



projectc.u.r.e.



**TOGETHER** we can  
**CHANGE** the **WORLD**

**ZERO**   
**WASTE**  
20**BY**40 

# About Us

## **Janet Thomason**

- Community Outreach & Kits for Kids Coordinator – Houston Distribution Center
- Manages biomedical engineering and medical student volunteers
- Supply procurement – Houston Distribution Center

## **Hamish Walker**

- Executive-on-loan from MolsonCoors Brewing Company
- Formerly Global Chief Procurement Officer for MolsonCoors, based in Denver, Colorado
- MolsonCoors has a target of zero waste to landfill by 2020 and had achieved this in 9 breweries as of 2013.
- Recognized as the global beverage leader in the Dow Jones Sustainability Index 2012 and 2013.

# About Project C.U.R.E.

- Started in 1987 by Dr. James Jackson following a visit to Brazil
- Provides customized, donated medical supplies, equipment and related program services to hospitals and health clinics in 130+ countries in the developing world
- Needs assessments are conducted in-person at all recipient facilities
- Delivery costs are covered by the recipient, or a fundraising sponsor
- Equipment and supplies are collected through 6 distribution centers and collection centers in 12 cities across the U.S., and sorted by nearly 20,000 volunteers in 2015
- Ranked as one of the most cost-effective nonprofits in the U.S., operating on just 1.9% administrative overhead

# Humble Beginnings



# International Headquarters



In over 130 countries...



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# With partners all over the world



# Project C.U.R.E. is there



# There with experience



# There for Disaster Relief - Nepal



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# There for those in need



# There Helping Babies Breathe



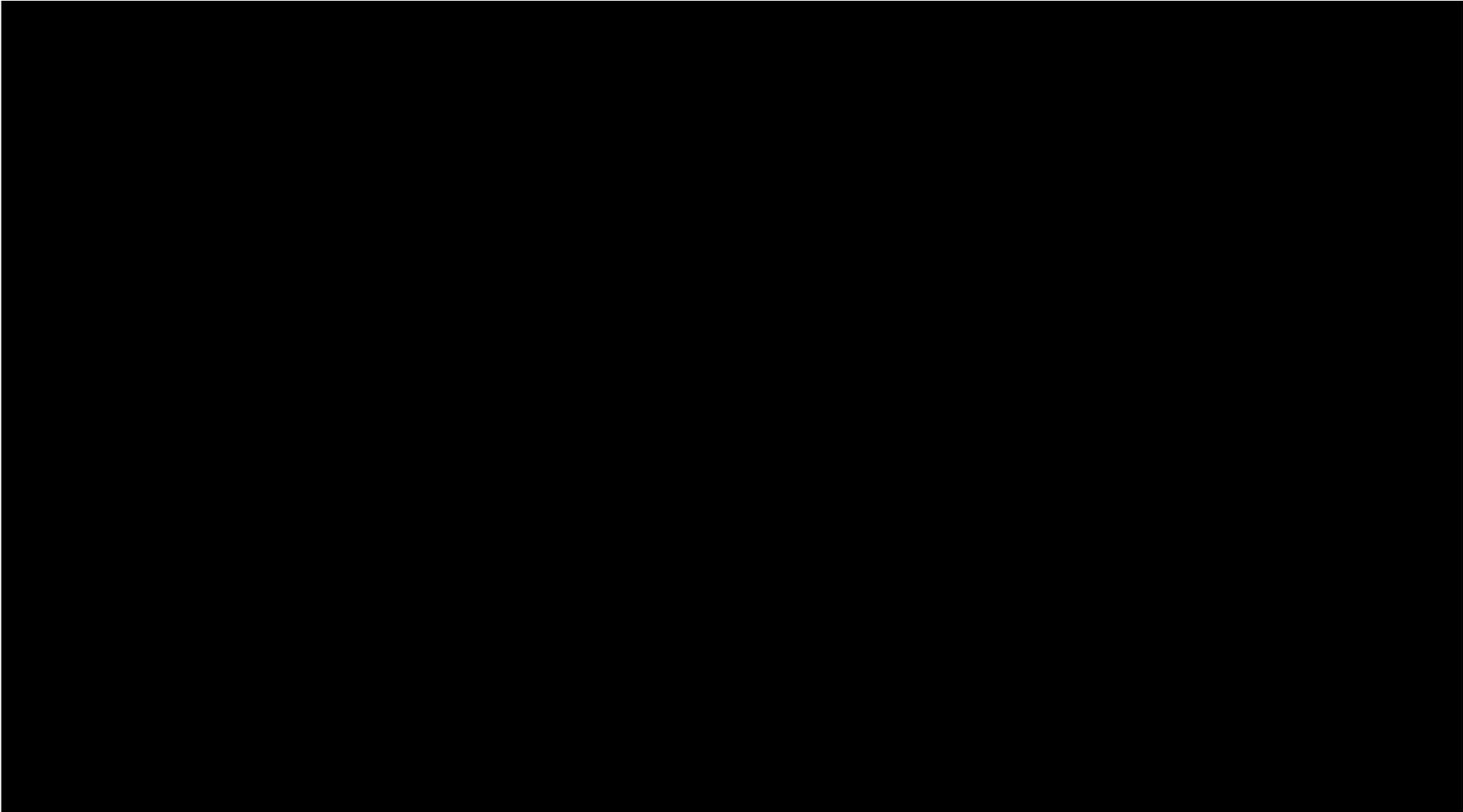
# There reducing maternal mortality



**Saving Mothers**  
*giving life*

# 17,000 volunteers strong





# Sustainable Supply Chains

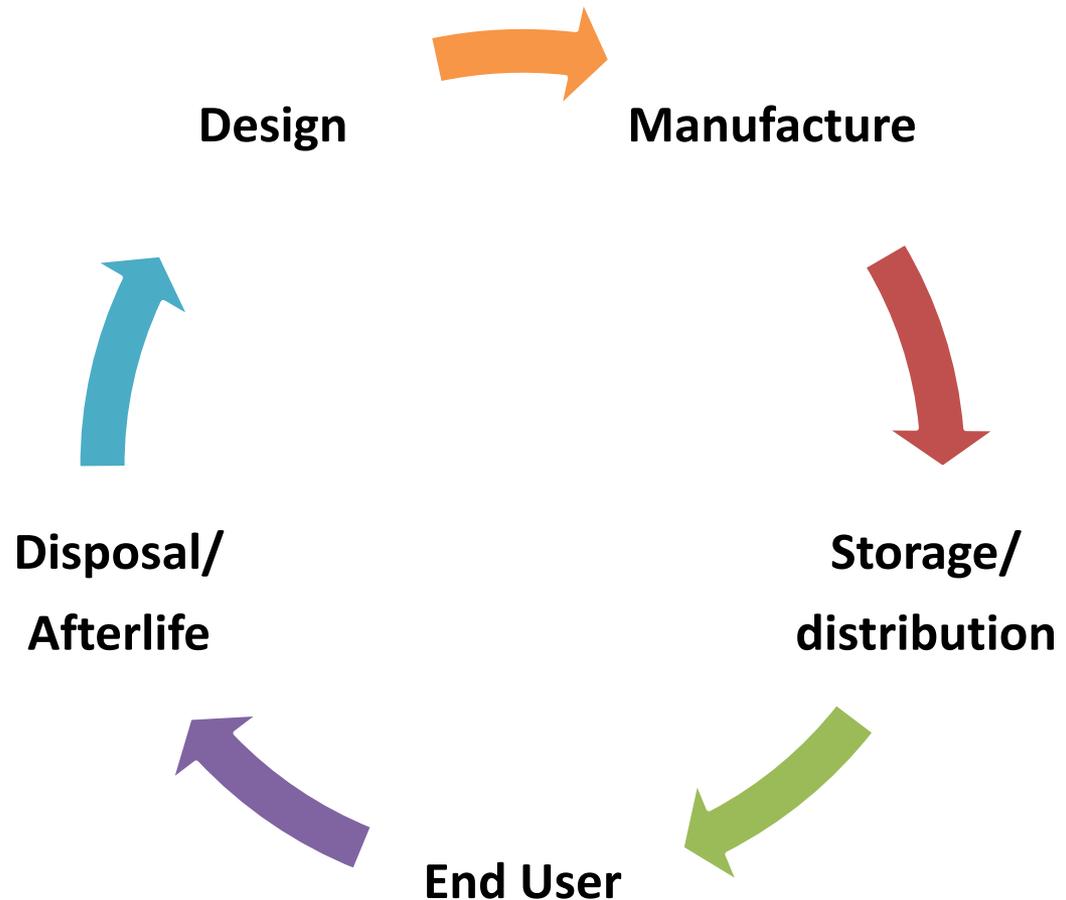
U.S. Hospitals dispose of nearly  
6 million tons of solid waste per  
year\*

\*Practice Greenhealth estimate

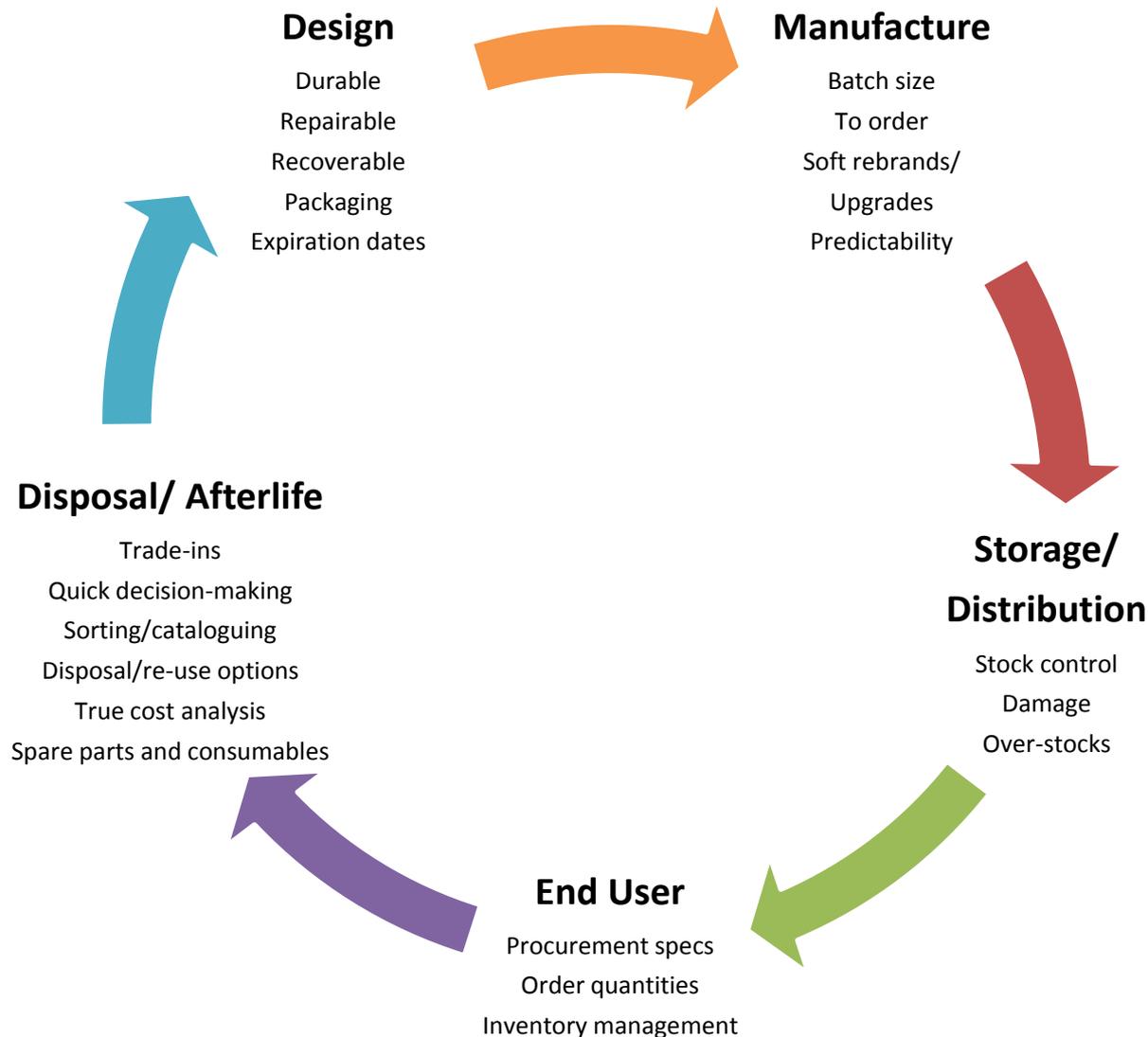


# Product Life Cycle

To tackle waste, every step of a product's life needs to be examined



# Small Actions = Big Results



# Benefits & Opportunities

- **Contributes to ‘Community Benefit’ obligations under ACA rules**
  - Supplies provided in aid to a community outside your own in response to a public call for assistance. (CHAUSA, John Hopkins)
  - Employee costs associated with board and community involvement on work time.
  - Environmental improvements to address ‘environmental hazards that affect community health such as alleviation of water or air pollution,’ the safe removal or treatment of garbage and waste products, and other activities to protect the community from environmental hazards (other than expenses made to comply with legal requirements). (IRS Section H)
- **Reduce/eliminate disposal costs**
- **Reduce holding of old/surplus stock**
  - Storage, management and insurance costs
  - Reduce working capital

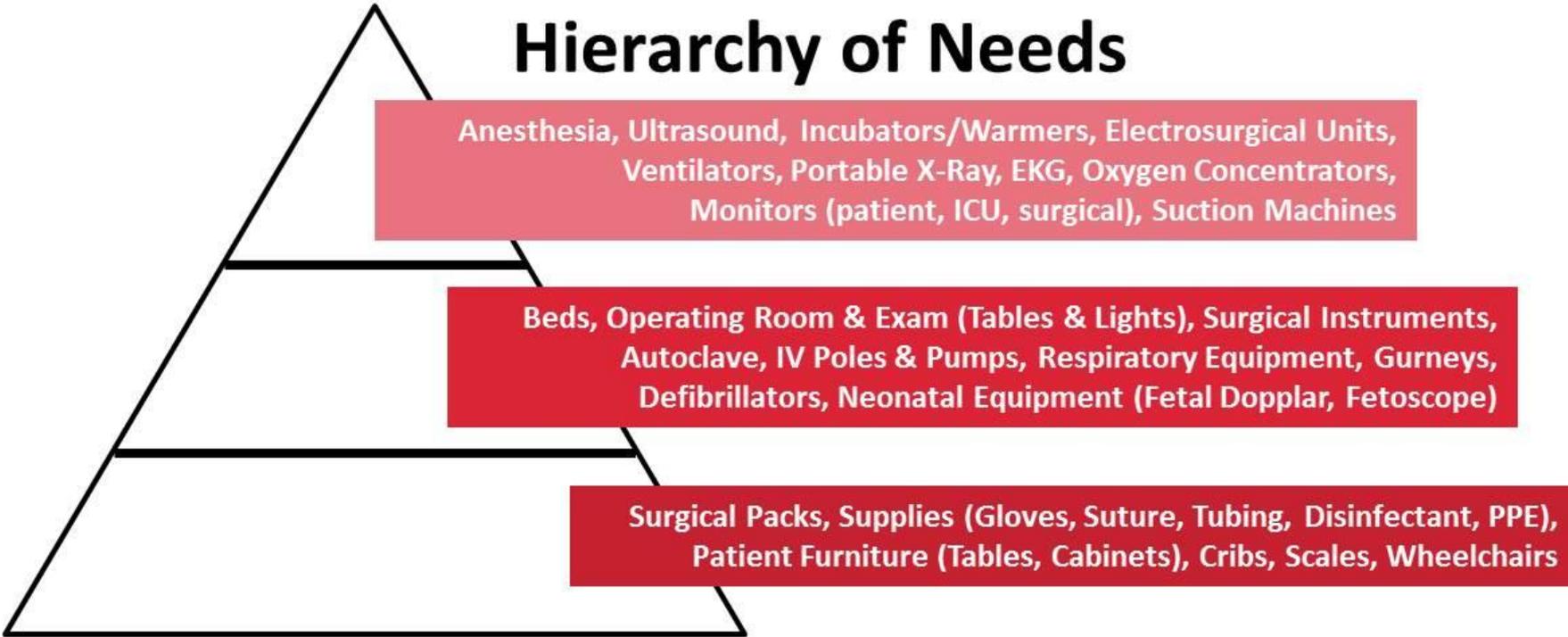
# Benefits & Opportunities

- For Profit' organizations can claim tax deductions under 170 (e)(3)
- Reduce future liability risks
- Employee Engagement
  - Directly through involvement and volunteering
  - Indirectly by being seen to do the right thing
- Equipment donations can often be managed via equipment manufacturers (trade-ins). You just specify the recipient.
- In your relationship with your suppliers – you are in charge!



# What Do We Need

## Hierarchy of Needs



Anesthesia, Ultrasound, Incubators/Warmers, Electrosurgical Units, Ventilators, Portable X-Ray, EKG, Oxygen Concentrators, Monitors (patient, ICU, surgical), Suction Machines

Beds, Operating Room & Exam (Tables & Lights), Surgical Instruments, Autoclave, IV Poles & Pumps, Respiratory Equipment, Gurneys, Defibrillators, Neonatal Equipment (Fetal Dopplar, Fetoscope)

Surgical Packs, Supplies (Gloves, Suture, Tubing, Disinfectant, PPE), Patient Furniture (Tables, Cabinets), Cribs, Scales, Wheelchairs



# Priority Items

## Current Annual Requirements (in units)

### Equipment Needed on Annual Basis

*(Assuming 150 Containers)*

Anesthesia Machines	150	Exam Lights	750
<b>Ultrasound Machines</b>	600	Pulse Oximeters	3,300
X-Ray Units	150	Blood Pressure/Sphygmometers	3,600
Beds	5,250	IV Poles	7,500
Gurneys/Stretchers	1,200	Speculums (Vaginal)	750
Exam Tables	600	Otoscope/Ophthalmoscopes	900
Stethoscopes	4,050	Thermometers	5,550
Scales	600	Wheelchairs	600
Cell Counters	150	Centrifuges	450
Incubators	750	Autoclaves/Sterilizers	450
Infant Warmers	600	Suction Units	1,350



# We Need Your Surplus

## Zero waste means being efficient...

- Consolidation of loads
- Opportunities to utilize existing local resources
  - Local warehousing
  - Trucking
- Flexibility on timelines

# What Does Dallas Need?



# Equipment In Working Order

Analyzer, blood & chemistry

Anesthesia machines

Beds & mattresses

Birthing beds

C-Arm

Defibrillators

EKGs

Electrocautery units, pads, pens, tips

Infant incubators

Infant warmers

IV Pumps

Laryngoscopes & blades  
ophthalmoscopes, otoscopes &  
stethoscopes

Lights, OR & exam

Mayo & IV stands

Microscopes, surgical & lab

Monitors, patient

Oxygen concentrators

Portable X-Ray

Sphygmomanometer (blood pressure  
machine)

Suction machines

Surgical instruments

Tables, OR & exam

Ultrasounds, diagnostic & therapeutic

Wheelchairs, manual

# Community Benefit – Global Aid

## Catholic Health Association USA

### Question: How should we report donated supplies and equipment?

- **Recommendation:** *When donating supplies/equipment, the value should be based on remaining book value, so if the equipment costs \$1000 and depreciation has been \$600, then book value is \$400 -- and that amount can be written off at the time of donation. Supplies aren't depreciated, so the original cost of those supplies makes sense as the basis for the value. Count as Category E3. In-kind donations. When giving cash, count as Category E1. Cash Donations.*
- *When donating outside of your community, you can count the value of the supplies/equipment and the cost of storage and shipping. Consider proportionality. What is the magnitude of the donation compared with what else is being done in the community? It should not constitute a large proportion of your community benefit.*

**Question:** When we give supplies or money to another country, or a different part of this country because of poverty that exists there or because of a natural disaster such as a hurricane, can it be included as community benefit?

- **Recommendation:** *We recommend including donations to other areas of the country or other countries in response to poverty or natural disasters. We also recommend including these areas in community benefit planning documents that describe the community you serve, especially if you have an ongoing relationship with a foreign mission or area in need. However, it is important to consider proportionality. What is the magnitude of the donation compared with what else is being done in the community? It should not constitute a large proportion of your community benefit.*



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