



COVER STORY

'Medicine is the Universal Language'

By J. Michael Waller

Serviam's person of the year, Project HOPE President and CEO John P. Howe III, M.D., champions the military's new humanitarian partnerships with businesses and charities, and comments on the role of health NGOs in global stability operations. Editor J. Michael Waller interviewed Dr. Howe at HOPE's international headquarters in Bethesda, Maryland.

Serviam: How did Project HOPE get started in its global health mission?

Howe: This is our 50th year. The presence of Project HOPE in 36 countries has great relevance as well. My predecessor, Dr. William B. Walsh, had been active duty in World War II and had seen the needs of the people in the Pacific. He visited with President Eisenhower. He told the president that lots of people in the world don't understand Americans and don't like Americans. This problem might not be entirely solved by heads of state. The solution would come from people-to-people initiatives. That began Project HOPE in 1958.

Serviam: Project HOPE has been a public-private partnership from the beginning. How did that come about?

Howe: In 1958 there was significant unrest, principally in South Asia. This was a coming together for those who feel deeply about this situation. It began with our ship, the S.S. *Hope*. It marked the creation of a partnership between the president of the U.S., Eisenhower, who made the ship possible; the U.S. Navy, which took a World War II hospital ship, the *Consolation*, out of mothballs in California, donated it to us, and repainted it white with HOPE on the side. Congress had to authorize the approvals for the transition for the ship the Navy donated. Then American companies stepped forward. We have a picture of the CEO of Merck standing on a dock in 1960 helping load medicines on the ship. And of course, we have volunteers from towns and cities large and small.

Serviam: So the S.S. *Hope* was also a special symbol of American diplomacy.

Howe: Project HOPE came to a world unsettled. The world was a cauldron of unrest. The S.S. *Hope* was a coming together to reach out to those in need as a way of putting a face on America's humanity, of reaching to the core issues in those countries which are health related. The response was dramatic. Project HOPE became a facilitator to bring government, the Navy, individuals, and hospitals together to reach out.

Serviam: The unifying theme was not promoting American ideology but identifying with people through common health needs.

Howe: Right. Fast forward to 2008, there are lots of people who don't understand Americans. Many don't like Americans. Now as then there's a need to reach out. If you speak to a lawyer in Tashkent, Uzbekistan, and put him together with a lawyer in Toledo, the conversation would be very short. Put together a physician in Tashkent with a doctor in Toledo, and there's a common language. Medicine is the universal language. It's universal in its basis. People in Tashkent and Toledo have different laws, but their health needs are the same. Priority is the same. Health is very important to the mothers. As we look at 1958 and 2008, we have situations in which there's a search for ways of bringing people together. For reaching out. In order for that search to be successful, you need a common way of communicating.

That's what we do. We find ways of reaching out. I can give you some very specific examples. Turkey suffered a major earthquake in 1999. Many were injured, left with severely injured limbs or without limbs. At the time there were very few rehabilitation specialists in Turkey. An appeal was made to HOPE. We put together an assessment team led by Dr. Susan Briggs of Massachusetts General Hospital, who went to Turkey and created a clinic in Izmit to care for patients and train doctors, nurses and allied health professionals. Three or four years later the clinic was turned over to the people of Turkey. A wonderful example of health being the common language. We bring the resources of the United States to the people of Turkey. The Turks say it will never be forgotten.



Serviam: Project HOPE is also doing similar work in countries whose governments are not so friendly to the United States.

Howe: In May I went to Chengdu, the capital of the Szechuan province in China, a few hours after a six-Richter aftershock that followed a catastrophic earthquake. We put together an assessment team in late July with Dr. Briggs in the lead. Today we have a partnership underway that brings together academic health professionals, corporate America, the Shanghai Children's Medical Center, and the Shanghai mayor. We are building capacity in the Szechuan province that is critically needed right now. After the big May earthquake, 12,000 children were left without parents. Five thousand children were severely injured. The Chinese were aware of our work in Izmit and asked us to come back and help.



USNS Mercy Indonesia, 2005.

Serviam: You also ran programs even when the world was a much more closed place, at the height of superpower tensions.

Howe: Yes, we started a program in the Soviet Union in the 1970s. A tremendous fire broke out on a train, burning many children. At that time the USSR had no burn unit. Dr. Briggs led a group to Moscow and created a team for the very first Soviet children's burn unit, in Hospital No. 9. Many Russians remember that to this day.

Serviam: How did Project HOPE expand its cooperation with the U.S. military? Did that cooperation compromise your independence, or your image in the eyes of host governments and aid recipients?

Howe: Let's look at the 2004 tsunami that swept Banda Aceh, Indonesia. There was tremendous devastation, with over 100,000 dead. The principal hospital in Aceh had 300 patients; a wall of water burst through, drowning all the patients, doctors and staff. The need for care was critical. A call came in from Admiral Vernon Clark, the Chief of Naval Operations, with a novel idea: Send a Navy hospital ship, the USNS *Mercy*, operated and maintained by the Navy, but staffed by

volunteers. This was a first in American history. The first week we had four thousand applications. From them we picked 210 health professionals from 55 facilities in 36 states. They went aboard the *Mercy* off Banda Aceh.

Ambassador Lynn Pascoe, the U.S. envoy to Indonesia, asked the president to send the *Mercy* around to Nias Island, where a lot of people were suffering from trauma caused by building collapses. We brought in 50 volunteer trauma surgeons via Singapore.

Serviam: The U.S. military didn't promote this very much. Did the medical work have a tangible effect beyond the Indonesian people receiving direct help?

Howe: When the BBC did a poll two months before the tsunami, only about 20 percent of Indonesians were favorable to the United States. A different poll after the disaster showed more than 65 percent of Indonesians viewed us favorably.

Serviam: So, in contrast to what some other health non-governmental organizations (NGOs) assert, cooperation with the U.S. military can be win-win for everybody.

Howe: This is an example of Project HOPE being a grand facilitator with the Navy and academic medical professions. We bring in corporate America: Pfizer, Abbott, Merck. Very importantly, when the ship came home, Project HOPE stayed behind. With grants from Genzyme Corporation and the Edna McConnell Clark Foundation, we rebuilt a hospital and helped revitalize the community health program in Aceh province. We met with the editorial board of the *Jakarta Post*. It wasn't a courtesy gesture; it was twelve busy editors of a major newspaper around the table. They knew about Project HOPE.

Serviam: What about other countries? Do they accept the humanitarian presence of the U.S. Navy?

Howe: Yes. It's life-changing. Two days after the tsunami, Admiral Clark set forth a grand experiment. Unlikely partners came together around a common purpose to make a difference in the lives of those in common need. We just finished up on the *Mercy* in Vietnam, Papua New Guinea, East Timor and Malaysia.



Dr. Howe treats a boy on a Project HOPE mission.

Serviam: So you see a long-term future of health NGOs partnering with the Navy?

Howe: Forty percent of the world's population is accessible by water. That means the Navy can access 40 percent of the world's population.

Serviam: One of your great strengths is that you leverage resources and expertise with others for greater efficiency and results.

Howe: The picture I'm painting is one in which Project HOPE is seen as a grand facilitator. We do little by ourselves. We bring together government, academia and individuals to speak and practice this common language of medicine. In 2008 we're just as relevant as in 1958.

Serviam: What do you think of the concept of 'global stability' as this magazine applies it to humanitarian NGOs?

Howe: For the sake of our children and grandchildren it's so important that we recognize the importance of a stable world in terms of their health and their well being. This is a need that transcends culture, country, ethnicity and dialect. Project HOPE looks to the future. We intend to stay true to course. Our 50-year mission of health education and humanitarian aid will continue to lie at the heart of our people and programs. It's been demonstrated time and again that what we do leads to an end ingredient of success in creating a stable world.

Stability doesn't happen overnight. It takes time. We have had people on the ground in Indonesia since 1960. Peru since 1964. We've been in China 25 years. In Egypt for 33 years. We're not just in overnight and out the next day. We're there for working closely with the governments. We don't go in uninvited. There's a relationship of trust and respect. We go in as a counselor. HOPE can identify the long term needs and what must be done to address them.

Serviam: What do you think of the military's new Africa Command, AFRICOM? Have you explored opportunities there?

Howe: Our experience with AFRICOM has been overwhelmingly positive. We were involved as part of a health component of the Africa Partnership Station. The APS had many responsibilities from engineering to sanitation to police training, and Project HOPE was involved with the health sector.

Our volunteers served on the Navy's high-speed vessel *Swift*, an experimental littoral catamaran, from Liberia to Ghana and back to Liberia. This is another example of HOPE as a grand facilitator. The Navy provided the setting, the *Swift*, and it provided its staff to refurbish clinics. Project HOPE provided volunteers, medicines and medical supplies. Liberian President Ellen Johnson Sirleaf, the first woman elected president of a sub-Saharan country, accepted millions of dollars' worth of medical supplies donated by American companies. Looking at the *Swift* she said, "When I see the ship, I see hope."

This is what Admiral James Stavridis, chief of the U.S. Southern Command, talks about when he speaks of private-military partnerships. The Navy provides security and we provide hope. We're already planning to return to West Africa with the Navy next summer.

Serviam: Do American companies get directly involved?

Howe: Recently with AFRICOM, we sent volunteers with the Navy and Exxon Mobil. The oil company saw a need to improve health care in villages near its area of operations, and coordinated our volunteers. It supports development of humanitarian programs that lead to stability. The Exxon Mobil Foundation provided support for our West Africa Commission volunteers this spring. What we did had a profound impact in Liberia and Ghana. Exxon Mobil made this possible and this is well understood by both countries.

Serviam: There seems to be a blurring of roles, where Americans of various walks of life are working together.

Howe: These efforts create strange bedfellows. We were in Singapore in 2006 on a humanitarian mission, after two months off Banda Aceh aboard the *Mercy*, and wanted to have a party to recognize Project HOPE volunteers and their Navy counterparts. We had a gathering at the officers' club on base, everyone, the food servers, the sailors who ran the ship, the doctors and nurses, all wearing civilian clothes. A two-star admiral leaned to me and said, "This is great. I'm looking out here and you can't tell Navy from HOPE."

Serviam: What keeps you awake at night?

Howe: The mismatch between opportunities to make a difference and the resources to make them possible. Every day we grapple with the tension between the vision of reaching out to those in need and the current reality of limited resources.

Serviam: Here's where collaboration among NGOs and with the U.S. military really pays off for everybody.

Howe: Right. That's why individual responses are out and collaboration is in. Through collaboration, two plus two can equal five.

Serviam: Certainly it's far more cost-effective for private NGOs to work on U.S. Navy hospital ships, which are going to be at sea whether they're needed or not, than to have their own vessels.

Howe: Yes, there's a great cost-effectiveness in working with the Navy versus having our own ship. Dr. Walsh was legendary in getting the S.S. *Hope* from the Navy, but he also had to pay for the fuel and the captain and crew and everything else associated with running a 500-foot ship. Our collaboration with the Navy is truly a win-win situation.

Serviam: This happens to coincide with the military's re-thinking of its own role, and of how private organizations can fill gaps and help things run more efficiently.

Howe: It's a new paradigm. It's powerful. We've embarked on a novel, non-traditional approach. And being new, it requires an understanding of its impact. For people who are used to doing things in the same old way, it requires insight and information that we provide every day.

Serviam: This gets back to the objection of some health NGOs that cooperation with the American military compromises their independence and ability to operate.

Howe: I can only cite our experience. Our volunteers on the USS *Kearsarge* are on their 10th Navy mission since the tsunami.

Serviam: The *Kearsarge* isn't a hospital ship, but an amphibious assault ship.

Howe: Our experience has been a tremendously positive one. For those who would question it, I would welcome them joining me to see the great synergy. The *Kearsarge* was on the Miskito coast of Nicaragua in August. Vice President Jaime Morales visited us. President Daniel Ortega did not come to the ship, but he authorized its visit to his country and held a press conference in which he described the *Kearsarge* as a warship coming with a plan for peace. [See sidebar]

Serviam: There were some complications with the *Kearsarge* visit, in which the warfighting crew wasn't completely prepared for the humanitarian work. Do you and the Navy review your visits?

Howe: Before each mission we have planning sessions. Following each one is an after-action review. As we go into the next mission, we carry into it the lessons learned. This is not a one-off. This is a continuous relationship that transcends ship deployment. Whether onboard a ship or between missions, there is a constant conversation about places where we can improve the relationship.

Serviam: What about other military services? Does Project HOPE work with them, too?

Howe: After the tsunami, the U.S. Air Force helped and brought in volunteers from Singapore. Last year, the State Department asked Project HOPE to coordinate an airlift of \$11 million in medical supplies to the republic of Georgia. The Air Force gave the State Department the use of a plane to ship the medical supplies donated by our corporate partners. More recently the Air Force provided lift for three shipments to Georgia since the Russians invaded. We've experienced amazing outcomes.

Serviam: Are you working with the militaries of other countries?

Howe: Recently we had the support of Britain's Royal Air Force, in collaboration with the Ministry of Health in Iraq, the local department of health in Basra, the governments of Spain and the United States, and corporate America. In January we will complete construction of a pediatric cancer hospital in Basra. The RAF recently provided transport of pediatric radiation treatment equipment, provided by the Varian Corporation, from the United Kingdom to Basra. The Spanish contributed \$22 million toward construction.

Serviam: What are some of the biggest challenges ahead?

Howe: First, the newness of the concept of disparate contributors coming together. Second, the confluence of cultures: military, NGOs, academia, etc. Third, resourcing. Each of the organizations brings its own resourcing but there's a need to recognize that we need to help each other. Another challenge has to do with perceptions. In any non-traditional endeavor, even as spectacular as this, requires communication, communication, communication to overcome the perhaps natural inclination to look the other way when considering a new approach.

Stewardship: 93 Percent of Funds Go to Programs

Over the years, Project HOPE has gained a reputation for financial integrity and efficiency. The organization takes stewardship seriously and works to maximize the value of every contribution. More than 90 percent of expended resources—among the highest of all philanthropic organizations—support lifesaving health projects around the world. For the year ending June 30, 2007, Project HOPE used 93 percent of every dollar raised to programs. Only 7 percent of funds raised are used for management and fundraising.

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