "It's true—if the mother isn't well, or dies, there's a higher percentage