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Waste Not Want Not

by George Black

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Haitian hospitals are so impoverished that patients must often go to the pharmacy to buy their own supplies before doctors can treat them. Donations of even the simplest items -- like a thermometer -- are welcomed.

Photograph for *OnEarth* by Lynn Johnson

American hospitals are charter members of our throw-away society. How one small organization bucks the system -- and saves lives.

Each year, operating rooms in U.S. hospitals throw away about 2,000 tons of perfectly good medical equipment and supplies, much of it unused. And that's just from the ORs, which contribute only a fraction of the total waste stream that pours out of our medical facilities. Hazardous -- or "red bag" -- waste goes into incinerators, where it spews out cancer-causing dioxin and other toxic substances. The remainder is dumped in landfills.

In 1989, a Pittsburgh woman named Kathleen Hower, who had worked for several years in hospital administration, came to the perfectly reasonable conclusion that this was absurd, a reflection of the perverse logic of the American health care system. In a litigious society, hospitals are hostage to their fears of liability; hold on to one item that's a day past its expiration date, and if something goes wrong (regardless of whether that item was to blame) you're likely to find yourself facing a crippling lawsuit. Cognizant of this, manufacturers stamp items with conservative use-by dates, reinforcing a culture of built-in obsolescence. Companies compete furiously for lucrative

hospital contracts, and Hower had seen firsthand that when a supplier is changed, everything from the old supplier --*everything*-- must be junked. Parts for equipment are not interchangeable; service contracts lapse.

The result is a gratuitous environmental problem as well as a major reason for the soaring cost of health care in this country. "That's the monster we've created," Hower laments. Her response was to create an organization called Global Links, whose philosophy is both pragmatic and visionary. "We're a small group, and we're not going to change the U.S. medical system," she acknowledges, "but we can make what's a problem *here* into a solution *there*."

By *there* she means the developing world -- starting with Central America and the Caribbean, expanding into other parts of Latin America, and now reaching Africa and Asia, too. Global Links is sending the simplest of medical supplies -- discarded but unused sutures -- to places as remote as Nepal, Madagascar, and Papua New Guinea. Intensive-care beds are going to injured civilians in Afghanistan -- the "collateral damage" of war.

The first Global Links project was in Nicaragua, beginning in 1990. Other countries in the region quickly followed -- including Cuba in 1994, Haiti in 1996, and the Dominican Republic in 1998. From the outset, Hower recognized that indiscriminate generosity tends to create more problems than it solves; the worst mistake an organization of this sort can make is to bombard its beneficiaries with unasked-for gifts that don't correspond to their specific needs, and those may be quite different from one country to the next. Cuba, for instance, may ask for high-tech items such as cardiac catheters or equipment for kidney dialysis; Haiti, meanwhile, may be crying out for rudimentary infrastructure -- chairs, tables, beds, mattresses, filing cabinets for medical records. But whatever they're after, all of it floods out of American hospitals in a never-ending stream. "I like to call it surplus, not waste," Hower says. "It's only waste if you throw it away."

Seventeen hospitals in western Pennsylvania and West Virginia now take part in the Global Links program. The region has an unusual number of medical facilities as well as several pharmaceutical and medical-supply companies, yet there's no reason in principle why a project of this kind shouldn't thrive in any number of U.S. cities.

Of course, the transfer of supplies from here to there is a complicated affair. Within each participating hospital, skilled volunteers working in high-pressure conditions must intercept the stuff in the critical moments before it's yanked off the shelves and sent to the dump. After the weekly pickup, other teams of volunteers in the Global Links office and warehouse must sort the wheat from the chaff. Chaotic heaps of syringes and specimen cups, catheters and tracheotomy tubes, epidural needles and surgical gowns, must all be sorted and classified by specialty -- respiratory, urology, anesthesia, ob-gyn, and so forth -- and then subdivided by item, by expiration date, by sterile versus nonsterile, before eventually being packed into 40-foot containers for shipping. Hower and her seven-person staff (plus another seven part-timers) must then work with hospitals in each country, as well as with regional bodies

like the Pan-American Health Organization, to make the right match between supply and demand.

For the last six years, the renowned photojournalist Lynn Johnson, whose work has graced *National Geographic*, *Newsweek*, and many other publications, has been documenting the organization's activities. Hower and Johnson are both Pittsburgh natives -- in fact, they live only a few blocks apart -- but they had never met until Johnson brought in a team of student photographers to work on a project about the activities of Global Links in the Dominican Republic. Now Johnson, who travels constantly, makes time to join Hower in the field at least once or twice a year.

The two women share a similar philosophy. You could sum it up in the famous yet never-clichéd line of Margaret Mead's that is taped to a wall in the Global Links office: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

TAGS

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