



“Start with trying to replicate something that already worked”: Reade Fahs, CEO of National Vision, on scaling reading glasses distribution models.

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: I would love for you to take me through your personal trajectory and how you got into vision.

Reade Fahs: After college, I had a job in brand management at General Foods marketing breakfast foods. I had grown up in Cincinnati, Ohio, where P&G is, and I was told after college you have to go into brand management and learn about running an organization and marketing. Frankly, it was really good advice. It was just that you were devoting your life to marketing breakfast cereals. It wasn't very interesting. And one day I was walking along with my girlfriend at the time, now my wife, talking about a friend of ours who had just traveled around the world for a year. And I said to her, why does she get to travel around the world for a year and we don't?

I was expecting to be told the answer so we could get on with our day. And then my wife said, "Well, you know? We actually could." And I stopped dead in my tracks. The thought that we could actually do that, in my narrow thinking, was pretty beyond me. By the end of the day, we had chosen the day we were going to leave, and we bummed around the world for 10 months in 1985 and 1986. I was a nice guy from the Midwest who all of a sudden got to see global poverty up close and personal. You'd seen ads for CARE and things like that, but it was all very theoretical and distant, and I was dealt a pretty darn good hand of cards from birth. And all of a sudden, seeing what I estimated at the time was that about 20% of the world's population was

living in pretty tough circumstances, it was shocking. I tucked away [the thought] that I'd love to be able to find something to do to help with this.

My wife and I returned to my hometown of Cincinnati, completely broke. I was looking for a job and it turned out that LensCrafters was hiring. They were a small optical chain at the time, [with] under a hundred stores. [It was] a little regional chain filled with really, really intelligent people, all ex-brand management people from P&G, and I loved it. I was really excited by it. A year or two in, somebody in the PR department came up with this idea of partnering with the Lions Club to give away recycled, used American glasses. So we'd say to our customers, leave your old glasses and we'll give it to somebody in a poor country, which was state of the art at that time.

I went on two of these missions in the early 90s, one to Albania and one to Mexico. The one to Albania was a disaster because people were so desperate for glasses, we were almost being mobbed. It was dangerous. The one in Mexico was really insightful. Everyone has a crucible moment and my crucible moment was, we fly to Mexico, we have dinner with the Lions Club who is hosting us and I said, "Hey, could we go visit the clinic where we're going to start working tomorrow?" We walk over there, it's 8:00 at night, and there are a thousand people lined up to sleep on the sidewalk to get the glasses. That was shocking. Every night there were hundreds of people sleeping on the sidewalk in line to get the glasses.

I said to the Lions Club people, "We're here for two weeks. We're going to see a couple of thousand people. How long would we have to stay until there are no longer lines?" And he said, "They would just keep coming from farther and farther away. You are their only option." That was a pretty shocking moment. And there was a guy named Mark Sachs who was on the mission, and he had the insight that about 40 or 50 percent of these folks only need a simple pair of readers. How much can they cost? So he comes back and starts what is now RestoringVision. In essence, he started calling vendors saying, "Can you give me some used readers so I can give them to mission-goers? Sorry, no? Can you give me discontinued readers then?" All the product was new from the very beginning. It was [Mark's] insight that has now affected 30 million people.

Then after ten years at LensCrafters, I was recruited to go to the UK and run a chain called Vision Express, and I had this idea that we would pick a country in Africa and go solve the problem of glasses in one country. I was gearing up for this when we were bought by a French optical chain. I was explaining this vision to the French optical chain, and they said, "It is not the job of a business. It is the job of the state. The state should solve that problem, not a business." That was one of many reasons I parted ways with them.

23 years ago I came to National Vision. When I arrived, the company had just emerged from bankruptcy. It looked like it was going to go back into bankruptcy, it was a real mess. And on the first day I said, "Hey, we actually have to focus on surviving. Survive is the mode we're in. But to be clear, once we pass through survival mode, we will then focus on thrive mode. And thrive

mode is going to be about addressing the issue of the lack of eyeglasses for low income people around the world."

Ambika Samarthya-Howard: At this moment, were you still focused on one country in Africa?

Reade Fahs: No. At that point I'd say we are going to work on solving this problem. That was all. I didn't have a clear vision of what that was.

It took us three years to get out of survival mode. In August of 2005, we were bought by a private equity firm and I explained this to them and they liked it. They were all in. So that was good; I found my compatriots. A junior person at the private equity firm was a guy named Chris Harris. I was talking to him about this and he said, "You know, I have a sister who's been living as a missionary for years in rural Peru, in Pucallpa, Peru, and if you want to start some projects, she's there in a very, very poor community." I said, "What I'd like to start doing is have low income people sell readers and maybe some clip-in type glasses to other low income people out of backpacks." So we put together these backpacks and we went off to Pucallpa, Peru, and she recruited a lot of folks [to sell the glasses]. They were bartering them for chickens and corn. There was a picture I wish I had of this person who got a big bag of corn in exchange for a pair of reading glasses. I thought that was nice. And they were getting in canoes and going upriver to rural communities and the like.



There were also a lot of challenges with it. They weren't seen as professional, they weren't seen as quite as qualified. It was a single product line, glasses, whereas the community health worker model is that you've got a broad array. A community health worker has credibility. They have some level of training. And we just had a come one, come all type approach. It was a consignment model, but it wasn't the winning model. And I found that everyone comes to an issue like this with their own prism of experience, their own mental model as to how things get solved. I come at it as a retailer, and what retailers do is they find either a box that works well or a program for a box that works well, but in essence it's to find something that works once.

The phrasing that Kevin Hassey and I use all the time, we call it 1-4-40-400. It was designed with LensCrafters and 400 stores. Get it right in one store. Then get it right in four stores, but you can still nurture and coddle four stores. Then go to 40 stores, and you can't nurture and coddle 40 stores all over the place. And once you've got it right in 40 stores, you can then roll it out to 400 stores. So I'm always looking for a concept that works and is replicable. And that one didn't turn out to be the one.



Along that time I met Jordan Kassalow, the founder of what is now VisionSpring. Jordan had a very similar concept going in India, selling glasses out of backpacks and things like this, and was having similar problems. I said to Jordan, you've got this not-for-profit that's doing this.

I'm doing this on the side of my business. Why don't we join forces and work together? And he seemed open to that, and then he invited me to join his board.

Ambika Samarthya-Howard: At that time, who were your main clients in your business?

Reade Fahs: The company I run right now is America's Best Contacts and Eyeglasses, which is a thousand-store chain. We're the second-largest optical chain in America and the fourth largest in the world. We sell glasses to low income people in America. Our entry offer is now two pairs of eyeglasses for \$79 with the eye exam thrown in for free—as we like to say, it's not just a great deal, it's America's best. It's a company that's designed around providing the best prices on eye exams, eyeglasses, and contact lenses. We also, up until about a year ago, had a bunch of stores inside Walmart and the like.



We provide eye exams to low-income people, most of whom don't have vision insurance. Many are uninsured. For many of our customers, their interaction with the optometrist in store is the only interaction they're going to have with a medical professional. And I don't know if you know this, but an eye exam can help determine all sorts of things beyond a prescription. It's a health check. We have two thousand optometrists, and I believe each of our doctors saves probably at least one life a year by looking in the eye and saying, "Oh, I see an aneurysm that could explode and kill you. I see the formation of a brain tumor. I can actually determine that you are about to have a heart attack or a stroke. You need to leave here and go straight to the emergency room. Do not stop for lunch. I will call ahead, get to the emergency room right now." A virtuous cycle begins with this health exam for low income and uninsured patients across the country.



We do about five million exams a year, and we save them money on the glasses and contacts they need to get by. We've built over 900 stores in the past 15 years. We tend to build 65 to 70 stores a year, which means we can grow people. 44% of our store managers, 11% of our district managers and 6% of our regional vice presidents started with us with no optical experience, in an entry-level role like a receptionist. It's generally a young woman—because we're 76% women here at the company—with a high school degree, maybe some community college, who doesn't know what to do with her career. If she takes to this, if she's good with patients and customers, a good teammate, good with doctors, she can grow her career.

It's a really nice, lovely, helping, caring, somewhat fashion-oriented career. Then we can grow people and grow optometrists too. We have career tracks for them. To the extent we do that well, we can help people in America who are too poor even for us. Every one of our store associates has the ability to give away a free eye exam and a pair of glasses whenever they think somebody needs one. We'll do that over 30,000 times this year. So it's really empowering. I was talking to one of our newer doctors and asked what surprised her when she joined us. She

said, "What surprised me was when I went to give away a free eye exam and a pair of glasses to someone who I thought couldn't afford them, that you didn't make me fill out a form." I said, "Well, we can create forms. We're pretty good at creating forms if you'd like us to, but I don't know what I'd do with the form, because we've told you if somebody needs them, give them the exam and the pair of glasses. So what am I going to do with the form?"



Then we work with RestoringVision and Americares to get readers to federally qualified health clinics here in America. We are big supporters of RestoringVision and VisionSpring internationally. Last year we helped 1.4 million people philanthropically as a company, and about 8.5 million patients, customers, et cetera. So about 10 million people in America and abroad.

We're good at scaling. Everyone has their gifts. We scale winning concepts. We use our scaling abilities and organizational abilities, and maybe our size, to try to address the public health issue methodically and solve the challenge within our lifetime. A few years back, we started to say one of the problems is we have all these different organizations working independently and helping hundreds of thousands here, millions there. But if you've got a problem involving 800 million people, when can you start to feel good? You can't start to feel good at hundreds of thousands. You can't start to feel good at millions when there are 800 million. You can only start to feel good when you're seeing hundreds of millions helped a year. It's a big worthy challenge.



So we helped pull together the Coalition for Clear Vision, which now one of my folks is running. We are at the state in the evolution of the philanthropic sector that we need to work collaboratively and in an organized, coordinated way, where we're sharing our best practices and working together both from the ground up in the work that we're doing to get glasses to people locally, and from the top down with the World Health Organization and the IAPB [International Agency for the Prevention of Blindness] putting pressure on public health ministers. If we're working from the top down and the bottom up in a coordinated way, we'll get a lot further. The virtuous cycle is the eye exam for low income Americans, saving them money, providing great career opportunities, helping people locally, helping people nationally, helping people around the world, and then trying to solve a major public health issue in our lifetime.

The more successful we are as a business, the more we can address a major public health issue. And I feel so unbelievably blessed that I get to apply myself to such things and rally our organization and our sector in that way. I can't believe how lucky I am to have this life that allows for such things. I guess the other thing is I am a crazy extrovert and I love to be with people, so I just collect these people and bring them all together. What's really nice is we're all going through this together. I feel like I've got, I don't know, 50 key comrades across the world. We've all been working together and building trust for a while. I'm confident that we're all going to be working together for the rest of our lives on this. It's great to find like-minded people with

whom you enjoy working and are dedicated to something big and important that can help improve the lives of the least advantaged people in the world.

Ambika Samarthya-Howard: What other models did you try that didn't work, and what models did work? Or do you feel like the model is place specific?

Reade Fahs: As a guy who replicates models for a living, I always start with a bias towards that things are probably more the same than different. You should start with the same and be forced to change as opposed to start assuming everything is different. That's just a bias of mine. [I begin by] assuming that rural Kenya and rural India might be more similar than different. I do think rural and urban are different games, but frankly, if something was working either in a rural or urban [area] and it could be applied to the other, I'd start with trying to replicate something that already worked. Generally, my bias is to think probably more similarities than differences, or at least if nothing else, that's a good starting place.

More models fail than succeed. And it's always good to know where your particular or your organization's sweet spot is. People who are good at startups or organizations that are more startup-minded, which we are not, are better at trying until they find something. I'm the sort of guy who likes to show up when you've found something and say, "Oh, good, let's scale that. You've done the hard part. Let me play a role in the replication."

We had a wildly successful 19 years up until COVID. Post-COVID's been very hard for my company, but the 19 years were astoundingly successful by being quite rigid, pretty analog replicators. And right now that doesn't work anymore. Now we have to be flexible digital innovators. We have to learn a lot of new things, because what got us here isn't going to get us there. But what got us here is that we had the discipline of excellent replicators. We had a great concept that was perfect for the time, and we had the discipline to keep replicating and not try to outsmart it. Then the world changed post-COVID.

At VisionSpring, it was trying and failing and keeping going. RestoringVision was different. RestoringVision's original model was to get readers to mission-goers efficiently so they have all the readers they need to [distribute to people who need them]. At first we'd get donations from companies and pass them on, and then we said, no, we should start charging something for these to cover costs. So we started charging 50 cents or a dollar, [collected] directly by anyone who was going on a mission. The board meetings were hilarious because we'd show up and there'd be all this cash. It was the most astounding problem for a not-for-profit. And we were going 100,000, 200,000, 400,000. Then we hired Pelin [Munis]. I said, "Pelin, we're at about 400,000. But I can't feel good about this until we're reaching a million people a year. Could you get us to a million people a year? That's what I want." She said, okay, fine.

 Then we fast-forward to a board meeting in Chris Harris's office in San Francisco. He's now a big private equity guy. And Pelin said, "Well, I've got some big decisions and some

tough news today. We're still making a million. But, I found these big organizations like Food for the World and Americares, and they have these big distribution networks throughout Latin America. If you guys were open to a change in strategy whereby we started partnering with them, I think we could go from a million this year to two million." We were getting ever more donations of readers. And I said to her, "Are you telling me that if the five of us vote yes on a change in strategy for this organization, a million people in the developing world will be able to see again?" She said yes, and I thought it was just the most amazing thing.

Ambika Samarthya-Howard: What do you feel is the reason why RestoringVision didn't have those hiccups, and VisionSpring does?

Reade Fahs: Two things. RestoringVision started out as a giving model. And by the way, I'm on the board of both groups, have been for a long time, and I love all my children equally, okay?

Very early on Jordan and I said, a problem this large is going to require a great many solutions. And if you are out there trying, we are on your side rooting for you and want you to be successful. That was a key principle. Supplying mission-goers was not hard because they really didn't have another source and they wanted the product that we promoted. It's so easy. And it was a giveaway model, but the mission-goers would often pay us 50 cents or 75 cents or whatever. And we had free cost of goods. For years it was all donated product.

🚚 Real quickly, if you are the head of Dollar General and you were buying your readers from Sally, and then Sam says to you, no, buy your readers from me, then you say to Sam, okay, I'll buy them from you for these reasons, but I can't give Sally back her readers, so you have to buy her inventory from me to get started. Then what would they do with that inventory? They gave it to RestoringVision. They used to break it and throw it into dumpsters. But I remember calling one of the big readers companies and saying, hey, by the way, if you keep breaking this reading product and when you're doing this takeover thing, I'm going to consider it a crime against humanity. I speak a lot in public and I'm going to be talking about it. You have to find a way to not break the product and get it over to RestoringVision.

We worked with Walmart for like 30 years and we kept RestoringVision's readers in a warehouse that we had, but then we decided to shut the warehouse, so we didn't have room for it anymore. I knew Walmart had a warehouse with a lot of space. I called them, it generally takes six months to get any decision from them, and asked if they would [let us use warehouse space] for this charity? Millions of readers, blah, blah, blah. And the guy on the other end of the phone said, yeah I think we should be able to do that. I was like, oh my. That's why Walmart's been doing their distribution for all this time.



The original model for RestoringVision was so simple. Get donated readers and sell them for negligible amounts to cover your overheads to people going on mission trips. Easy. Then it

was to get larger amounts of readers, often free, distribute them via Frames For The World, Americares, et cetera. Again, pretty straightforward. RestoringVision is doing a few more different things now, but for the longest time it was one of those two models, and they're very simple models. It was a giveaway model, so it was all straightforward.



VisionSpring started from a dignity-of-purchase social enterprise: find a way to sell the glasses. It was harder because you have to find self-sustaining financial models involving probably subsidized glasses that you're selling to low-income people. BRAC was the first real winner because you had BRAC, which is an astounding organization, working via community health workers. They had a network, and the community health worker was adding another product line. The community health worker already had credibility, the Shasthya Shebikas. There was a built-in infrastructure, and there was an overriding governance via BRAC. They understood Bangladesh better than anyone. That was a winning thing that was able to scale. I think we've distributed well over 2 million readers in Bangladesh.



VisionSpring's insight from a model perspective, I describe as "find a motivated party." A motivated party might be a factory owner in a garment factory in Bangladesh. A motivated party might be a tea plantation owner. A motivated party might be the Ghana Cocoa Board. Find a motivated party who, hopefully they have a good heart, but they also have a financial interest and other interests, whether it be PR to their workforce in getting people screened and into readers. Find someone who has a financial interest and motivate them to get involved and come aboard, and motivate them to help bring people to a screening area, and motivate them to either fund or to encourage the purchase of the product generally with a productivity gain in place.



And then see if you can find a path to a second pair. In Ghana and in Bangladesh, the [thinking on] pharmacies was, let's get them in the first pair and hope that they're so motivated and find some distribution and access points nearby that can help to handle the second pair, so we don't have to come back. That was a different model. You had to find motivated parties and develop partnerships and get the funding mechanism going and train the local folks. VisionSpring had boots on the ground in multiple countries, trying different things and sharing best practices across countries. Earlier on, VisionSpring was very much about advocacy, bringing attention to this, and collaboration, finding partners.

Ambika Samarthya-Howard: What do you feel is the role of technology when you are at the point to scale further?

Reade Fahs: If you're talking only readers, the line we all say is it's a 700-year-old technology. It's a couple pieces of plastic held together by two screws. I checked: screws were invented 2000 years ago. So the solution is pretty low tech and works.

Ambika Samarthya-Howard: What about for scale? Do you think it would make sense for people to start screening on apps or start using more mobile phones for the delivery?



Reade Fahs: I do think in terms of management of screenings and capturing customer data, yes to all of that. For a pair of readers, I mean, what happens in an American drugstore, there's a little reading thing right there [so people can see], "Oh, I'm a +2.0. Okay, got it. I know my number." Even in our country it's pretty low tech what happens down at your local CVS or Walmart relative to this. But I do think, for a variety of reasons, keeping track of who and what their power is and a way to contact them is a winner.



We as a company are investing in something that is my daydream. When you go into our stores, there's something called a retinal camera. It's a camera that takes a picture of the back of your eye. The back of your eye is a treasure trove of medical information. Again, you can tell the presence and extent of development of diabetes, hypertension, cardiovascular issues, kidney issues, and soon glaucoma from the picture. But all the things I just listed can be detected by AI. Right now in about five of my stores, you can go in and we can, through a retinal scan, assess your biological age as opposed to your chronological age, because I don't need FDA [U.S. Food and Drug Administration] approval to do that. We will soon have, in about 40 stores, assessments of diabetes. We're investors in a company that is getting cardiovascular approval. So the extent to which you have heart issues and need to see a cardiologist. All this from an AI scan of a picture of the back of your eye.



My daydream is that we go to public health ministers with the World Health Organization and say, "All right, you've proven you really don't care about vision all that much, but let me tell you what's going to go on in these vision camps. We're going to take a picture of the back of everybody's eye and you're going to know everything about these major disease states for the folks, and we'll have off ramps to all the places, and this will make for a much healthier population, and it's not that expensive, and it's not time-consuming. And by the way, we'll also get them a prescription for a pair of glasses or get them the readers they need." To me, the big idea on technology is using the emergence of AI scans of retinal images to be a major assessment point for a variety of diseases, both in America and in poor countries, in ways that make people ever more excited about vision screening camps.

Ambika Samarthya-Howard: I wanted to go back to what you were saying about the second pair. Do you believe that that second pair is the entryway to making all of this sustainable?

Reade Fahs: I think the second pair is important. I think that as we hit tipping points in given geographies, entrepreneurial activity will emerge to find ways to sell readers. I'm a believer that if you do this right geographically, an enterprise will show up having found a market for someone whose income has just gone up because they can see again and will give them the tool that they now know they need to keep their income high. I'm a believer in entrepreneurialism, and I know this product is not hard to get at scale or at a low cost. So I think it's important for people to be able to buy the second pair.



I think if we do a good enough job on the first pair, then that will occur. I also know that for a lot of funders, there's a [skepticism that you] can actually solve a problem in a country for a fixed amount of money and it's really going to be solved. For that group, they need a little bit more evidence. Until I realized it's a major part of the funding equation, I was a believer that if you do a good job within a geography of getting to a tipping point, this is going to work itself out. Now I'm working to prove that two years in they will want to and be able to get a second pair.

Ambika Samarthya-Howard: What is the problem you are proving to funders that you can solve?

Reade Fahs: It's about all the benefits that come with being able to see. It's about quality of life. First part is income, but [there's also] threading a needle, seeing your grandchild, being able to read. We often hear, "I can read the Quran again. I can read the Bible again." In these traditional societies, a key job of the woman of the house is to get the pebbles out of the rice, [and they need] readers so they can see the pebbles so that when they bite into their food, they don't have dental issues, which was a whole nother realm. Or my husband doesn't beat me because I can now get the pebbles out of the rice. What category is that in? I don't categorize. To me, actually, it's a cerebral discussion, because there are about a thousand benefits that come from both reading and distance glasses. Although I feel it's important to make sure that anyone who's investing in our area feels a high level of confidence that they're getting a really high social return on their philanthropic investment, at first I was surprised that these were even topics. It was all so self-evident to me.

Ambika Samarthya-Howard: You haven't talked about pharmacies and I was just wondering your thoughts on them in terms of a delivery method.

Reade Fahs: I would estimate that 90% of readers in America are sold in pharmacies. Costco has a pharmacy and Walmart has a pharmacy, or CVS, Walgreens, Rite Aid. I bet you in the UK it's 90%. How have the richer countries figured out how to distribute readers in our countries? We do them via pharmacies. Again, I'm a person who leans towards more similar than more different. Why should this be any different? We have more efficient supply chains and distribution centers and the like, but those aren't hard to put together. So I'm surprised it hasn't taken off yet.

I'm very pleased that as part of the work LIF is doing that a guy named Dave Shoot is now doing a formal study of everybody's experiences with pharmacies. He and I started working together in the '90s and we'll be working together till we leave this earth on this topic.

Ambika Samarthya-Howard: What are some things you think have to change in order to scale as quickly as you want to?

 **Reade Fahs:** About a year to a year and a half ago, we started working collaboratively between organizations in a good positive way. It was roughly the timing that the World Health Organization showed up on the scene. And relationships became stronger. Trust raised. It's the human foibles that get in the way. It's petty jealousies, myself included, but it's the part of human nature that is competitive. It's always about finding ways to break that down, keeping everyone feeling secure, marching forward together with positive intent assumed all around.

 I think the biggest thing that will be different is that there's a big difference in collaboration. And I think the other big difference is now larger scale philanthropy has internalized the benefits and the big impact that can be had on smaller sums of money or the big return on investment. Part of what drew the larger money is we are now an organized sector, because we talk to each other and we coordinate a bit. I think we're about to enter the next step of the organized sector. Proving certain things work together could unlock something real. Could we all have a common view as to how we're going about doing this?

 Heightened collaboration, interest from funders who see a huge ROI [return on investment], and going back to collaboration, top down, bottom up stuff. Working together on the ground like we're doing in Kenya and a few other countries. Work together at the top, like the IAPB and the World Health Organization and the Coalition for Clear Vision. I'm really pleased with the Coalition for Clear Vision. There was the phase where we were talking about helping tens of thousands of people a year, then hundreds of thousands. Now we're in millions, and soon we'll be talking about tens of millions and beyond. That's pretty darn exciting. But also the sector had to be ready for it. And I've always found, the better work you do, the more you attract funders who want to help your work. Doing your mission better always attracts the sort of people who want to support your mission.

I always like to remind people that what you are doing here has a direct impact on helping low income people improve their lives. We can forget that with the day to day minutiae. There's a quote from Bill Bradley, who was a senator from New Jersey, but he was a basketball star at Princeton and a Rhodes Scholar, and then he played for the New York Knicks. There was a book about him called *A Sense of Where You Are*, a lovely book by John McPhee. In it he has the quote, "I admire the pass that led to the pass that led to the basket as much as I admire the

basket itself." I just think all the stuff we're doing here is passes that lead to passes that lead to baskets, and try not to forget that it takes those passes to get to the eventual basket.

Ambika Samarthya-Howard: Thank you so much for your time.

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Screening

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*