The Right to Good Health Care

An Interview with John F. Galbraith,
President and Chief Executive Officer, Catholic Medical Mission Board

EDITORS’ NOTE Jack Galbraith, who has led Catholic Medical Mission Board (CMMB) since November 2000, is an untrong advocate of the impor-
tance of faith-based organizations in meeting the challenges of global pub-
lic health, and has spoken on the sub-
ject at the John F. Kennedy School of
Government at Harvard University
and on Capitol Hill in Washington.
D.C. Galbraith was appointed to the
Presidential Advisory Council on HIV
AIDS (PACHA), on which he served
from 2002 to 2005, and was a mem-
er of its International Committee. He has also
been a key presenter to the Congressional Task Force on
International HIV/AIDS. Prior to being appointed
to his current post, Galbraith served for three years
as CMMB’s Director of Development. Before this, he
was an educator at Fordham University. College of
St. Francis Xavier, and St. Peter’s College. Galbraith
received his B.S. degree from St. Peter’s College and
an M.S. degree from Fordham University.

ORGANIZATION BRIEF Headquartered in
New York City, Catholic Medical Mission Board
(www.cmmb.org) is the leading U.S.-based Catholic
charity focused exclusively on global health care.
Since its inception in 1912, CMMB has been work-
ning to heal, save lives, and strengthen health
systems throughout the world. CMMB’s medical
volunteer, donated medicines, HIV/AIDS, child
survival, and neglected tropical diseases pro-
grams focus on making health care available to
all. With revenues of more than $195 million in
2010, CMMB worked in nearly 50 countries, serv-
ing the poorest of the poor. The organization main-
tains a Washington, D.C. office, and has offices
in Haiti, Honduras, Kenya, Peru, South Africa,
South Sudan, and Zambia, and has a re-
gional representative in India. In 2010, CMMB
received contributions from 42,113 individuals,
corporations, foundations, and organizations.

What is the Catholic Medical Mission
Board’s mission and what are its key areas
of focus?
There are many people around the world
who have inadequate health care, so our
founder, Dr. Paluel Flagg, who worked at St.
Vincent’s Hospital in New York, as well as the
people who run the organization today, focused
on improving health care for the people who
did not have adequate access to it.

The right to good health is a ba-
sic human right, so our organization is
doing its share to augment access to
medicines, doctors, and quality pro-
grams in different countries.

How broad is the range of pro-
grams you focus on and how do
you structure your efforts?
Our traditional focuses have been
on the health care of women and chil-
dren, and on HIV/AIDS. More recently,
we’ve become involved with neglected
tropical diseases like parasitic worms
and malaria.

But we also are committed to doing more
than just sending medicine and volunteers to
those in need – we are committed to work more
directly with our partner hospitals and clinics
to provide technical resources and access to larger
funding for training to build the capacity of
the people that staff local facilities.

Our efforts have evolved into not only ad-
dressing specific diseases, but also into strengthen-
ing the health care systems of the partners we
work with in a more holistic fashion.

How have your efforts in Haiti pro-
gressed since the earthquake?
Haiti is very special to CMMB, having
served there for almost 100 years. We have al-
ways provided doctors, nurses, and supplies to
Haiti, but in 2002, we opened an office there
and hired a female Haitian doctor who had
been trained in the U.S. to run it.
We started to work with local partners in
developing some basic childhood services, HIV/
AIDS, and nurse training programs. We had just
received new funding to expand some of those
local programs when the earthquake hit.

As a result of the earthquake, many simple pri-
mary health care programs were put on hold while
every effort was directed to treating those injured
in the quake, or who needed amputations, or who
were dealing the psychosocial trauma of the disaster.

During that time, we delivered more than 500
tons of donated medicines and, between our direct
volunteers and other organizations, we probably
had 250 volunteer medical personnel in Haiti.

Because of increased funding we received
for those basic primary programs to support the
recovery efforts, our staff grew from 25 to 90
people who are now going to be permanently
on staff to enhance the programs that were in
existence before the earthquake, as well as ad-
dressing a lot of the amputee needs.

We are also a member of the Haitian Amputee
Coalition with a number of organizations.
Together, we’ve fitted over 700 people with state-
of-the-art prostheses and provide ongoing physi-
cal therapy so the prostheses can be fine-tuned
and replaced as necessary.

But our basic HIV/AIDS and basic primary
health care work with women and children is
working as best it can given that the infrastruc-
ture was pretty much destroyed. People are get-
ting along as well as they can until the money
from the international community kicks in to
rebuild the infrastructure.

How has your ability to monitor the
impact of your work evolved?
In the past decade, the global community
has responded to the HIV/AIDS pandemic in
ways we hadn’t seen in the past. During the Bush
administration, the U.S. government committed
$15 billion to HIV/AIDS. The Global Fund was de-
veloped and billions of dollars have been commit-
ted to that fund and distributed, mostly for HIV/
AIDS, but it also allows for that money to be used
to build the capacity of the system.
Because there was such a large amount of
money being committed, new monitoring and
evaluation methods were developed and gov-
ernments had to shape up. When the money
started to trickle in, we began training our part-
ers on how to account for it.

Over these past 10 to 12 years, there has
been increased capacity to monitor how money
is being used and the metrics have been de-
developed to measure success. So we can now
provide information to our board of directors
and to all of our donors. We can show that 97
or 98 percent of all the resources that come in
here are used programmatically.

Did the global economic crisis have an
impact on your ability to raise funds and
did it affect the way you are operating?
Yes. We saw about a 10 percent drop in cash
revenues in fiscal 2009. We worked very hard at
cutting costs and giving has jumped back for us.

The government contracts we have are mul-
tiyear and they were not affected. Granted, it will
be harder to replace those government contracts
as they end because the U.S. government isn’t
going to be spending at the rate it was before.

But our private giving has jumped back and
it’s probably ahead of where it was before the
economic meltdown. We have loyal donors, and
they appreciate the work we do and our ability
to account for it, so we’ve been fortunate.