



“This is a partnership. Yes, you have resources to give an organization, but we have knowledge and insight that can help inform the strategy and help inform how you do this work.”

A Conversation with Kiah Williams of [SIRUM](#)

Carolyn Robinson
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Carolyn Robinson: Can you tell me about your work?

Kiah Williams: I am one of the three co-founders of SIRUM (Supporting Initiatives to Redistribute Unused Medicine), and we are a nonprofit tech company that uses technology to connect the surplus medications that exist in this country with the people who need them most.

Carolyn Robinson: When did you start, and how did that come about?

Kiah Williams: We have been at this full-time since 2011, so quite a few years here under our belts. SIRUM originally was a student project at Stanford University via my co-founder Adam (Kircher), and George (Wang) and I later came on board as it morphed into a student group at one point, which George led and I was an advisor to the group at some point. It had a lot of different early start moments like many social enterprises have had, where people are coming together and figuring out, is this a thing? Is this something that we can do, and can we have a real impact here?

Carolyn Robinson: What's different about it from other nonprofits in this field?

Kiah Williams: We are now the largest redistributor of surplus unused medicine in the country. What's different is our blend of technology and leveraging on significant policy changes. There are about 40 states now that have a law on their books that allow medications to be donated instead of destroyed. What that's essentially created is this huge secondary marketplace for good. There's about \$11 billion, billion with a B, dollars of unused medicine that go to waste every year in the United States. Meanwhile, about one in four working age adults report skipping medications due to costs.

Healthcare is a huge cost in this country. It's 18%, 19% GDP (Gross Domestic Product) depending on what year you're looking at. There are many challenges of thinking about a healthcare system that serves everyone well, that's affordable, efficient, and high-quality. What makes us a little bit different, or one of the things that I appreciate is we're taking a very pragmatic approach of, hey, there's a lot of challenges, but this is a

pretty tangible one where we have medicine over here on one side going to waste being sent to landfills, incinerators down the toilet, flushed on the other side. You have someone down the street who might be walking away from a pharmacy counter without the medications they need.

There's a lot of complexity on how do we solve healthcare issues. To some extent, we come at this quite pragmatically: we might not have 100% of the answer, but if we have a part, we have probably 50% of the answer, we should probably just start working on that now. That is making sure that perfectly good medicine doesn't go to waste.

What makes us pretty unique is we're trying to operationalize this huge big shift that created this secondary marketplace for good, where previously it didn't exist. Previously, if people wanted to donate, it was either gray market or casual, and instead, what we're doing is trying to create an engine of redistribution of these medications.

Carolyn Robinson: You mentioned 40 states and policy. Do you work to change policy in the remaining 10 states?

Kiah Williams: We have a small policy initiative. What's interesting is that I don't think we set out to do policy work. Sometimes folks will inbound to us and say like, hey, there's 40 plus states that have these laws, but not all of them are operational at any level scale. That's actually quite important because policy could be written, but it doesn't mean it's actually set up to operationalize or scale well.

Having done this work across so many states enables us to say, hey, we could look at someone's policy, and we now have gotten to the point where we have a little bit of model language for how do you make not just a program where SIRUM can thrive, but one where it has good policy language where regardless of SIRUM is here or not, you can create a durable, scalable program. We have been advised and asked to comment on proposed legislation, regulations, et cetera, as states are looking to have their policy initiatives have a real impact on the ground.

Carolyn Robinson: Share an example that illustrates the impact of your work, and talk about how you know that your impacts are working.

Kiah Williams: We helped launch a mail-order pharmacy that gets low-cost medication straight into patients' hands. That pharmacy has dispensed over a million prescriptions worth almost \$100 million of medicine. A specific example: We got a chance to interview a mom of four kids named Aquila who needed a blood pressure medication, and she went from having to go to multiple pharmacies to get the best price to getting low-cost meds delivered directly to her door. That's a very quintessential example of how we've been able to take this surplus and get it to people who need it most.

Carolyn Robinson: How do you measure impact?

Kiah Williams: We are somewhat fortunate in that medication is a physical, real product that could be distributed or redistributed. We can look at things like value, we can look at volume, like how many prescriptions, we can look at people. We can look at

market value of those drugs. For every drug that is approved by the FDA, and this is not a perfect measure, but there's actually a requirement for disability adjusted life years or DALYs. What is the impact of that drug in terms of helping people live longer?

Carolyn Robinson: What is it about that approach that's led to your success?

Kiah Williams: That technology is an enabler. It's what helps us scale. It automates a lot of the processes that otherwise would just take a lot of work. I'll give an example. One of our early partners, I remember they had a pharmacist going around in a van to go collect medications from local nursing homes and other healthcare centers to donate. That's great. I think it was literally Larry, a pharmacist in a van.

Just thinking about the scalability of that, through some simple technology, we were able to integrate with shipping services like FedEx, UPS, et cetera, and then be able to get those processes more streamlined. Those facilities can donate their medicine whenever their recycling bin is full, and it can get shipped directly to that recipient entity. Technology is just a thing that enables greater scale. It also enables solid processes that are otherwise difficult at a human individual level to continue to do over and over again. The importance of technology is one that enables us to scale. It is the enabler for scale.

Carolyn Robinson: Describe something that you tried that didn't work, but that you learned from?

Kiah Williams: In the very first iteration of SIRUM, when we were a little bit of this match.com for unused medicine, we spent a lot of internal time on the product side of trying to figure out how we would score donors versus recipients. You think about an eBay model where you have the score that you give someone across a variety of factors.

We spent a lot of time thinking about how an organization that was donating medicine might score their donation experience working with a particular recipient. We thought about communication and a five-point scale, seven-point scale, three-point scale, thumbs up, thumbs down. There were a lot of things that we thought of on the product side that would be interesting. We spent a lot of time developing the platform for medicine donors to donate. To then really find out in the field that, at least at that point in time, a lot of healthcare facilities still use paper and pencil.

We had designed this whole web interface for them to scan drugs in and donate them and give rankings and back and forth communication between the donor who has surplus and potential recipients to request that surplus. We had spent a lot of time on the technology side building out this bi-directional communication between these organizations to then when we got into these facilities recognize, oh, it's like a nurse in a room with a paper record and a waste disposal bin. Maybe there's a computer in there, maybe there's not. So that didn't work. We wasted our time. We didn't get enough user feedback. Instead, we ended up having to build out a way to digitize paper records.

It was an early fail that then ended up being, how can we securely take faxes and digitize fax records? It was a good example of needing to go out and actually see what was happening. Now we talk to users, get something out there, pilot, and iterate.

Carolyn Robinson: How's your experience been with funders?

Kiah Williams: One big thing has been dismantling or trying to disrupt some of the inherent power imbalances. Some funders have done a pretty good job of just naming them. That's half the battle, naming that there's a little bit of, like you as the nonprofit or the asker or the grantee versus the grantor.

Things that have surprised me are when funders have worked to try to build a partnership with us, that there is some mutuality in these relationships that is important. It's like, yes, someone who is a philanthropic funder is funding you via money; they are giving you resources to be able to achieve your mission. The ones and the experiences I've enjoyed the most and that have been supportive have also been ones where it becomes clear that they also have a learning agenda, that our work and how we operate helps inform their strategy and how they think about the world.

Early on, it felt very much like I was going up with my cup asking for money. What surprised me over time, and with specific funders in particular, has really been the times when they ask us our opinion about a particular topic. What does primary care look like on the ground in rural Georgia? Those types of questions and inquiries have surprised me but also made it feel more mutual. This is a partnership. Yes, you have resources to give an organization, but we have knowledge and insight that can help inform the strategy and help inform how you do this work.

Carolyn Robinson: What role does trust play in your relationship with funders?

Kiah Williams: There are some that are quite opaque. Some are very transparent. People are people. People are humans. I've seen the full spectrum. The way a funder can cultivate trust is by making it clear that their grantee has something to offer. Basically, make it less one-sided because it isn't one-sided, and it shouldn't be one-sided. If you have a genuine interest in fixing some societal problem or in some intervention type, being very clear with what your strategy is and how you think of the world and making that clear to potential grantees. Better yet, it would be publicly available.

Oftentimes, there is a disconnect between what is on a philanthropy's website and how they actually think about the world. I actually dislike when people talk about theory of change because it can get very wonky. What impact are you trying to have? What are the things that you think will get you there? How certain are you about those things? If you're only funding these types of organizations, then probably say that and say why.

A lot of it comes down to cultivating trust by having some amount of transparency and then also being able to identify why you want to partner. I feel most comfortable in a funder relationship where it becomes clear that I can have value. I am adding value. Our

organization's work is adding value. Ideally, it's because they have some metric or some idea of how they want the world to change, and we can directly see how we impact that metric and make it go up and to the right.

We have a lot of peers and stuff who are venture-funded on the for-profit side. The way sometimes investors talk about this, venture capitalists talk about it is, yes, getting in on someone's round or investing in their company is a way to get inside information. There is something similar on the non-profit side around if you're investing in this social venture; some of the exchange there becomes that you get to learn more with that organization as things go well and/or things don't go well.

Carolyn Robinson: What do you think funders don't understand about and should know about capacity building in general?

Kiah Williams: Capacity building is a tricky phrase because people have very different understandings and different meanings of what that is. In and of itself it's a problem in the philanthropic sector as a whole.

I've seen it mean everything from you should add a CRM (Customer Relationship Management) to your organization to, hey, you need an executive leadership transition plan to, you need to grow more. Most people in this space don't think about and maybe should know that language is not universal and how one foundation might define something is very different than another.

Using more plain words to describe what it is. What is the impact you are trying to have? Are you trying to make sure this organization still exists next year? Because that's a very different conversation than, oh, we want to build capacity for you to do more marketing or be more public. Both these things could be considered capacity building, but the way you go about them is quite different. Knowing that there isn't necessarily a shared language is important.

Carolyn Robinson: How does the Rippleworks process of deciding what kind of support to give you differ from other funders that you've experienced?

Kiah Williams: In Rippleworks' case in particular, there's a clear through-line between leadership there and having built something and being an operator. It's quite clear in the offerings that Rippleworks has that in the DNA is someone like Doug Galen (CEO of Rippleworks), because this is true, who has built organizations from the ground up.

It's not that every foundation or every investor who has an operator as one of the key leadership roles necessarily does this, but there's a through-line there that I think showcases like, hey, this is someone who's done it before. The way that they approach all of these opportunities is with deep respect for the skills and experiences that their ventures already have and saying, these things are all optional. These are all things that you can do if you want, if you want help in these ways. These are things that we've identified could be helpful for ventures, but you do you.

That's quite important because a lot of these things were not forced upon us. We did a project on sales. We did another one on people ops and hiring. It was never pushed as in, we need to remediate you and teach you how to do this. When it's like, oh no, we've done sales, and we've hired people. It's been more about tailoring to the organization and where the growth stage you're at and trying to say, hey, here are some times in which, or here's some points in organizational growth that you might get stuck, and we have a solution here if you want to hear it, and we will tailor it to you.

The other big thing is that sometimes it's the small things that are important. On all of these project grants and help with capacity and experts, they take on a lot of the administrative and logistics of it. Even from things like meeting notes and next steps to do. The experience has been almost as one of a client. We can focus on the content.

It's flipped the relationship. It feels like you can bring the problems and focus on the content, and they will handle a lot of the logistics and admin. I would say, as an organization, it is probably different than a lot of other funders. It's also helpful that they respect our time and want to make this as easy as possible.

Carolyn Robinson: Did you and your staff participate in Leaders Studio, talent grant, and expert office hours, and can you talk about what was useful and what you would change about them?

Kiah Williams: Office hours with experts are them matching you on a particular issue with someone who has experience in that field and giving you an opportunity to just have one-on-one, like a consult. We've taken advantage of that around how to think about staffing, scaling, hiring, compensation, philosophies, et cetera. Just having the ability to talk to someone who's been in the field and done this a couple of times to give you a sense of what are benchmarks, what should they be, how should you think about them, what are the key, what are the key ways to consider these?

The thing that I've liked about it is, and I would say do not change, is you tell us what is successful so I can see does this fit us. Naming what success can look like by giving examples of how previous people have used it is super helpful.

We also have done some more formal projects. That's where I'm telling you, they do a lot of logistics and admin. It's super helpful to go in and talk to a people leader from a Fortune 500 company or a big unicorn company who's grown massive teams. Then, talk to them about how to get started. Talk to them about how you hire your first recruiter. What does that look like? How do you differentiate that from people ops (operations)?

A lot of that and not having to worry about both being in those conversations, being present, and also thinking about what follow-up I need to do to ensure that I look good to this funder. Because there is also that element. To have it be a project that is focused on our experience and our goals.

The Leaders Studio is, I would almost say, as the wraparound to make sure you have ongoing support and people who can guide you to some of these other resources. The one thing that maybe other folks forget, was the recognition that you could be very deep

in your work and it's helpful to have almost a coach who's available to you to help guide you in ways where you might be getting stuck, to remind you of things that exist and to point you in the direction that makes sense.

Carolyn Robinson: Are there any gaps and shortcomings about any of this that you would point out?

Kiah Williams: The thing that is helpful is always giving us clear examples of what has succeeded, even just the short story. That could even be de-identified. These are the things this is good for. Rippleworks, because it works across so many different ventures at different stages, can identify these stages in which you might get stuck and something might need to change. Small change, big change, something in between.

One area I would say would be cool to see continued work in would be helping identify the time. There are these natural points in an organization's growth, or maybe just how long they've been around, how big the team is, et cetera. There are some of these natural points in which you might need to consider some changes in how you do things. They have the database and the experience to know when those are, and could probably help point out the potholes before we hit them.

Carolyn Robinson: Where do you get most of your funding?

Kiah Williams: Like many social innovations that are nonprofits, we started very much in the prize world or the fellowship world, the small fellowship prize world, et cetera. Then you graduate a little bit to some of the venture philanthropy funding, and then you round it out with regional funders, national funders who might be issue-area specific, and high-net-worth individuals. Then you continue in the philanthropy space. Ideally, for us, it's a combination of philanthropy and/or revenue. Those are some of the big drivers for us.

Carolyn Robinson: Why did you decide to be a nonprofit rather than a for-profit organization?

Kiah Williams: Very early on, we had a funder who had paid for us to go through an exercise to figure out what was the best organizational model for us. We operate as a growing organization, like a high-scale, high-impact organization. I think the 501(c)(3) status and being a nonprofit were important to us around the credibility piece, especially because we handle and work with people who are donating medications and things like that.

For us, we realized that there was a credibility piece with organizations or individuals who donate. Also, we want to break even, and a different business model might not have allowed for us to just say, hey, one of our goals is philanthropy for R&D (Research and Development) and growth and earned revenue to cover some of our operating costs, our general operating costs.

Carolyn Robinson: Are there any bold shifts in funding that you think would strengthen the voices of those that are closest to the problem you're working on?

Kiah Williams: Philanthropy has to continue to be risk capital. People talk about growing trust-based philanthropy. At the end of the day, philanthropy has to take the risks where government and private sector can't or won't, to show that there are new and different ways of doing things and that those can be successful as pilots but also successful at scale.

When I say risk capital, it means investing in things that are credible but may fail and being okay with that. There is a lack of, or we're just not comfortable enough with failure in talking about, hey, we tried this thing, and it didn't work. Well, if solving these problems were easy, we would've already solved them. That, and leaving space for organizations to say this thing failed, I think there is a problem of timidity with some philanthropy in a couple of ways.

One, funding small. I've seen people talk about de-risking investments by giving very small dollars to a lot of things, and maybe that's your philosophy. That's going big in some way is how I would say, like, how can you be risk capital? Maybe it's investing in a lot of things in one particular area that is high risk. Maybe it's investing in fewer organizations that have bigger dollars. Maybe it's taking a risk on something that you're like, this sounds good. It is probably not going to work, but if it does, it will fundamentally change X, Y, Z.

Carolyn Robinson: What has been the biggest challenges in the funding support you've received?

Kiah Williams: Depending on how some project-based funding can be, [it's] very difficult, depending on what level of specificity of project grant that people are requesting. The ones that are very detailed, where we're putting in budgets for flyers, color copying, this is how many copies we need to make of this brochure to send out, or of this marketing material to get out into communities. If this amount varies by X percentage, you need to get written permission in advance, and likely it will be denied. I think those are the hardest ones.

The ones that have just that level of minutia, and it's just very hard, especially when you're still growing. What happens if you realize that you need more money in digital and less in print part of the way through it? If you're going to have that level of specificity in the grant, there needs to be flexibility as you get learnings. At the end of the day, it's about aligning your goals.

If the goal is success of the project for both the organization and the funder, there has to be some flexibility to say, hey, actually, digital was working better, so we're going to put all the money from print into digital, and have that be a process that's not extremely complicated.

Carolyn Robinson: What are the three main things that you would need to grow and to sustain your work?

Kiah Williams: I'd say unrestricted funding, multi-year funding. Look, we also do not want to spend 50 years working on this problem. At some point in my lifetime, hopefully

honestly in the next five years, we have solutions that exist so that everyone can get affordable medication.

Sometimes, a lot of high-growth social ventures are trying to solve these problems not in hundreds of years, not in decades but in years. What is the saying? You overestimate what you can do in a year and underestimate what you can do in a decade.

There is some reality around the multi-year, are you in for right now, or are you in for at least a few years to be able to see the growth, the learnings, the progress, and the scale? A thing that I think a lot of funders are aware of, but it's probably helpful to make the point that sometimes you're asking the highest level folks in an organization to spend a lot of their time fundraising, instead of doing.

Some of it is just the nature of the game where you need to go fundraise to make this thing happen, but unrestricted funding, multi-year funding, and having conversations about how you can partner are ways funders can help. Funders are great conveners and have Rolodexes and contacts. They can get into rooms and spaces in ways that a smaller social venture cannot. Making some of those connections is also really helpful.

Carolyn Robinson: Do you have government relations people that try to affect more changes in different places, or how does that work?

Kiah Williams: We have a small internal policy team that works with groups of the willing if there is legislation that people are considering or they're asking for our expert opinion. We often get asked to do expert opinions or expert testimonies, just again, because we are the largest organization operationalizing these laws in the country.

Carolyn Robinson: Is it similar to work done by some nonprofits in India that work within the laws that are already there and expand it into the community in ways the government can't do?

Kiah Williams: I don't think it's completely the same. The laws that exist are largely ones that enable. It allows organizations to donate or organizations to receive medicine. That's just a little bit different because the work [becomes] in many cases, is it easy to donate, or is it harder to donate than to destroy? That would be where we could work with legislators or anyone in that community.

There was one state, I forgot who it was, but the requirement to donate was there had to be a piece of paper for every donation item, and it needed to be signed by a healthcare provider on both sides. If you took the perspective of, hey, this donation program [has] a doctor who works at a hospital, who also volunteers at a free clinic on the weekends, and maybe there's some surplus supplies or something like that, and they're taking over that, that could make sense.

At scale, when we started looking at that, we're like, okay, so the way this is written is if an organization wants to donate from a healthcare facility, oftentimes there's 100 to 200 items. You need a piece of paper for every one of those, and a wet signature on the medicine donor side, and a wet signature on the recipient side for that. These are not

maliciously made, or this was just the way it was originally conceptualized and maybe not at scale. Those are instances in which we would be like, yes, that's some language we could change.

Carolyn Robinson: Thank you.

Carolyn Robinson led Solutions Journalism Network's broadcast initiatives for many years. She is an experienced television producer/reporter for global news media such as CNN, BBC and Al Jazeera. As an international media development consultant, she has trained local journalists and directed media programs in two dozen countries around the world.

***This conversation has been edited and condensed.*