How You Can Help

Make a financial contribution through our website, or by sending a check.

Support our new nebulizer campaign - see back panel for details.

Volunteer to help sort and pack supplies or prepare furnishings. Visit the Volunteer page of our website, www.globallinks.org, for details.

Organize a fundraiser to support our International Medical Aid program.

Make a baby bag that will be filled with new baby items appropriate in the countries where we work. For details, go to Get Involved/Community Collections at www.globallinks.org.

Invite us to speak at your next event and introduce your friends and colleagues to Global Links.

Attend a tour - see page 4.

Universal Healthcare in Guyana

“Our constitution,” said the Honorable Dr. Leslie Ramsammy, Guyana’s Minister of Health, “makes health a fundamental right of the citizens.” As the United States struggles to define what our own attitude to healthcare should be, this philosophy of universal access is in line with Global Links’ own.

Guyana is a fairly new country. Inhabited initially by Arawak and Carib people, it was colonized by the Dutch in the 1600s and became British Guyana in 1831. Guyana achieved independence from the United Kingdom in 1966, and became a republic in 1970.

Guyana’s natural environment, relatively unspoiled by development, was seen even in the 1970s as an asset worth protecting. Careful environmental stewardship now allows the country to pursue the new trend toward eco-tourism. Additionally, by the end of the 20th century, it was widely accepted that rainforests and other woodlands were the lungs of the planet. Guyana’s protection of its environment can have global benefits.

Guyana has now officially instituted a Low Carbon Development Strategy (LCDS) aimed at maintaining its environment, a move that is not only forward-looking, but smart. With 80% of the country still pristine forest, 1600 bird species, and the spectacular Kaieteur falls, there is a lot of potential for a booming tourist industry, which would bring money into the country while protecting its unique natural resources for generations.

The lack of infrastructure does have its drawbacks – those who live far from the capital do not have easy access to healthcare. For Global Links, the challenge is whether to concentrate on areas where our donations will help the greatest number of people – Georgetown – or on outlying areas where population is less dense and access to healthcare is more difficult. How do we design projects that will meet our own goal of improving health for vulnerable populations?

(continued on page 4)
Notes from Haiti

In July, Program Officer Marisol Valentin spent a week in Haiti. Here are excerpts from her blog.

**SUNDAY**
The pilot is the first to welcome us. “Bienvenue à Haïti.” It is 82 degrees and a local band greets us with a traditional compás. As we drive to the hotel, I feel optimistic. The roads are in much better condition. We only hit one big pothole, where last year there seemed to be a major pothole every couple of feet. The debris has been 80% picked up along the main drag of Delmas #33.

The arrival to the hotel puts the juxtaposition in perfect clarity. The hotel is beautiful with no signs of earthquake damage left, but next to it is a building still in total ruins.

**MONDAY**
There are two key issues that affect health in Haiti – access to water and access to sanitation. In a country with no formal solution to what we would call in the United States “low-income housing,” whatever solutions presented by the international aid community will become a long-term housing solution and not a temporary one. Our emergency tents became tent cities. Our temporary shelters will become shack cities. Therefore it is no surprise that cholera hotspots are now mostly in the settlements where the trucking of water has decreased. It is no surprise that gender violence and the health risks that violence creates are now part of a major social campaign in Port-Au-Prince.

**TUESDAY**
Today was a very exciting day. We traveled to visit three Community Reference hospitals: Grand Goave, Aquin, and Port Salut.

Port Salut was the first needs list we received after the earthquake of 2010. Located in a coastal town in the Sud department, the situation at Port Salut Hospital was critical prior to the earthquake. There was no director, doctors, or medicines. After the earthquake, thousands of people were in need of medical attention.

Dr. Bertrand Sinal, a Haitian graduate of ELAM, was appointed as the hospital director. Under his leadership and with the support of the Pan American Health Organization, the hospital is now on route to becoming a strong regional reference hospital. All the beds in the hospital were furnished by Global Links.

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You can read more of Marisol’s blog by using the “blog” button at www.globallinks.org.
Latin American School of Medicine: Striving for Health Equity

When the first class of young doctors graduated from the Latin American School of Medicine (the Spanish acronym is ELAM) in Cuba in 2005, they set out to change the way healthcare was delivered. They set out to make it a right, and not a privilege.

In the wake of Hurricane Mitch in 1998, Cuba’s Comprehensive Health Program sent brigades of young doctors and paramedics out to help their neighbors in Central America and the Caribbean, who had suffered terrible losses. The lack of access to healthcare and the condition of rural populations reported by the Cuban teams led to the founding of ELAM, a medical school offering a free education to students from all over the world, who would graduate with the obligation to take medical care back to underserved populations in their home countries. According to the school’s mission, lack of money should not keep someone out of medical school, nor should it prevent them from seeking medical care. Finances, in other words, have no role in the equation that is healthcare.

Global Links works frequently with ELAM graduates in all of our program countries, and makes supporting their work a priority. With special foundation funding, we have been able to equip clinics in communities where ELAM graduates are working, in areas that had lacked any medical facilities. We have formed partnerships with the young doctors, making sure they have the tools necessary for their calling.

Doctors with access to proper equipment earn the trust of their patients, who are then more likely to turn to them early in the course of an illness or risky pregnancy, when there is still time to achieve a good outcome.

Guyana’s Ministry of Health is welcoming the ELAM graduates and facilitates their advanced training with senior practitioners, especially in the fields of emergency obstetrics and gynecology. By incorporating these Cuban-trained doctors into the medical system, the Ministry will further its efforts to accomplish the Millennium Development Goals, especially as they relate to maternal/infant health. Global Links is currently working on shipments to support ELAM graduates at Georgetown Hospital and in Lethem.

Several Global Links shipments in the past few months supported ELAM graduates. The Regional Hospital of Cuilapa, in Guatemala, received a donation in July of gurneys, exam tables, an operating room table, bassinets, cribs, and many other furnishings as well as surgical instruments, suture and supplies. This busy hospital has 22 ELAM graduates on the staff, all of them focusing on increased training in such primary care fields as pediatrics, general surgery, internal medicine, and OB/GYN.

Puerto Lempira, in the region of La Mosquitia in Honduras, has been devastated by a lack of resources, and the Pan American Health Organization requested that Global Links work to improve their medical facilities. Because several Honduran graduates of ELAM were working in the area, our grant allowed us to financially support a series of shipments that will improve equity in health services there.

The young physicians from ELAM will continue to emphasize preventive care from a community-based perspective as they proceed with further training and advance in their careers. Our relationship with them will allow for additional, targeted opportunities to improve healthcare access and health equity in our partner countries – a goal we both share.
Global Links has had a program in Guyana since 1996. On a visit earlier this year, program officer Mari-sol Valentin was pleased to find that Guyana’s official position of environmental stewardship, coupled with the goal of universal healthcare, makes them an excellent partner – one that will enable Global Links’ donations to be used as effectively as possible.

“Global Links has been an integral part of a Ministry of Health structure, and though we don’t own them, they have functioned as if they are an extension of the Ministry of Health,” Dr. Ramsammy told Marisol. “We believe that is the model that works…. And therefore in our own planning of what we need to procure we could take into consideration the fact that Global Links is there.”

While there are many challenges for Guyana to overcome as they work to achieve 100% equity in their universal healthcare program, finding the right balance holds the answer. Global Links is committed to being an integral part of their strategy – and a committed partner to this country that shares our environmental and health equity ideals.

Attend a Global Links to Health Tour

Global Links invites you to attend an introductory session to learn more about our work and mission, and meet key staff members. We are also looking for current volunteers and supporters to “host” a tour and invite friends and/or colleagues.

Please sign up for a one-hour session on our website, www.globallinks.org, or by emailing community outreach manager Jennifer Novelli at jnovelli@globallinks.org or by calling 412-361-3424 ext. 204.

Additional dates and times can be arranged.
Suture Program – Emergency Surgery in Malawi

Global Links first learned of Bwaila Maternity Hospital in Malawi in 2005, when University of Pittsburgh medical student Deb Landis Lewis began including us in her letters to friends and family about the conditions she found there. The hospital was a good fit for our suture program, and suture was always desperately needed.

Lately, the suture program has been sending Dr. Laura Chambers-Kersh the specific sutures needed for obstetric emergencies at Bwaila. Laura told us about the impact of a recent donation on a young woman who arrived at the hospital close to death.

Angella was “lying in a pool of blood in one of our labor and delivery beds. Beneath the bed was a stretch of crimson, at least three feet across. A small part of me panicked, but the rest stayed with the midwives as we assessed her.” Angella was carrying twins, both of whom had been confirmed dead on ultrasound. She was bleeding vaginally, but was not having contractions and was not in labor. A c-section was the only option, but after the babies were removed, the bleeding continued.

“We were left with only one option: postpartum hysterectomy,” Laura wrote. “I was extremely thankful that just that morning, when I had been told all the scheduled surgeries were cancelled due to lack of suture, I had brought out the suture from Global Links. I had been saving it until the situation became dire. Our head of department gave it to the theater staff with strict instructions to save it for emergencies.

“Well, this was certainly one, I thought, watching the blood just pouring out of her uterus. With my experienced colleague from Congo, we were able to remove her uterus and stop her bleeding. I am extremely happy to report that two days later she is doing well, and most wonderfully-- alive! We simply couldn’t have done it without the suture.”

We are so happy that sutures from Global Links arrived in time to save the life of this young mother, whose other children depend on her. Recently, we were able to send more sutures to Laura, carried there by Deb, now pursuing a fellowship in Global Health at the University of Pittsburgh.

Medical Service Trips - Primary Care in Peru

Because much of Global Links’ focus is on the most basic medical care, we were especially pleased to be able to provide supplies recently to Utsav Bansal for his medical service trip to Cusco, Peru, to volunteer with Helping Hands.

“In our Farmacia Amistad initiative, a pharmacy we started in conjunction with Helping Hands, many services were offered,” said Utsav, who will attend medical school at University of Pittsburgh. “We offered basic medical exams and with the help of a local doctor, we offered blood tests, fecal tests, pap smears, dental care, and more. The main issue we faced was the fact that most of the community had not ever been to a doctor before. As a result, the basic medical exams were most important. After examination, we found that 95% of the population suffered from Giardia and anemia.”

Utsav told us about Victoria who, not wealthy to begin with, fell into difficulties when her husband was diagnosed with kidney disease and lost his job. Because of poverty, the family was unable to get basic checkups for their three children. With supplies from Global Links – gloves, mask, blood pressure units, stethoscopes – Helping Hands was able to perform those basic physical exams and start treating them for the minor ailments common to children in the Los Nogales area. Victoria told the group that she had been very worried about her children not having medical examinations, and that no one had ever helped her so much.

“With the supplies Global Links gave, we were able to accomplish so much that I cannot even begin to describe it to you,” Utsav told us. “We were truly able to help out the community of Los Nogales.”
Give the Breath of Life - Support Global Links' Nebulizer Campaign

Do you have a nebulizer you no longer need? All across Central and South America, nebulizers are in short supply, but asthma is on the rise. Deteriorating environmental conditions underlie increasing rates of respiratory disease, especially among children. This means that, in many cases, children must take turns using their clinic’s only nebulizer. Their parents must wait, and listen, while their child struggles to breathe.

In this country, most nebulizers – breathing machines – cannot be returned for reuse. Global Links collects used nebulizers for donation to our partner hospitals and clinics. Volunteers make sure they are in good working order, and clean and prepare them for shipment. Necessary supplies are included with each nebulizer.

Donating a nebulizer will improve healthcare in resource-poor communities. If you don’t have a used nebulizer, a directed donation of $100 will enable Global Links to purchase a new one.

Visit our website for more information on the Global Links Nebulizer Campaign.