

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 untiring advocate of the importance of faith-based organizations in meeting the challenges of global public health, and has spoken on the subject 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 member 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.



John F. "Jack" Galbraith

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 working 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 programs focus on making health care available to all. With revenues of more than \$195 million in 2010, CMMB worked in nearly 50 countries, serving the poorest of the poor. The organization maintains a Washington, D.C. office, and has offices in Haiti, Honduras, Kenya, Peru, South Africa, South Sudan, and Zambia, and has a regional 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 basic human right, so our organization is doing its share to augment access to medicines, doctors, and quality programs in different countries.

How broad is the range of programs you focus on and how do you structure your efforts?

Our traditional focuses have been on the health care of women and children, 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 addressing specific diseases, but also into strengthening the health care systems of the partners we work with in a more holistic fashion.

How have your efforts in Haiti progressed since the earthquake?

Haiti is very special to CMMB, having served there for almost 100 years. We have always 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 child survival, 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 primary 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 addressing a lot of the amputee needs.



Jack Galbraith distributing aid to Haitian children during his visit following the January 12, 2010 earthquake.

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 physical 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 infrastructure was pretty much destroyed. People are getting 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 developed and billions of dollars have been committed 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 governments had to shape up. When the money started to trickle in, we began training our partners 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 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 multiyear 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. ●