

Global Links: Helping to Heal

By Christopher Cussat

In an age where so many people and companies seem to be focused more on personal gain than helping to make things better, it gives much hope to know that one organization is truly doing something important and giving back to others.

Everyday, Global Links works very hard to make a real difference for the world, help people in need, and put strong actions behind their words and mission. By collecting hospital surplus that would otherwise be discarded, Global Links provides greatly needed medical supplies to the health care institutions and providers in some of the poorest countries.

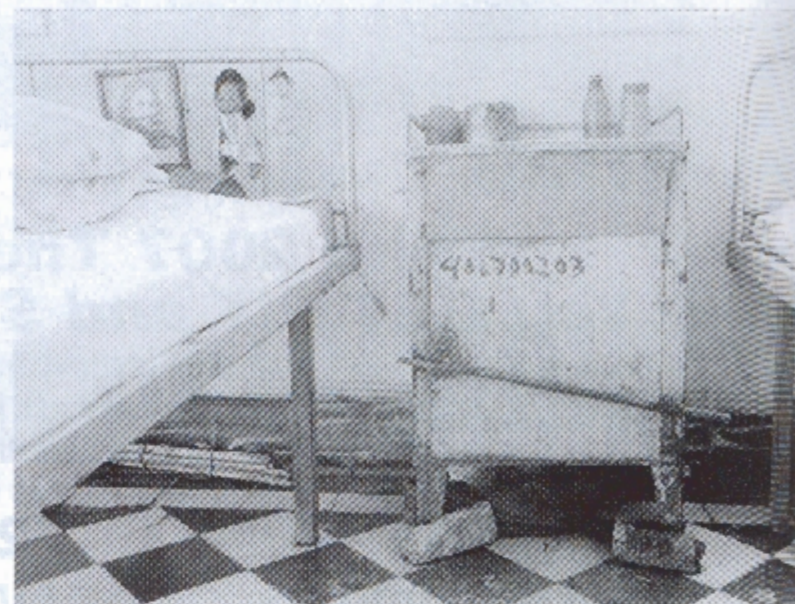
Global Links was established in 1989 by three friends: Kathleen Hower, Emily Solomon and Brenda Smith. Hower, a West View native is also the nonprofit's executive director. She explained the impetus behind the organization's founding. "We all worked and traveled together and we wanted to do something about the terrible inequities we saw in hospitals abroad – their needs were tremendous."

In order to provide these under-funded hospitals with the supplies they desperately needed, the three first sought donations from manufacturers.

Through research and inquiries, they soon realized that an abundance of surplus medical supplies could easily be found at hospitals. Hower said, "The more we looked into it, the more we realized that there were literally tons of medical supplies available that cannot be put back into our hospital systems and instead get thrown away." It is estimated that over 200,000 pounds (\$200 million worth) of medical supplies from hospital operating rooms alone are dumped into landfills each year.

Although such hospital surplus seems wasteful, it is a natural consequence of the standards built into the system. "The hospitals don't want to throw these things away," noted Hower, "but they must as a result of heavy regulations, technology and vendor changes, liability concerns, expiration dating, etc." She continued, "We have created a [hospital] system that has and will always have surplus, so we've found a creative way to use it and further everyone's goals." Hower also mentioned that Global Links' mission "is not only humanitarian but environmental as well because we keep these materials out of the landfills."

But getting the supplies is only half of the challenge and job. They must then be organized, examined, cleaned, packed and shipped to the people and agencies that need them the most. Hower explained, "We have developed ways to properly handle those materials in order to make it the best possible donation for the people receiving them overseas. You have to know your recipients, what their needs really are, and their limitations. We then match the needs of each institution with our available materials." In addition, if Global Links does not have something that one of their affiliates need,





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the World

Global Links will purchase it for them. Hower affectionately calls the 40-foot sea containers that are specifically and efficiently packed and shipped for each hospital, "designer containers."

The supplies that Global Links collects and provides include items like: crutches, gowns, linens, gloves, respiratory equipment, clamps, hospital beds, desks, chairs, surgical instruments and syringes. Most of their supplies are donated by hospitals in the Pittsburgh area.

By the end of 2006, Global Links will have shipped medical supplies to Afghanistan, Bolivia, Cuba, the Dominican Republic, Guyana, Honduras, Jamaica and Nicaragua. Working predominantly in Latin America and the Caribbean, they have also helped hospitals in Haiti and Ecuador, and are exploring a potential program in Peru. Since its inception, Global Links has donated over \$100 million worth of goods to over 70 countries.

In addition to general medical supplies, Global Links also runs the only international suture donation program in the country, providing sutures to over 70 hospitals all over the world. This program supplies greatly needed sutures (required for any type of surgery), which due to their high cost, are often unavailable or unaffordable to the hospitals and patients in developing countries.

With a staff of seven full-time and seven part-time employees, Global Links depends on volunteers to accomplish most of the day to day operations of sorting, cleaning and packing the donated items. Hayley Doering, volunteer coordinator for Global Links, explained, "Volunteers are so important to our work because more than 85% of our supplies are sorted and packed by them – they're the life blood of what keeps our organization going." Like many other current staff members, Doering first became aware of the organization by being a volunteer herself. This history makes her and the other staff members even more committed to their job and the work they are doing.

According to Hower, every sector of the local community is represented in their volunteer pool, including high school and college students, hospital and medical professionals, pharmaceutical personnel, business people and church groups. She concluded, "Anyone who has more than someone else has a responsibility to give back – I look at what we do as peace building."

Global Links is always looking for volunteers and donors to assist them with their universal mission of practical, applied compassion. There is an open invitation for anyone interested to come and take a tour of their facility and learn more about their mission. For more information, call 412-361-3424 or visit online at www.globallinks.org. ♦

By Linda Smith Pastoral Counselor

First Person

A Spiritual End-of-Life Journey



The first thing *Florence said to me was, "I'm ready to die. I want to just go to sleep some night and not wake up the next morning." She had spent most of her 90 years in one church and had faith that she would wake up in heaven.

*Josh was only 30-years-old when diagnosed with a fast-growing cancer. He hadn't thought much about God during his adult life, but now he was angry with Him.

*Jeffrey had become disillusioned with church and drew his spiritual strength from quiet walks in the woods. He believed faith was a very private thing for each person.

Each of these people is unique in the way they experience and express their spirituality. As the Pastoral Counselor at Hope Hospice, I must meet each person where they are and help guide each one toward spiritual peace in their end-of-life journey. The task is to honor the Divine in each soul, helping them to explore what will nourish them. Having my own agenda is out of the question; I am there to meet others' needs, not to project my thoughts and ideas.

When Florence entered hospice, she was already at peace within herself and with God. Each time I visited with her, we talked about her past and recollections of the little town where she grew up.

Florence liked having visits from her pastor who came often. She enjoyed it when he read Scripture to her and prayed. Finally, one morning Florence didn't wake up. Rather than being sad, it was a very joyful time for her family and the hospice staff. Florence had accepted and embraced death and her spiritual end-of-life journey had been sweet.

This was not the case with Josh, who was facing death at a very young age. He began to think of all the things he would never be able to do and the dreams that would go unfulfilled. He was forced to give up a job he loved and a hobby that he enjoyed. He knew that he would never see his young son go to school or graduate and he wouldn't be able to play ball with him or have father/son talks.

Josh did a good job of keeping his "spirits up," but admitted that at times he would "lose

it" and shout angry things at God. This was the first step in acknowledging that he actually did believe in God. Josh needed to know that God was not punishing him, but indeed God loved him and forgave him.

Some patients who are face-to-face with death suddenly become aware of their spiritual emptiness. They may want to reconcile with an estranged family member. I welcome the opportunity to facilitate these meetings to bring healing and closure.

Often family members are in as much need of healing as the patient. I try to be a supportive presence during these times and sit with family members until they are ready to talk.

Jeffrey's family had concerns that he was not dealing with important issues because he was not sharing with them. But because his faith was a private matter, he didn't feel the need to talk. The family came to respect his privacy and deal with their own individual needs. After his death they were able to reflect on their father's life in a healing way, remembering his quiet ways and how he had influenced each of their lives.

Just as birth is a unique time for each of us, death is also a personal, one-time event. At Hope Hospice, it is our goal to make the last part of life, the journey into another realm, a peaceful and significant time for each individual and family.

**Not their real names. ♦*



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