

3. I BELIEVE IN ZERO

Sierra Leone, Fall 2008

For this reason was man created alone, to teach thee that whosoever destroys a single soul . . . scripture imputes [guilt] to him as though he had destroyed a complete world; and whosoever preserves a single soul . . . scripture ascribes [merit] to him as though he had preserved a complete world.

—TALMUD, SANHEDRIN 37A

ON YOM KIPPUR, the Day of Atonement, Jews around the world attend synagogue services, confess their sins from the previous year, and abstain from food or drink for twenty-four hours to cleanse themselves spiritually. Approaching friends and family members, they admit to transgressions and ask forgiveness. On this holiest of days, they also ask G-d to inscribe them in the Book of Life for the coming year.

When I was a child, I would attend synagogue with members of my family, my friends from Hebrew school, and their families. Some years, my grandfather Leo also joined us. He was a unique man, not too tall, overweight, mostly bald. Born in Poland, he spoke English with a heavy

accent, slipping into Yiddish when talking with family members. His smile and eyes were quick; he was perhaps one of the wisest men I have ever known. He was also a devout Jew. Until his death in 1978, he rose early each morning, wound tefillin up his arm and on his head,¹ wrapped his prayer shawl around him, and offered prayers to the G-d he so dearly loved.

On Yom Kippur, I watched Grandpa Leo close his eyes and pray with great intensity, not stopping until the sun went down and the ram's horn—the shofar—sounded to signal the holy day's end. So prayerful was he that his body rocked side to side, as if his supplications to the Divine were delivering him to some distant realm. I felt awed by his steadfast faith, so much so that part of me searched for quite some time to find something to fill my heart and soul the way prayer did his.

As a child, I wasn't as enamored of Yom Kippur as he was. I counted each minute of the holy day, longing for the sun to go down so that my fast could end. Especially tedious was the memorial service, called *Yizkor*, which took place in the afternoon. During *Yizkor*, the congregation honored and remembered loved ones who had perished, as well as Jews lost during the Holocaust who had left no one behind to remember them. For whatever reason, the temple I attended as a child excused all children from this service. We huddled together outside, waiting for our parents, knowing they would exit teary-eyed, hugging us to help ease the pain of remembering the deceased.

I feel much differently as an adult about *Yizkor* and the whole Yom Kippur holy day. As I chant the *Yizkor* service, I recall my dad, whom I so suddenly lost one summer day in 1999, just two months before the birth of my youngest son,

James. I summon up my dad's booming laugh (something I heard often) and can almost feel his six-foot, two-inch frame standing over me and his huge arms wrapped around me. I find myself having imaginary conversations with him, introducing him to all that has gone on this past year, as if I were actually catching up with him. At these moments, I also connect with my grandfather, imagining that I am finally experiencing something like his intensity of prayer as well as a sense of reverence for something bigger than myself or my world. In my busy life, when so much passes by so quickly, the Yizkor service has served me well as a chance to slow down and relish cherished memories—and even more, to process the ongoing transition between the old and the new, the past and the present.

On Yom Kippur 2008, I didn't just chant Yizkor for my dad, other relatives, or other Jews. Having recently returned from a trip to Sierra Leone, one of the poorest countries on Earth, I also prayed for a six-day-old baby girl I had met whose young mother had planned to name Fatima.² I screwed my eyes shut, bowed down, and asked G-d for forgiveness. Fatima had died before my very eyes, in a darkened room and in intense pain, with her mother sitting nearby. It was one of the most horrible, heartbreaking things I had ever witnessed, and a death for which I could find no reasonable excuse. As an affluent, intelligent American, I had possessed the means to save this girl, but I hadn't acted in time; no one had. Contravening the Talmudic teaching quoted at the beginning of this chapter, I had stood idly by while an entire world perished.

I had come to Sierra Leone accompanied by executives from Procter & Gamble and the actress Salma Hayek on a

goodwill trip conceived in coordination with the Pampers diaper brand. Salma was serving as Procter & Gamble's spokesperson for the Pampers partnership with UNICEF to eliminate maternal and neonatal (MNT) tetanus in developing countries. Our trip to Sierra Leone, accompanied by a crew from ABC's news program *Nightline*, was intended to raise awareness for the campaign and give Salma and myself a chance to see MNT elimination efforts firsthand, so that we could talk about them in an informed way back home. We also wanted to get video footage of Salma in the field that could be used to help promote the campaign.

While I had read the 2008 statistics about neonatal tetanus, and discussed the disease with representatives of Becton, Dickinson and Company (a medical technology company and a leader in the fight against MNT), it was still hard for me to comprehend just what the disease was doing or how we were fighting it: some 140,000 infants and 30,000 mothers were dying each year in places like Sierra Leone—one death every three minutes—from this eminently preventable disease (in developed countries, the disease is rare).³ Caused by the bacterium *Clostridium tetani*, the disease is transmitted through open wounds arising from unsanitary birthing conditions, usually during the cutting of the umbilical cord. Mothers in developing countries overwhelmingly give birth at home, and unaware of the risk of tetanus, they use anything sharp they have at hand—a piece of metal, a dirty knife—to cut the cord. The mothers often lack access to sanitary environments and the materials required to sterilize tools used during the birthing process.

In theory, the solution is simple. If you inoculate a mother-to-be with two doses of vaccine (by 2012, this was changed to three), she will automatically pass that immunity

on to her unborn child, protecting it from the disease, regardless of whether the child is exposed to contaminated utensils or not. The tetanus vaccine itself doesn't even cost that much—around 7 cents per shot, not counting the costs of getting it from the manufacturer and actually administered. The cost on the UNICEF side to procure, deliver, and administer the shot is around 60 cents per shot, \$1.20 per woman vaccinated (\$1.80 by 2012). Since 2000, UNICEF and its partners have been working to eliminate maternal and neonatal tetanus by providing a series of three doses of the tetanus toxoid vaccine, transportation, health education, and more. By 2008 progress had been swift: 70 million women of childbearing age had been immunized, and eleven new countries (out of the fifty-nine in which tetanus had been rampant in 2000) had eliminated the disease.

But more work remained to be done. In countries like Sierra Leone, mothers still went unvaccinated; babies continued to contract the disease and the result was almost always fatal. In 2006, Procter & Gamble, the manufacturer of Pampers, provided UNICEF with funding for one vaccine for every pack of diapers purchased by a consumer in the United Kingdom. By 2008, the campaign—known as the Pampers-UNICEF “One Pack = One Vaccine” campaign—had spread to U.S. and Canadian markets; the goal was to fund 200 million doses of the vaccine over the next three years (goal increased to 300 million by 2012).

I had decided to visit Sierra Leone because it really was ground zero for infant mortality. Bordering the Atlantic Ocean, Liberia, and Guinea, Sierra Leone is rich in natural resources and known for the harmony that exists between its sizable Muslim and Christian communities. Yet a decade

of civil war ending in 2002 had killed tens of thousands of people, left the country's infrastructure in shambles, forced one-third of the population from their homes, and consigned 70 percent of Sierra Leone's population to a life of extreme poverty (under \$1 a day in income). Overall life expectancy at the time of our visit was estimated at forty-two years. Democracy was taking hold; presidential and parliamentary elections had taken place in 2007. In their campaign manifestos, all three main political parties recognized the need to improve the plight of the country's children, focusing on education but also on children's rights to protection from violence, exploitation, and abuse.

In 2008 the situation of children in Sierra Leone remained precarious. Recent reports, including the United Nation's Human Development Report, put the country in the bottom strata of development, occupying the unenviable position of last place in human development rankings among 178 countries. Rates of infant and under-five mortality stood among the highest in the world; over 15 percent of infants succumbed at birth and 25 percent of children died before their fifth birthday.⁴ Death and disease among children and women of childbearing age stemmed from many factors, including malnutrition, malaria, and acute respiratory infections, but preventable diseases such as tetanus loomed as a primary cause. Only 43 percent of live births took place with the assistance of trained medical staff. Almost half of children received no immunizations, and almost a third of children were moderately or severely underweight and thus susceptible to disease. About a third of all children under five contracted malaria.

UNICEF had been working in Sierra Leone for almost thirty years. For fifteen of those years (1990–2005), the organization's work had focused on providing relief and

humanitarian assistance because of the armed conflict engulfing the entire country. In January 2008, UNICEF had started a new three-year program that focused on overall child development. Working with the government, UNICEF was helping to save children's lives and improve their chances of becoming productive members of society by providing improved health services, nutrition, education, water, sanitation, disease control, and protections against exploitation and violence. Hoping to cut under-five and maternal mortality rates by a third, UNICEF was working to train health personnel and provide care to young children and women of childbearing age, including vaccines for preventable diseases like tetanus.

A few weeks before Salma and I left on our trip, I had a chance to meet her at her hotel in New York. I had wondered if I'd find her somewhat aloof, as some celebrities are, but from the start she was warm and engaging, and I quickly decided I was happy to be traveling with her. She had brought her baby, Valentina, with her and before we could find our way into a serious conversation about the work we would do, we forgot our roles, and became two moms comparing notes. We talked about the hardships of soothing our babies when they awakened in the middle of the night; of initially finding breast-feeding more difficult than we expected; of not knowing which piece of parenting advice we hear is actually the one to follow.

This conversation taught me something that I've seen confirmed many times since: parenthood really is a great equalizer. It matters not whether you are a celebrity, a nonprofit executive, or a single mom living in a hut in the bush, the

opportunity to talk with another mother is reassuring. We all feel equally inept when we become parents, finding ourselves with more questions than answers, and with a sense that everyone else knows what they're doing but that somehow you weren't given the playbook. We also all change how we see the world after our children are born. Salma told me that this trip took on more meaning now that she was a mother, for she found it unthinkable to lose a child to an easily preventable disease. As she had remarked publicly, "If you knew how to help save a child's life, what could stop you?"

I agreed wholeheartedly; in fact, I was working hard at the time to turn that sentiment into a national obsession. To galvanize public support around the plight of children around the world, I had helped introduce a new campaign our marketing team had created called "I Believe in Zero"—zero deaths of children from preventable causes. As a team, we were proclaiming our collective dismay at how many thousands of children died each day from diseases like neonatal tetanus or poverty-related conditions such as malnutrition or lack of access to clean water. The reported daily number was 26,000—a number so large it was hard to fathom.

The campaign not only focused on the public at large; we intended it as a rallying cry to pull our staff together internally as well. We put up posters around our offices promoting "I Believe in Zero," distributed buttons and T-shirts, and held fun promotional events. Everyone was excited about the campaign, including me. "I Believe in Zero" demanded that we as a staff commit ourselves to reducing that number until it was zero, remembering that the unnecessary death of even one child was unacceptable. We had to become warriors on behalf of the world's vulnerable children, get out there and

fight the good fight. We had set audacious goals; in our strategic plan we committed to doubling our fundraising income in order to bring that 26,000 figure down to zero.

During the weeks before leaving for Sierra Leone, I couldn't stop thinking about how many babies were dying, how cruel and unfair it was—and how frustrating it was that the world wasn't opening up and acknowledging this reality. As cheerleader-in-chief for the campaign, I tried to think of new ways of presenting “I Believe in Zero” so Americans and our own employees would really *feel* the message in their bones. Was there a way I could help people visualize 26,000 people? Was it the number of people who fit into Yankee Stadium? How many jumbo jets would it take to fly 26,000 passengers? Which university had 26,000 students? I didn't quite have the answer, but I was confident it would come. Meanwhile, in the background, I found myself continuously thanking G-d that I had my own kids and that they were alive and well.

As I prepared to leave for Sierra Leone, I suffered from little anxiety regarding threats to my personal comfort or safety that had accompanied my earlier trips to developing countries. Was I thrilled about exposure to large and scary tropical bugs? No, but this would be a short trip—only a few days—and I knew I could handle anything that I was likely to confront. The many vaccines I would need—yellow fever, hepatitis A and B, rabies, typhoid, polio—didn't faze me. I filled my malarone prescription, started my pills, and only spent a rare few moments worrying. Travel to the field was starting to seem like old hat, and that in itself felt good. My family wasn't nearly as concerned about this trip as they had

been about my travel to Darfur. “Oh, okay, she’s leaving again,” seemed to be the general attitude.

Still, the notion that we were doing something at least a little dangerous emerged the day before our scheduled departure. I was attending a reception hosted by the Congressional Black Caucus for board members of the Martin Luther King Jr. Memorial in Washington, D.C. I love serving on this board, not only because the mission is dear to my heart or because I have been privileged to be the first white woman asked to join it, but also because the people on the board always go out of their way to make me feel welcome. At the reception, attended by then Senator Barack Obama, I told board members that I was about to leave for Sierra Leone. “Really?” they said. “It’s dangerous over there. You’re out of your mind!” At one point, I had a chance to chat with Obama about my kids and my former work at the Anti-Defamation League. When I told him I was going to Sierra Leone, he, too, told me to be careful and wished me “Godspeed.” Perhaps just a little part of me was thinking yet again: “What have I gotten myself into?”

Our group—including Salma, myself, the Procter & Gamble executives, *Nightline* coanchor Cynthia McFadden, *Nightline* senior broadcast producer and cameraman Almin Karamehmedovic (who planned to do a segment on the trip), and Salma’s manager—landed in Freetown, Sierra Leone’s capital, and were met on the tarmac by our UNICEF country team. Joining them were members of my New York team, Deanna Helmig from our corporate relations department and Lisa Szarkowski, who had flown in earlier to scout out potential locations for filming. Lisa told us that she had arranged for us

to visit with a baby suffering from tetanus; she had acquired the infection from a dirty knife used to cut her umbilical cord. The visit would ensure that ABC's *Nightline* and Salma truly understood the human impact of the disease.

Our photographer had been exploring Freetown and discovered the baby; it is rare to find a baby suffering from tetanus, since they usually die so quickly. After lengthy deliberation with the UNICEF Sierra Leone team, the hospital staff, and, most important, the baby's mother, a decision was made to allow a very small group to visit the baby. We appreciated the many sensitivities involved in taking a group of foreigners to see a sick baby, but the medical staff believed the baby would survive, and we all thought the good that could be done by making Americans more aware of tetanus would outweigh any negative consequences. We anticipated being able to see hospital staff administer treatment to the child—this way, American viewers would get a sense of how easy it was to control the disease and prevent horrific human suffering. We agreed to skip our hotel (and the hot showers we so desperately needed) and go straight to Freetown's only children's hospital.

We received a reminder—if any was needed—that we were not in the United States or another developed country. Our two pilots, who hadn't been to a developing nation before, were planning to park the plane at the airport, go sightseeing while we were gone, and visit a market to reprovision our plane for the return trip. Someone from the airport came over and tapped them on the shoulder: "Uh-uh, you can't leave this plane here. Someone has to stay with it at all times."

"Why?" one of our pilots asked.

"If you don't stay here, the plane won't be here when you get back. It will be stripped bare of all parts."

Much to their disappointment, our pilots kept watch over the aircraft. Meanwhile, the rest of us flew by helicopter to a parking area, where we boarded jeeps for the drive to the hospital.

Sierra Leone's beauty is readily apparent from the air. Mountains rise in the distance beyond Freetown, the city's peninsula forming Africa's largest natural harbor. Blue-green water meets sand beach that in turn gives way to a lush, tropical greenery. In Freetown, however, the poverty left in the wake of the brutal civil war that raged between 1991 and 2002 quickly becomes apparent. Out the window of our jeep, I saw people and animals thronging the streets, as well as garbage and raw sewage. On the main roads, motorbikes and buses jammed with people passed by between rows of low, open-air stalls stacked one against the other. In these stalls, merchants sold products like bananas or roasted corn; the stalls also functioned as makeshift hair salons or other kinds of service businesses.

The children's hospital was a fairly substantial, modern building—much larger than we expected, with tile floors, glass windows, and electricity for ceiling fans. Yet it had no bathrooms, was not air-conditioned, and was lit only by bare light bulbs. A stench of body odor suffused the place.

Members of the hospital staff led us through a ward, a scene I can only describe as heart-wrenching. We were warned that we would encounter children with severe burns. Many of Sierra Leone's homes lack electricity, so families use oil lamps for light. Unfortunately these tip over, and the oil and resulting fires cause severe burns. The children here were sleeping on floor mats covered by pale blue bed nets, writhing in

pain and moaning indescribably. Lacking even the most basic pain medications, doctors and nurses could only treat infections as they arose and hope the children eventually healed.

The mothers of the children attended to their day-to-day needs. Few nurses worked at the hospital, leaving the mothers to bathe their children, pick up their waste, and prepare their meals on fires they lit outside the building. You could see how emotionally and physically spent these women were, witnessing their children's anguish, yet lacking tools to ease their pain. Lacking child care, some mothers had other, healthy children in the ward with them, who also required their attention. Nothing I had seen compared with the intensity of human suffering here. Unfortunately, we were just getting started.

We walked through the ward, trying to smile at the children, making eye contact with each mom. At the far end, we reached a little room with cinder-block walls where the baby suffering from tetanus was. We took turns going in, and as I awaited my turn, I did my best to educate the others about what they would be seeing. The nurse came by and asked if we had any questions. I asked her when the hospital staff would be able to administer drugs to save the baby.

"Oh, we won't be able to do that," she said, matter-of-factly.

"Why not?"

"Our best hope would be to administer an antitoxin to counteract the toxin in this baby's body. But we can't get it. Everywhere we've called, they don't have it. That little child will live or die by the grace of G-d. Almost certainly, she will die."

"You've called everywhere?"

“Everywhere in Sierra Leone.”

“How long does the baby have?”

“It could be an hour, or it could be a day.”

She walked away, leaving me dumbfounded. I couldn't believe that in this entire country, they couldn't come up with a single dose of the drug that might help save this child. But that was the reality. And to the nurse, this situation was nothing exceptional. It was everyday life.

A pall fell over our group. When it came time for me to enter, I found the little room extremely dark—no windows or lights. The air was stale. According to the medical personnel, the disease had heightened the baby's senses so much that even the slightest bit of light caused distress. Noise or touch felt excruciating, too; the mother was not allowed to even hold her child or sing to her. She was instead left to helplessly watch.

I approached the small crib (a rarity in the hospital) to find a tiny, six-day-old infant, her fists clenched in pain. Every few moments, the child convulsed, her whole body jerking. A tiny feeding tube ran into her nostril, and she wore a cloth diaper. Her mother, sitting nearby in a chair, was despondent. I was struck by how young she looked, and yet how old. She couldn't have been much older than nineteen or twenty, but her face and body were imprinted with suffering; she seemed to be aging before my eyes. A purple scarf covered her hair, and she wore earrings and a green T-shirt. As we had learned, this was her first baby and she was terrified. She had walked alone to a rural health clinic and had been referred here.

I nodded to her, sitting down in a nearby chair. She smiled wanly and uttered words I couldn't understand. She didn't speak English, so we couldn't really have a conversation

without the help of an interpreter. Given the dire situation, attempting an elaborate process of translation seemed too much. In any case, this poor mother had little to say. Her baby was desperately ill; anything else was utterly irrelevant.

I took her hand. "I'm really sorry about your baby."

She probably didn't comprehend my words, but she took hold of my hand anyway and continued to hold it.

Minutes passed. The room itself was silent save for the moaning coming from the ward next door and the rasping sound of the infant's difficult breathing. There was nothing for me to do but just sit like this, holding the hand of a woman I'd just met, while together we watched her child suffer.

I took several deep breaths, registering the gravity of the situation, all the while knowing that this moment was repeating itself dozens of times each day around the globe. And also knowing that if it were my child suffering back in New York, the situation would be altogether different. If my child showed symptoms of tetanus, medications to combat the disease and ease its symptoms would be available to him immediately.

It was horrifying, feeling so completely impotent. I looked from the baby to the mother and back to the baby. Time seemed to stand still as I got lost in trying to fully imagine what this young woman was feeling. When your child hurts, as a mom, *you* hurt. This baby was so clearly in agony that even I, a perfect stranger, found it unbearable to watch. I closed my eyes, saying silent prayers, and hoping for some sort of miraculous recovery.

Over the course of a few minutes, I became aware that the raspy sound the baby had been making seemed to have stopped. Moving my head a bit closer to the crib, I saw that the baby had grown very still. I watched as the color drained

right out of her hand, and I knew she was dead. Her mother, whose hand I still held in mine, had not yet realized what had happened, even though she was still watching her baby. I didn't know what to do. I had never witnessed the moment of death before. Should I leave? Should I tell the mother what had happened? Should I get someone?

A nurse came in and took the baby's hand, shaking it in an attempt to wake her. I walked out of the room because I realized the nurse would have to tell the mother. As I exited, I heard the mother wailing. I will never forget the pure agony in her voice.

Lisa went in after me and confirmed that the baby had died. We all felt the loss of this child we hadn't known. An overwhelming sense of helplessness and despair came over me. If we had been in the United States, this baby—and twenty-six thousand others like her who die daily of easily preventable causes like neonatal tetanus—might not have died. A doctor or otherwise trained medical professional would have cut her umbilical cord with a sterile instrument, and basic medication would have sufficed to help the baby get well even if she had fallen ill with tetanus. This baby was six days old. *Six days*. Her mother had tried everything possible to get the best care for her. This was just the way things were—and it was impossible to accept. I understood now the full horror and helplessness associated with child mortality, gaining more resolve than ever to bring the number of children dying each day all the way down to zero.

To help calm us down, a doctor took us into a nearby room and offered us a bit more information about what had happened. He was a small man, dark-skinned, and wearing a doctor's white coat. "It is so frustrating, I cannot tell you," he

said, wrenching his hands. “This illness is both treatable and preventable. The only thing we could give her was some Valium to control her spasms. We were desperate to save this baby, but there was nothing else.”

“And this happens all the time?”

“All the time. We just don’t have the tools we need in this country. And as a result, babies are dying. It’s not right, but it is happening. We need to do better. These children are our future; without them, we have nothing.”

It was time to go. We rode in silence to our next stop, a reception with Sierra Leone’s first lady. We were all very upset, reflecting on and digesting what we had seen. Later that evening, we began dinner by talking a bit about the day’s events and holding a moment of silence for little Fatima.

The next morning, we crammed ourselves into a rickety helicopter for a half-hour trip to Makeni, a small town in central Sierra Leone where UNICEF helps support the Binkolo Maternal Health Center, a place for women to receive routine care, including birthing facilities, vaccinations, and prenatal care. And just like that, we were jerked from the horrific to the sublime.

Greeting us as we emerged from the helicopter was a group of six little girls ranging from six to twelve years of age, all wearing crisp white dresses and carrying bouquets of pink flowers. These were healthy kids who had come to greet Salma. They didn’t know who she was, although they did seem to know that she was a famous actress. They surrounded her on a muddy field and sang a welcome song to us in little high-pitched voices to an African rhythm. We couldn’t understand the words very well (the words “peace and unity”

stood out), but the emotion was so sweet that I couldn't help but smile.

After the greeting, we went to another clinic and a school before driving to a remote village, which was far from a health facility; we wanted to understand the realities facing many women in Sierra Leone lacking regular access to health care. Suddenly the impoverished places we had seen earlier that day looked far more impressive, reminding me that poverty has levels—that even those who have so little can feel rich in comparison to those who have less. Here, members of the community came with their children to a central location to receive basic services, including tetanus immunizations. Walking to an open-air building in the middle of a circle of traditional mud huts, we found long lines of mothers waiting quietly to get immunized. They held babies in their arms or carried them on their backs, and other children grabbed at their legs. Health-care workers were weighing and measuring babies to check for malnutrition, while others triaged sick children, making sure they received whatever care was available.

The UNICEF team and local health workers patiently explained the vaccination process to Salma. “It is not that hard,” a health worker said, handing Salma a pair of latex gloves to put on. “First, you put the serum into the syringe, like this.” He took the syringe and jabbed the needle into the tetanus serum, drawing the plunger up slowly so as to fill the syringe with vaccine. “You withdraw the exact amount—see, up to this line.”

Salma looked at where his finger was pointing, and he continued. “Next, move the needle up into the air and tap the side of the syringe to loosen any air bubbles. You should

press the plunger until liquid drips or squirts from the needle's tip." He demonstrated this for her. "Of course, you need to clean the injection site, using one of these." He held up an alcohol wipe. "And then, you hold the syringe at a ninety-degree angle over the injection site, insert the needle, and look to see if any blood comes out. If so, pull back the plunger and see if any blood comes into the syringe. If it does, then you've hit a vein."

"Is that a problem?" I asked.

He nodded yes. "You don't want to give a vaccine right into a vein. It won't hurt the person, but it will render the vaccine useless."

This was news to me; I had never really thought about where injections were actually given.

"Tetanus bacteria live in the muscles," he went on to explain, "not in the blood being carried through our veins. The bacteria will not grow if there is oxygen present, and there is oxygen in the blood. So if you hit a vein, you need to withdraw and start again."

Interesting. I'd watched immunizations many times and had never known this.

He concluded his demonstration. "When you're sure you're in a muscle, you push the plunger all the way in with your thumb and it's done!"

He demonstrated on the next two women before he presented a young woman for Salma to inoculate. We all stood behind her, watching. She seemed completely at ease as she followed the health-care worker's instructions and injected the young mother-to-be, who then moved off the long line. The *Nightline* crew hurriedly captured the entire thing on film. Salma had tears in her eyes as she turned to

us, and we all applauded. We may have just witnessed a life being saved.

We spent several more hours at the clinic, talking to the mothers waiting in line. We asked questions about their children: How old were they? How many siblings did they have? Were they walking or talking yet? The women looked so young to us; most were in their late teens or early twenties and already had one or two children. When we told them why we were there, they described their experiences with tetanus. One woman told us how as a midwife she was overcome with frustration watching mothers and babies become infected and die from tetanus. We understood; we had witnessed it ourselves.

We took a walk through a village nearby—thatched-roof huts scattered between thick trees surrounding a central clearing. At random, we selected a woman to speak with whose story—told as she held a baby in her arms—seemed to summarize our day. “I lost my first child to tetanus. A boy. He was only days old. I did not think I would recover from the pain. I got the vaccination because I came to the clinic with my friend who was getting one. G-d blessed me with another baby. This one is healthy. I gave birth to him four weeks ago.”

There it was. The difference a vaccination campaign can make. It wasn't just a bunch of numbers. It was an individual woman whose baby would now live.

A long conversation had begun between Lisa and me as soon as we left Freetown that would continue for many days. While each of us struggled for words to express what we had

felt watching a baby die, we were finding it much easier to discuss it intellectually, in a way that separated ourselves from the event itself. At first this seemed appropriate, since it allowed us each to continue working, but it left us wondering how we would share this experience upon our return to the United States.

We had had a videographer filming at the hospital for the two days that Fatima struggled. We debated whether or not the footage should be shared with a mass audience. We agreed, as we had before visiting the hospital, that our first priority was respecting the dignity of Fatima and her mother. This was their story, not ours. While we had permission to share it, we had entered into the agreement to film never believing Fatima would die. Was it fair to show such an intimate moment? But if the footage was presented appropriately, most of us thought that the story should be told, even showing Fatima's death. We had come here to learn, to get an understanding of what tetanus was doing to children around the globe. We were not only shocked by what we had seen; we were shocked that we had not been aware of it before this trip. How could a disease, especially one so painful and so easily preventable, still be allowed to infect babies? If our goal was to engage Americans in doing something about it, wouldn't showing the footage produce more results than anything else? But could the American public cope with seeing what we had seen?

As this discussion proceeded, I experienced so many complex emotions. What I most wanted was to stop talking and run home, see my own kids, and hug them. My heart ached for Fatima, but I also felt immense gratitude that I as a mom had never faced what Fatima's mother had—that my kids had been born where they were born, thereby ensuring their

safe arrival. I longed to be back in the comfort of their company, secure in the knowledge that they were safe and sound. I also felt selfish and guilty for having these thoughts, aware that Fatima's mother would leave the hospital empty-handed.

I remember the rest of the trip—meeting other women, having conversations, holding babies, playing with children. But this one day, which began with the death of one child and ended with the saving of another, truly overshadowed everything else. When we boarded our plane for the return trip to Europe, tears streamed down all our faces. We were relieved to be going back to an easier life, and at the same time, we were mourning a child we barely knew, but who had changed each of us forever.

The emotions intensified even further when I returned to the United States. The day I got back, September 30, was my father's birthday. I found myself struggling anew with thoughts of loss.

I had been seven and a half months pregnant with our son James when I received the call back in 1999 telling me that my dad had collapsed. He had not been ill; it had happened out of the blue. Oddly, the morning of his death, he had happened to call me, and we had talked for almost an hour. This in itself was unusual. My father wasn't one for phone calls; it was my mom who served as the communicator among us all. But that morning, almost as if he had foreseen what the afternoon would bring, he called. We talked about my work, his golf game, what Lee (then four years old) was doing, Donald's latest real estate investments, and the family outing we had planned for that afternoon. As usual, we teased one another and I laughingly said he should call me more. We

ended by saying “I love you,” and I hung up with a smile on my face.

I rounded up Donald and Lee and went out with our neighbors Sally and Joe and their four-year-old, Drew. We spent the afternoon together, having pizza at a local restaurant and ice cream at Carvel. At six in the evening, we returned home. The call came as Donald went upstairs to our room and I began to get Lee ready for his bath. Feeling the weight of my unborn baby along with exhaustion from a day on my feet, I moved slowly to grab the phone and was happy to hear my brother say hello. With no warning, the hammer fell. “Caryl, they have just taken Dad away in an ambulance. It doesn’t look good. He’s hemorrhaging internally. There’s blood everywhere.”

I have relived that defining moment so many times I’ve lost count. My world seemed to turn completely upside down, yet strangely, I was aware that life kept on moving normally for others around us. Cars kept honking on our street outside, people continued with their dinners, my husband was still upstairs changing his clothes, completely unaware of what had happened.

I called around for flights. I was so distraught—and so pregnant—that I wasn’t sure I could fly. There was only one remaining flight that evening. I was having difficulty breathing and wasn’t sure what to do. I called my brother back. “Look, tell me the truth, is he alive? Because there’s one flight, with only one seat left, and I have twenty-four minutes to make it, which I will do if he is alive. There isn’t enough time to make arrangements for Lee, so I will have to come alone, and I am shaking terribly right now. What should I do?”

He hung up and a moment later, my mom called. “He’s

gone, Caryl.” She was too distraught to say much more. I later learned that he had been sitting in his chair in their den, watching golf on TV, while my mom was cooking dinner in the kitchen. Mom heard him cough, and when she went to see if he was okay, found him collapsed and hemorrhaging. The room was a mess, covered with my father’s blood. She called for help, and miraculously a neighbor heard and came running. My father was alive when the ambulance arrived, but he died on the way to the hospital.

When I heard my dad was gone, I dropped to the floor and wailed. Lee ran into the room. “Mommy, Mommy, are you okay?” I couldn’t catch my breath enough to talk to him, and in any case, I didn’t have the words to explain what was going on. Lee says he had never seen me cry before that day. I don’t think I got off the floor for well over an hour. I just sat there and sobbed, even though it continued to terrify Lee. I kept telling Lee through my tears that it was okay, but it wasn’t okay. I wanted to console Lee, but I couldn’t find the strength. The pain was so deep that it took every bit of energy just to stay where I was and experience it.

I remember my husband running to me and trying to help. Somewhere in the back of my mind, I knew I had to get up and pull myself together. I had to make flight arrangements, pack a bag, and call others to tell them what happened. I eventually did all of those things, but as my body went through the motions, my mind begged me to go back to the moment when I had first answered the phone and heard my brother’s voice—the moment before I knew I had lost my dad.

I thought of all this as I arrived back in New York City, aware that it connected me to what Fatima’s mother might have felt as she wailed. It was the same deep sadness that had

come out of me the evening my father had died. I wanted to turn around—to go back to Sierra Leone and embrace that poor woman.

Of course, I had no right to do that. I didn't know Fati-ma's mother, didn't speak her language, didn't know if she would want to see me again or if she even remembered me holding her hand. For her, I imagine, time had stopped in that small room in the hospital. Perhaps she, too, wondered how the rest of the world had kept moving. Had she been any more prepared for what took place that day than I had been when my father died? When she brought her baby to the hos-pital, had it even entered her head that she might not bring her back home? Likewise, how could I now return to my life as usual, now that I knew that this one baby in Sierra Leone was no longer with us? It just didn't make any sense.

Not even a week after returning home, I was packed and out the door again, this time bound for Dubai as a guest of the University of Pennsylvania's Wharton Fellowship Program. I was traveling with a group of bright, ambitious, mostly young alumni who had taken what I call "downtown jobs"—positions with salaries that dwarfed mine, even though I had more than double their work experience. Dressed mostly in designer clothes, and far more accustomed than I to enjoying the finest food, drink, and vacations that life had to offer, they had come to Dubai to learn about the country's burgeoning economy and its many development and investment oppor-tunities.

I found it disconcerting to be in Dubai. Once a small town of Bedouin traders, this city in the middle of the des-ert today mixes old-world charm with modern architecture

and extreme wealth. Dubai reminds me of a more elite version of Las Vegas. Both are adult fantasy lands, with ample opportunities to live large. Whereas Las Vegas has its casinos, in Dubai I found seven-star properties, the world's tallest tower, manmade islands in various shapes aimed at enticing a buyer's imagination, even underwater hotels and an indoor ski slope. It was opulent beyond my wildest imagination.

Our hosts wined and dined us, including a cocktail party in a suite at the top of the Burj Hotel. Soaring to a height of 321 meters and designed to conjure up the image of a sailboat, the Burj has repeatedly been voted the world's most luxurious hotel. I could barely contain my amazement in the lobby as we encountered deep blue floor tiles and walls, set off by the bright yellows and reds in the carpets and lavish furnishings—a mix of modern and Middle Eastern styles. The uninterrupted view from the suite of the sea and the city was simply spectacular. Later, we were herded into private golf carts and given tours of sites at which amusement parks and golf courses were being constructed. Our hosts also carted us onto yachts to get a closer look at the private islands up for sale.

Our hosts had set out to impress us, and it was working. Most of the group was intoxicated by what they were seeing. On many levels, so was I; it was just so amazing. But I could not let go of where I had just been, as if the two trips had been set up as deliberate foils of one another. Perhaps if I had reversed the trips—had come to Dubai first and then Sierra Leone—I would have relished this opportunity more and enjoyed living in the lap of luxury. But I had just watched a baby die. I found myself calculating in my head how many lives could have been saved with the money used to create

this opulence. I knew such thinking was unreasonable and unfair, but I could not help myself.

It wasn't only in Dubai. Back in New York, the image of a little hand with the color draining out of it stayed with me. I was unsettled and struggling to keep my composure. In the middle of a speech I gave at a benefit ball for UNICEF, I burst into tears before hundreds of people. On another occasion, I called an all-staff meeting and told them Fatima's story, concluding by saying, "So in the weeks to come when you think that we're asking too much or that the demands on us are too high, just remember why we're doing it." I cried that day in front of my staff for the first time. Other people on our team cried, too. We all got the message. Our purpose was to help save kids whom we had the power to save but who lacked a voice in the world. We had to ask ourselves: how can we let these kids die? And we had to proclaim, loud enough for an entire country to hear: something is happening here, and no, it is not okay. We believe in zero.

The words "I Believe in Zero" were no longer just a catchy campaign slogan for me. They were real. Although I had felt committed to my work before, I now knew what it felt like to have to look another mother in the eye, knowing her child had just perished needlessly. I found the image I had been seeking to communicate the essence of the campaign, an image powerful enough to break through to our fellow Americans and convince them to act. I understood that I could use my voice to make a difference, and I was determined to do so.

If I could save even one child like Fatima, bring that 26,000 down just a little bit, I would have been pleased—but not at all satisfied. I now fully grasped the fact that for every one of those children that make up that 26,000, there was a

mother, a father, a sister, aunt, or grandmother whose world would stop the way mine did the day my dad died, who would feel a hole in their lives now that this child was no longer with them. While we couldn't do anything about those who had already died, there was a lot we could do to save the ones still living. And we needed to do it quicker and better than we ever thought possible.

As of this writing, some four years after my Sierra Leone visit, we're making important progress against tetanus. More than \$40 million has been contributed, enabling UNICEF to procure over 300 million vaccines to protect more than 100 million women and their future newborns. Working with partners and funders, UNICEF has helped eliminate MNT in fifteen more countries since 2008: Burundi, Comoros, Republic of the Congo, Turkey, Benin, Mozambique, Myanmar, Ghana, Liberia, Senegal, Uganda, Burkina Faso, Guinea-Bissau, Tanzania, and Timor-Leste. This is the kind of progress we yearn for, and which would not be possible without the many partners who contribute to UNICEF's global MNT elimination program. In 2010, Kiwanis International—backed by its membership of nearly 600,000 volunteers—joined global efforts by partnering with UNICEF and launching The Eliminate Project. They are an exciting addition to the MNT Elimination initiative, which is an international private-public partnership that includes national governments, UNICEF, WHO, UNFPA, GAVI, USAID/Immunization Basics, CDC, UNICEF National Committees, the government of Japan, Save the Children, PATH, RMHC, the Bill & Melinda Gates Foundation, Kiwanis International, Pampers (a division of Procter & Gamble), and BD.

Meanwhile, the number of children dying every day from all preventable causes has declined to about 19,000, down from 33,000 in 1991. That's quite a positive development for the human race, but it's still not good enough. Even today, millions of children are not reaching their fifth birthday. Worse, they are dying of preventable causes and treatable diseases. And the majority of those deaths are concentrated among the poorest 20 percent of households in the developing world. In fact, half of all global child deaths occur in just five countries: India, Nigeria, Democratic Republic of Congo, Pakistan, and China. UNICEF is redoubling efforts to serve those most in need, based on our knowledge that each \$1 million invested in a country with high mortality rates can potentially prevent 60 percent more deaths. With enough resources and commitment, UNICEF can reach all these children. At the U.S. Fund for UNICEF we won't stop at "fewer" deaths. We believe in zero.

4. WHAT WE TEACH OUR CHILDREN

Brazil, August 2009

Our similarities bring us to a common ground; our differences allow us to be fascinated by each other.

—TOM ROBBINS

CHILDREN IN DEVELOPING COUNTRIES aren't just victims. Sometimes they are heroes who prove themselves every bit as capable of changing our lives as we are of changing theirs.

I learned this lesson while sitting in the conference room of a hotel in the Brazilian city of Manaus, in the Amazon Basin. Surrounding me were seven American women and their children, as well as my oldest son, Lee. The American children, ages ten to fifteen, were getting fidgety. They had arrived only the day before, and this was their first time in a developing country. Struggling to adapt to an unfamiliar place, they were more interested in their electronic gadgets than they were in our mission—learning firsthand about the plight of children around the world.

The door opened, and a Brazilian boy entered. He was fifteen years old, but with his slight build, bushy brown hair,

whimsical eyes, and endearing smile, he looked younger than that, perhaps twelve. He was dressed modestly in neat blue jeans and a white short-sleeved polo shirt. Our children noticed his entry, but didn't do much to acknowledge it. The tapping on their iPods continued.

A member of the Brazil UNICEF team asked for quiet, handed this boy a microphone, and prompted him to introduce himself. "Hello," he said in English, looking primarily at the ground. He spoke the word quietly, haltingly, and with a strong accent; I could tell he wasn't used to addressing groups, certainly not English-speaking Americans.

"Tell them your name and a little about why you're here," our host said in Portuguese.

The boy cleared his throat. Still looking at the ground, and amidst continued background whispering from our children, he spoke through an interpreter. "My name is RC [name changed]. I live in Manaus. I traveled a long way to get here today. I'm proud to be here."

At this, some of our children looked over and began to pay attention.

"I came because I thought it was important for the Americans to hear my story. I don't remember a time in my life when I wasn't sick. Even as a child, I was sick a lot."

Now everyone was looking up; this was more interesting than the same old video game.

"I never knew what my sickness was, but I knew that whatever it was, I wasn't supposed to talk about it. My mother said not to. When I got older, I learned that I was HIV-positive."

The room fell silent. No whispers. No clicking of buttons or shifting of bodies in chairs. RC continued to tell his story, and all of us, adults and children, became utterly absorbed.

None of us would ever be the same, so powerful were his words and our intimate contact with his honest emotions. My assumptions about what kids in industrialized countries can learn and feel, and about what I as a parent had an obligation to teach, would be transformed forever.

We had come to Brazil as a result of some personal reflections I had around the time I visited Sierra Leone. I found myself taking stock of just how much my life had changed these past few years. Working at the U.S. Fund had forced me to push far beyond my comfort zone, but it was more than that. I had crossed some imaginary line I had created, finding a part of myself I didn't know existed, discovering a strength I didn't know I had.

It wasn't easy fitting this new self-awareness into my everyday life as a mom in America. I cringed each evening when I cleaned up after supper and threw away perfectly good leftovers because "broccoli is not something I like, Mom." I also felt a more urgent desire to ensure that my own children understood just how privileged their lives were. My friend and U.S. Fund board member Sherrie Westin calls it "inculcating a discipline of gratitude" in our children: teaching them to be thankful. I wondered how we as parents did that, whether it should be part of what our schools teach—whether it was even possible for us to teach it at all.

I knew I was not alone in pondering these issues. We all want our children to have everything we can give them, but we also want them to appreciate what they have. Most people I knew who had returned to the United States after working in the field struggled to find the right balance. One woman told me that when she was in Africa, she borrowed the office

VCR every Friday night, and her kids squealed in delight to see one of the three English children's television tapes someone had sent her. Within months of returning to New York, however, she heard them complaining that there was nothing to watch on the hundred-plus cable channels available to them. It made me wonder: are there times when less is just so much more?

Shortly after returning from Sierra Leone, in the fall of 2008, I had lunch with Sherrie at a restaurant on the Upper West Side of Manhattan, near her office. We had traveled to Mozambique together, and her daughter Lily was the same age as my son Lee. As we ate our salads, Sherrie and I reminisced about what an incredible, eye-opening experience Mozambique had been, and we confessed how much we wished we could explain it to our children. Sherrie's eyes widened as an idea came to her. "Why don't we do a family trip of us moms with our kids?"

Now my eyes were widening. "Could we really do that? If I brought Lee, would you really bring Lily?"

At first, it didn't look like the trip would happen. When I raised the idea at a senior management team meeting held in my office, my four other team members looked at me as if I'd lost my mind. The liability issues alone were daunting. What if a child got sick or hurt on the trip? Wouldn't we be responsible? Heaven forbid a child died.

Another of my colleagues shook his head. "You're talking about exposing these kids to difficult living conditions and diseases. Would they even want to go? Would their parents want to spend the money?"

"Is it even worth the trouble?" a third asked. "What purpose is being served here?"

I told my colleagues that I thought the trip was worth

taking. “We want our donors to see UNICEF projects first-hand. If their kids are involved and inspired, think how much more committed they will be to what we do. And if we engage kids at this age, think about how committed *they* will be as they get older.”

I’m not sure I convinced anyone that day, but we did agree to compile a list of donors who just might be enticed to take such a trip. I would arrange meetings and at least float the idea by everyone on the list. I wasn’t certain what response I would receive. As it turned out, our donors loved the idea of taking their kids into the field. Every woman I approached wanted to go. Nobody said, “I don’t think it’s appropriate to take my kids to a developing country” or “That’s not what I want to do with my children.” All told, eight women expressed interest, including Sherrie, myself, an executive at one of our large corporate partners, a prominent television news anchor, a film actress (also a member of our board), and three other strong supporters of UNICEF.

As members of my team found ways to overcome the liability and logistical issues, we started thinking about where to take the trip. I was adamant that the children get a real field experience, but that we also attend to their basic creature comforts. I didn’t want the kids to feel so scared or uncomfortable that the point of the experience got lost. We also needed to choose a country that would allow our kids to witness substantial issues affecting children, but where they wouldn’t experience health risks themselves. Ideally, the travel would not be too long or require a change of planes, nor did I want our kids to have to adjust to a major time zone shift. We wound up choosing Brazil, and specifically, the Amazon Basin area near the city of Manaus.

Brazil is an incredibly complex country, one of the

fastest-growing economies in the world, as well as a progressive society in many respects. Physically, the country is enormous; all of Europe would fit inside its boundaries. However, the country still had pockets of extreme poverty. The most recent UNICEF country report on Brazil revealed that approximately 60 million Brazilians (out of 190 million) lived in poverty, including roughly 13 million children in the semi-arid and 9 million children in the Amazon region. Even with Brazil's status as a middle-income country, about 44,000 children in the country died each year before their fifth birthday, mostly from preventable diseases and complications related to malnutrition. The report further explained that about 40 percent of the mothers in Brazil still did not receive adequate prenatal care; this contributed to the high child mortality rates.

I found it disturbing to learn that regional and racial inequality remained a major problem in Brazil. Children of African heritage apparently experienced a 40 percent greater chance of dying as infants than their white counterparts, with children of indigenous tribes having a 138 percent higher chance of dying. The report joined others in praising Brazil's response to the HIV/AIDS crisis as one of world's best. Still, approximately 330,000 adolescents in the country were living with HIV, and even more troubling, half of all new HIV infections affected adolescents and youth between the ages of fifteen and twenty-four years old. As I looked across the table at my own teenage child, that statistic hit home.

HIV/AIDS was hardly the only issue plaguing Brazil's children. Child care and education were also big challenges. According to the country report, only 7.5 percent of children under three in the region we would visit, the Amazon states, attended any sort of formal day-care center, even though

there were few adults to watch over them during the workday. This left a huge number of children without any adult supervision whatsoever while their parents went out to earn money. I tried to imagine leaving Lee in charge of his younger brother, James, while I went to the office. I had spent endless hours selecting the right child care for them, and both had attended preschools.

Children in Brazil who found their way to a school often did not get the privilege of completing their education. In some regions, only a small percentage managed to stay in school during their high school years. Some lacked the support to stay; others were pulled out to watch their younger siblings or to work to help support their families.

But it was Brazil's child protection issues that I found hardest to read about. In the United States, state and federal governments use census data and birth registration data to help allocate resources. In Brazil, hundreds of thousands of children were never issued birth certificates, leaving them without access to any sort of public services. They were literally people without citizenship, vulnerable to criminals who would prey upon them: when you do not legally exist, no one takes legal notice if you go missing. You might die a violent death at a young age, and no one would care enough to even look into the incident. One report I read stated that more than 8,000 kids and adolescents had died in homicides in 2005, with the majority of their cases not reported or investigated.

UNICEF had been on the ground in Brazil for over sixty years, and this trip would give our donors an opportunity to see the organization's work firsthand. I wasn't sure if our kids would fully understand it. It would be easy to explain what UNICEF's health work was all about, but I didn't know if

our kids would appreciate the advocacy efforts that helped to ensure the rights of children and improve their lives. I also worried about how I would explain the HIV/AIDS issues to our kids. How much did they already know about the disease—and how much *should* they know? I couldn't predict how they would react to meeting children their age who were infected with the virus or living with the disease.

Still, when we had worked out all the details with UNICEF's Brazil office, I was so excited that I went straight home to tell Lee. He was fourteen and attended the UN International School (UNIS), so being in a foreign place did not feel especially daunting to him. He did have a number of concerns. Would we stay in a hotel? Would he need a backpack? How would he dress? Could he wear jeans? Could he bring his iPod? What would he actually *do* there? Would he get a chance to meet Brazilian kids? How many shots would he have to get at the doctor's office before leaving? I answered all these questions, realizing that this was good practice; the other mothers and kids would likely have similar conversations. But an alarm bell went off inside me: I wasn't sure these kids would really be able to handle the physical act of traveling to a developing country. If they resisted it, we would all have an awful time. Pushing this anxiety aside, I took notes on all he asked so that I could be sure to share the answers with the other women.

Other anxieties came out when I took Lee to a travel doctor to get his immunizations several weeks before we left. As we sat in the waiting room, I read a brochure about immunizations and my mind started racing. *What if all these shots make him sick? Will he run a fever?* It got worse when we saw the doctor and I asked if Lee needed a rabies vaccine. The doctor

shrugged her shoulders. “Well, it’s not like you’ll be coming in contact with rabid animals, right?”

“We’ll be on a boat going up the Rio Negro and in rural villages. Who knows what we’ll come across?”

The doctor looked up at me. “You’re going *where*? The Amazon River Basin? Darn right he ought to consider a rabies vaccination. Only problem is, it’s almost impossible to get one in the United States. I am going to give him hepatitis A and B, a polio booster, rubella, typhoid, and yellow fever vaccines.”

Lee didn’t seem especially upset at hearing that he might contract rabies. I think he was just glad to be getting one less shot. But the doctor’s reaction shook me up. *Damn*, I said to myself, *do I really know what I’m doing here?*

Ultimately, I did think I was making a good parenting choice. Beyond bridging the emotional disconnect between my work experiences and home life, taking a family trip such as this would allow me to address in some small way the parental guilt that had long nagged at me about having to travel so much. I had always enjoyed the traveling, but I was also pained that it took me away from my growing children. I wouldn’t have been able to take the CEO job at all had it not been for the generosity and dedication of my husband. When I was in the running for the position, Donald and I talked about what the heavy travel would mean for our family. Donald assured me that he would fill in for me when I was gone, but in return he expected me to try really hard to make our family come first in any way that I could control.

We had made it work these past couple of years, but it

hadn't been easy. I had missed class presentations, baseball games, basketball games—you name it. On those occasions, I often hung up the phone after hearing about what I missed and thought, *What the hell am I doing here?* When I did get home from a trip, I was exhausted from the travel and emotionally drained. Yet I came home to a house where my husband had been mommy, daddy, nanny, and everything else for days on end and was ready to hand over the reins. My kids had had enough of my being away and would vie for my attention.

I also came home to a pile of work challenges. My constant BlackBerry checking had gotten so bad that my youngest son, James, had taken to calling my BlackBerry my “fourth son” because it was always with me at the table. (Just this past year, when Donald announced that he was going to fulfill a dream and attend law school, James raised his hand at the dinner table and said sarcastically, “Uh, do you guys remember you still have two children at home?”)

My kids had permission to call me at any hour, but that did not ensure that the call would actually get through. Between the bad connections, the time delays, and the fact that young kids are not always great phone conversationalists, I often hung up dissatisfied and longing to have them in front of me. It was easier with Donald; he always had a number of things to talk to me about, and somehow we would muddle through the poor sound quality of overseas calls. I eventually agreed with my kids that in advance of our calls they would select one thing they did or thought about that day that I should know about. This way we had an agenda. It sounds silly, but it really helped.

The worst was when I called home to find that Donald or one of the kids had had a bad day. Especially at first, Donald

was exhausted from work and not used to having to put dinner on the table or help the kids with their homework. Many a time, I felt terrible hearing the frustration in his voice, or the sadness or anxiety in one of my kids' voices, and not being able to hug them. I could feel in my bones the burden my job was placing on all of them.

Another painful part of travel was Jewish holidays. Donald is not Jewish, but we had agreed that we would raise our kids in the Jewish faith. That put the burden on me to make holidays and do other things to bring Judaism into our home. In my previous job working for a Jewish organization, I had gotten all the religious holidays off, so it hadn't been an issue. Now that I worked for an international organization, I often had to travel and attend critical meetings on Jewish holidays. Sure, I could go to a synagogue in Beijing, if I happened to be there, but I couldn't celebrate my faith with my kids.

I rarely talked in depth about these issues. I felt guilty if I complained about the demands of my home life and lacking in some way if I admitted my work life was overwhelming. One of my former employees who left for a corporate job remarked to me, "Caryl, your job is probably pretty lonely." And in fact it was. Navigating all of it was difficult, and whenever I felt like I had it all under control, something would happen to remind me I didn't.

I did try my best. I remained committed to a basic ground rule of my marriage to Donald—that we would allow each other to follow our dreams as long as we remembered that our biggest dream was a happy and healthy family. I wondered what my children would tell me one day twenty years from now when they looked back on this period. Would they only remember my absences, or would they have also noticed how hard I tried to balance it all? I hoped they would know that I

never extended my trips any longer than my work demanded or that I refused to travel over weekends unless absolutely necessary. I hoped they would appreciate that my colleagues all poked fun at me because I took calls from my kids no matter where I was when the phone rang. Would they joke about the way ambassadors, congresswomen, or even the president of a major U.S. foundation had laughed when I interrupted our meetings for calls from my kids?

In many ways, the demands of my job were hardest on Lee. He had known life before I began to travel so much and could remember when I was PTA president and class mom. He had given up a lot, so I felt happy that I would have a chance during our trip to Brazil to make up for some of it. Most kids don't get a chance to visit a developing country, much less under the auspices of an organization like UNICEF. Lee would get a really deep, honest picture of the realities that exist around the world. This once-in-a-lifetime experience would broaden his horizons, allowing me to feel that I was providing him with the best possible education and passing along my cherished values of service and compassion. I would never really know if the sacrifices my family had made were worth it, but maybe after this trip I would at least feel that certain benefits had helped balance out the sacrifices—not just for me, but for all of us.

We arrived in Manaus late at night and checked right into our hotel. My staff had ordered pizza and we sat at a long table together as a group for the first time. I wondered what the group dynamics would be like. Would everyone get along? The hotel had an unusual free-form pool that looked like a miniature lake, and the kids needed to work off some energy,

so we let them go swimming. Kids are great. While the moms sat and made polite chitchat, slowly getting to know one another, the kids bonded—led, I am happy to say, by Lee. They made up a game where they jumped off a wall by one side of the pool into the water. It was way past everyone's bedtime, but listening to their giggles, none of us had the heart to stop them. It was the perfect way to start the trip together, just having fun. Soon enough they'd meet with more serious challenges.

The next morning began with the discovery of huge iguanas—two or three feet long—their eyes bulging out of bizarre, scaled bodies. The hotel had a miniature zoo attached to it and the lizards ran loose. As we waited for breakfast, the kids were mesmerized by the creatures and went on an iguana hunt down the narrow, winding paths that ran across the zoo's heavily wooded, tropical grounds. At ten in the morning, it was time to call the kids in and get down to business.

“Do we have to come in?” they wailed.

“I'm afraid so,” I replied. *Uh-oh*, I thought, *here comes the resistance I had feared*.

I led them into a meeting room where we had set up chairs in a circle. When everyone was settled, we went around formally introducing ourselves to one another and offering comments about why we had each chosen to participate. The mothers all delivered profound statements. “I've been a volunteer for ten years at UNICEF,” one of them said, “and this is my chance to finally see what I've been helping to fund all these years. It's a chance for me to show my kids what's going on in the world.” The kids, predictably, were less serious—and also less enthused. “I'm here because my mom thought it would be a good idea,” one said. Glancing sideways at me,

Lee told the group, “I can’t say I chose to come here. I was more informed that I was coming. And last night when I was packing, my mom wouldn’t even let me take my Linkin Park T-shirt. Not cool.” I also had noticed that most of the kids had brought electronic gadgets with them. Some even wore headphones.

The next hour was difficult. With the best of intentions, our UNICEF Brazil staff took sixty minutes to walk us through an overview of the country, most of which built upon information we’d already circulated to everyone. Still, I found it interesting to hear about the three Brazilian regions: the Amazon Platform (where we were visiting, home to 9 million children who largely lived in underdeveloped areas); the Brazilian Semi-arid Platform (home to 13 million children, 70 percent of whom lived in poverty); and the Urban Platform (where 16 million children and adolescents experienced the highest levels of violence). But the kids were yawning and staring out the window. In fact, a few had put their headsets back on in the middle of the presentation.

After the overview, RC came in to tell us his story. As he began to address our group through an interpreter, telling us his name and age, I thought, *I hope these children can last through another speaker*. I was in for a surprise. The kids remained rapt throughout his speech. We were all captivated. Looking down at the ground, RC went into more detail about what it was like to live with HIV.¹

I couldn’t tell anyone, because even my best friends would have rejected me; they would have thought they would catch my disease. It was so lonely for me. My mother is HIV-positive, too, and I am seeing her get sicker and sicker, knowing that this could happen

to me someday. She is weak and there are times when she can't get out of her bed, and I have to take care of her. She can't cook for me or take me to school most of the time. But we don't talk about her being sick, either. I am HIV-positive because I was born with it. My mother kept saying how sorry she was to me that I was sick. I want to be strong for my mother. I don't want her to see when I'm sad or don't feel well.

My mother got really sick, so we took her to a clinic. They took care of her, and that's how I got tested and found out I was sick, too. They started me on drugs, but still my friends at home didn't know. I stayed to myself because I had all these feelings and nowhere to put them. I couldn't be myself with my friends, so it was easier to just be by myself.

RC's voice cracked as he spoke; you could tell he was recounting his story before a group for the first time. Even the macho boys in our group had tears in their eyes.

Someone at UNICEF told me about this online chat room for kids like me. You could ask questions and share how you feel, and you could do it without anybody knowing who you were. I wanted to do this, but I didn't have a computer, and nobody I knew had a computer. I talked to the school where there might be a computer, but I was afraid to use the site in a public place. My mother understood and let me travel to the UNICEF office.

We hadn't begun to explore the Amazon River Basin yet, so we couldn't understand the environment RC lived in or

how remote his village really was. Our children's mouths gaped, though, when they heard he didn't have ready access to a computer. They had taken it for granted that everyone was wired in, so essential was the technology to their lives. RC went on, visibly uncomfortable at what he was divulging: "In order to pay for the long trip to the UNICEF office on the bus, my mother had to skip meals, because we are very poor. It's tough because my mother is sick." Then his face lit up.

We go anyhow, and it is amazing. I can go on a website and chat with other kids about the meds we're taking, have you told your friends, what do you tell them, how did they respond. It's incredible to talk to people who are experiencing what I'm experiencing. My mother and I both give up meals every other week so we can do this. It's the first time in my life that I can talk about my fears. I still feel guilty about my mother, but now I've started to become an activist, to talk to younger kids who are HIV-positive. I joined a movement on the web to change things here in Brazil. But I can still only go online a little bit every other week, because of the expense and how long it takes to get there.

By this time, the oddest thing had happened. Slowly the iPods and other gadgets were disappearing from the table and were discreetly being put away. There wasn't a headset in sight. Every child and mother was weeping. And when RC finished talking, we all stood and applauded him. But the best was yet to come. One of the women in our group had made a donation to our office in Brazil prior to the trip, and knowing that we'd be meeting with RC, UNICEF staff had

purchased a computer for him. We presented him with this gift, and RC openly wept, breaking our stereotype of expected behavior for a boy in this macho culture.

Composing himself, he returned to the circle to address the group: “For many years, I have cried tears of sadness. But this is the first time that I’ve understood what tears of joy are. Please know that I cry from joy today. I don’t know how to thank you enough, but I pledge to use the computer to mobilize as many young people as possible!”

Our children mobbed RC, giving him hugs and high-fives. This one child’s story had done more to convey to our children why we were here than all the words we adults had thrown at them. Our children got it. As Lee and I locked eyes across the room, I sensed for the first time that I had done the right thing in bringing him here.

(I’m pleased to report that RC is now twenty years old and is living up to his promise. He currently leads the National Network of Adolescents and Youth Living with HIV/AIDS and is a powerful advocate for youth in Brazil and globally. He regularly meets with government leaders and is helping to shape policy in Brazil. He stands as living proof that if you invest in one, you can impact many.)

The next day, our Rio Negro adventure began. We rose early and walked to the river to board the boat we would live on as we traversed the river. The river here is massive, wider than the Hudson River back in New York, and dark with vegetation and fallen leaves. In Manaus, three major rivers actually come together to form the Amazon. We would be heading north, up the Rio Negro. I had no idea what our boat would look like; I had pictured everything from a

dilapidated old vessel to a modern cruise ship. I was not the only one delighted to find a brand-new, sparkling white ship called the *Iana*, with three decks and a white-and-red flag flapping at its bow.

The kids ran right up the plank and onto the ship. They checked out the cabins, looked for lifeboats, and found the dining room. The cabins were tiny, each holding no more than a set of bunk beds and perhaps another cot-sized bed, but no dressers, desks, or closets. With their sterile white walls, floors, blankets, pillows, and sheets and a single overhead light reflecting off of everything, these cabins were a cross between a dorm room and the tiniest hospital room you could imagine, completely void of anything decorative or charming but functional and remarkably clean. Each was attached to a small bathroom with a shower, and each had a window that opened onto a walkway that wrapped around the ship's perimeter.

The crew gathered us in the dining room for an orientation, assigning us to our respective cabins and explaining the ship's basic rules. We learned that we were the only passengers aboard, and that the ship had only very recently been retrofitted, making us the first passengers to use it. The captain took us on a formal tour of the ship, pointing out that all of our cabins were abovedeck, so that everyone could see the countryside as we drifted. On the bridge, our kids eyed the massive wheel used to steer the ship and checked out the many maps and charts on the walls. A few of us took turns at the helm, while others snapped photos. My cabin was next to the bridge, the only one located in that area. I had expected it to look just like everyone else's, but it turned out I had been assigned the ship's only suite—spanning the ship's width and featuring a queen-sized bed

and even a VCR—so I could hold meetings there with our donors.

As the boat left the riverbank, the kids went down to the dining area and began a game of Uno. It was amazing to watch them naturally assume their places around a table and begin a game. The youngest child on the trip was ten years old, the oldest seventeen, with a mix of boys and girls, yet all this seemed irrelevant. They were Americans in a foreign country, and this was enough to tie them together.

The Uno game continued over dinner, turning into an Uno championship tournament that lasted the entire trip. Meanwhile, the moms snuck out and found spots on the deck. We lay on our backs, marveling at the sky above as the boat pushed through pitch-black darkness on either side of us. The sheer plenitude and majesty of the stars captivated us, as did the shooting stars that streaked light in all directions. It didn't hurt that we were also sipping caipirinhas—drinks mixed by our Brazilian colleagues. As the alcohol flowed, everyone loosened up and the conversations got increasingly personal. Despite our diversity as a group, we bonded that night as women, mothers, and wives, talking about our kids, our husbands, our jobs, even menopause. There were serious moments and lots of laughs.

One by one, as they lost their rounds of Uno, the kids began to arrive. Lee burst into laughter seeing us all on the floor, eyes glued to the sky. But he found a place to squeeze in, just in time to see a huge orange ball appear on the horizon. At first we thought the jungle might be on fire. We were in the middle of nowhere and it was pitch black. But as the light grew bigger, we realized that it was the moon rising atop the jungle.

“Amazing,” Lee whispered to me.

I looked over at him, thinking how lucky I was to have such a son and to have been given the chance to share this with him. “Sure is,” I whispered back, patting his hand.

I’d never witnessed a “moonrise” before, but after that experience, I made sure I was on deck every night to see it again.

An hour later, we were tired and ready for bed, but we couldn’t turn in, so beautiful was that sky. For me, a natural wonder such as this seemed to mitigate the pain I had felt listening to RC talk, reminding me that some things are bigger than the hell many children around the globe must suffer every day. Beauty certainly doesn’t compensate for horror, but it does provide some respite, stirring compassion and generosity within us, and in this way, opening a pathway for hope.

Over the next few days, we visited villages up and down the river, tiny settlements consisting of a cluster of homes—usually ten or twenty, but never more than thirty—and an occasional community building, clinic, or school. In one larger village, the Brazilian kids taught our children local dances as well as a few defensive martial arts moves. At another village, we visited a modern community development center that held basic nutrition, child care, breast-feeding, prenatal, and postnatal classes for women. I was surprised by the conversation we had with our kids that first evening about the advantages of breast-feeding—a topic I had never considered talking with my son about before. The kids asked thoughtful questions, and they handled our answers without the expected giggles or awkwardness.

The next day, we exposed our children to a head-spinning array of experiences and realities. We visited a village where

people lived in houses propped up on bamboo stilts, and where children had to take boats to get to school. We saw terrible poverty—families with little more than a bare hut to live in or a rickety paddle boat, children running around with no shoes and lacking access to potable running water. In another village, we came upon youth playing a game of kickball—something our children identified with immediately. In yet another village, we had the opportunity to watch children making all sorts of crafts, some of which they were allowed to sell in a small store.

This last stop became truly special when the Brazilian children invited our kids to try their own hands at carving. Supplied with a fist-sized block of wood and small hand tools, our kids began cutting and shaving to create shapes that would depict a simple dolphin. What looked easy when done by the Brazilian teens proved extremely difficult. Our teens were surprised how long it took to get a smooth curve, or how quickly a slip of the hand could ruin a piece of wood. It was fun to watch the kids teaching one another, crossing the language barriers, and celebrating when they finally succeeded in finishing the dolphins.

At another stop, we got a chance to give something back. One of the families with us had donated funds to build a playground at a school in Brazil. The gift had been made months earlier, and we were offered the privilege of participating in the ribbon-cutting ceremony that would open the playground for the first time. We arrived with UNICEF “recreation in a box” kits, which include items like basketballs, soccer balls, and Frisbees. It was an extremely hot day, and we huddled with our boxes under the only tree we could find, waiting for the ceremony to begin. The entire village had turned out; kids everywhere were eager to try out the new playground,

while their moms were holding them back, trying to maintain some semblance of order.

After a few formal remarks, dignitaries cut the ribbon and the kids, many dressed in yellow and blue school uniforms, poured into the playground, squealing with delight as they swung in the swings, climbed the monkey bars, and slid down the slides. We distributed our kits, and the older kids immediately started a soccer game in one corner, while others tossed around Frisbees. Our kids jumped in and played alongside everyone else, completely forgetting the heat. The woman whose family had made the donation wept as she watched.

Back on the boat that evening, as we again lay on the deck watching the stars, one of the women seemed visibly upset. When I asked her what was wrong, she smiled and described an epiphany she had had. “Every one of our kids has a giant playground right in their backyard, and they never touch it. When we cut the ribbon today, it was like it was the greatest thing that had ever happened for those kids. How does that happen?”

Our children’s minds were also opening by the minute. The next day, we visited a health clinic, and one of our boys asked where the waiting room was. “That’s it,” our UNICEF colleague said, pointing to long benches where women sat with children on their laps, waiting their turn under the hot sun. As we continued our walk through the clinic, the kids gawked as they watched the staff take notes with pens and file charts alphabetically in drawers. “Where are the computers?” a girl traveling with us asked. “There aren’t any,” we answered.

Our children learned even more while speaking with Brazilian mothers at the clinic. I asked one of the women to tell our kids, from beginning to end, how she came to be there

sitting on the bench that day. She explained, “My baby did not seem right several days ago. She has been sleeping too much and not crying as much. She has had diarrhea, so I have brought her to the clinic.”

“Why did you wait until today?” asked Lee, observing her baby, who was obviously ill. “Why not come sooner?”

The question seemed to confuse her. “Today is the day the doctor is here.”

I further explained to our kids that a doctor could only come on certain days during the month. Even if there was a doctor available to make a diagnosis, more often than not patients lacked access to needed medications. I could see this was a lot for our children to take in. They were accustomed to seeing a doctor whenever it was necessary and to having access to whatever they needed to feel better.

That evening, we again returned to the boat, spread out on the deck, and discussed what we had seen. Curiously, our children—Lee included—had ceased to play any kind of electronic games since the speech given by RC. They were too taken by the intensity of experiencing a different culture and way of life. Instead, the Uno game continued, and they seemed to enjoy doing things together as one big gang. They also held long conversations among themselves. The only time a gadget came out was to play music for the whole group—not just through a single person’s earphones—and only after the conversations had been completed. A few times, one of the kids played on a guitar he had brought with him. The crew on the boat reciprocated by playing Latin music for us, which we all enjoyed.

For Lee, the single most memorable moment of cultural exchange came on the last day of our river cruise, when we visited a school to deliver and stock books into a recently

built library. After the time our children had spent in the smaller village schools, they were surprised to learn that in larger villages, some of the classrooms looked very much like theirs in the United States, minus the expensive technology. The class sizes here were larger than in most U.S. schools, with over forty kids per teacher, and textbooks were sparse, with several kids sharing each one. But the school here had concrete floors, ceilings, walls, and blackboards in every room, and the kids were dressed in Western clothes as at any New York City school.

We began our visit by dividing our kids into groups of two or three based upon their age. Lee and two other Americans went into a seventh-grade classroom to handle questions prepared by the Brazilian children: How old were our children? What were schools in America like? How long had our children been in Brazil? Most of the Brazilians spoke Portuguese and asked their questions through an interpreter. A few did speak English, and judging from their faces, quite a few of the others understood what our kids were saying even if they were not comfortable enough to speak in English. While both sides were initially shy, after the first few minutes the conversation seemed to roll out pretty easily.

Our children were asked if they had any questions of their own. "Does anyone like music?" Lee asked. A child in the back of the room stood up and shouted, "Linkin Park!"

Lee was floored; he looked like he'd seen a ghost. Linkin Park was his favorite band of all time. Here we were, in a school in the middle of the Amazon rain forest, and this child from an entirely different cultural background liked the exact same music. Lee's face lit up in sheer joy as he responded that he, too, loved Linkin Park. He shot me a look

that said, “And you didn’t let me bring the T-shirt!” All I could do was laugh.

Besides cultural exchange, we spent a good amount of time in the Amazon overcoming our fears about the local wildlife. One afternoon, while we were in a tributary of the Rio Negro, we set off in little canoes and went fishing for piranhas. The Amazon jungle is unlike anything I’ve ever seen. Because the water levels rise and fall, almost all of the trees grow directly out of the water and the branches hang very low. At times, we needed to duck under branches as we wove into passageways so narrow I didn’t think our boats would fit. We cut one corner a little too close, and as one of the kids grabbed a branch to keep it from hitting her face, she was smacked by another, smaller one laden with thorns. Luckily, one of the moms was a nurse and had come along for this exact reason. She helped tweeze out the thorns, and the young girl was a real trooper. We were in the Amazon, and we were going to do this!

We arrived at the spot our guide had chosen for fishing, finding a narrow pool framed by a ceiling of thick, overhanging trees. Bees swarmed everywhere, putting our children on edge, but our guide didn’t understand what they were afraid of. Bees were simply a part of his everyday life, nothing out of the ordinary. Our guide proceeded to get out a fishing line and demonstrated how to attach it to sticks. Now I was nervous. I had never actually seen real piranhas. Was this a good idea? Was it dangerous? To their credit, other moms with us chucked their lines into the water and went for it. Soon all of us were fishing, flapping our lines to attract the fish. Someone got a bite, and after a pause for dramatic effect, the fish

popped out of the water. It did have teeth, and our guide told us that they have been known to pick their prey clean in only a few hours, hard to believe when the fish we saw was only five inches long.

As the sun was moving lower in the sky, we put our make-shift rods away and left the fishing area. The guide suggested we continue along the river a bit longer—this part of the river was surrounded by lush trees and the sunset would be beautiful. We took a vote and found the group evenly split. Glancing at the kids' faces, I could see that a few were afraid of being out in these small boats after dark, but that they were embarrassed to say so. I made an executive decision that we would return, prompting expressions of relief.

Part of the group did get a night out on the river, though. All of the kids and a few moms went “alligator hunting.” They left after dark, again in small boats, and floated up a small tributary into an area of dense, almost impenetrable jungle. I didn't go on this expedition, but as Lee and others recounted, you could hear creatures in the trees and the sounds of animals moving about in the distance. The group got quieter as they moved farther into the darkness. Some of the adults whispered things like “It was a dark and stormy night, the river was *angry* that night” in jest to break the mood. Suddenly, the guide stood up in the boat and shined a flashlight in the water. With no notice, he plunged into the water.

The kids were terrified, not knowing where he had gone, since the water was too murky to see into. Even the adults were on edge, remembering the piranhas teeming in this area. Each person silently counted the seconds. Finally, the guide reemerged with a small alligator, which he dragged

into the boat. The kids moved as far away from it as they could, scared out of their minds. Soon they realized that the danger was not as great as they had imagined. “Hunting for alligators” became the story of the trip, the size of the alligator and the darkness of the night both greatly embellished in its telling.

On another afternoon, almost all of us ended up in the water. We were invited to swim with pink dolphins in a narrow section where the sea mixes with the river, raising the water’s salt content. Piranhas and alligators can’t live here, but dolphins thrive. I had dreamed of swimming with dolphins for some time, picturing myself gliding through the water and holding on to a fin in an almost ethereal way. On this day, faced with actually diving into a murky, brown river, I almost changed my mind. There is so much vegetation in the jungle, not to mention bugs, spiders, snakes, beetles, birds, and fish, that it truly feels like the center of the living world. And I was about to jump in.

I knew I needed to suck it up and show I wasn’t afraid, so I finally did. The water was icy cold. The dolphins were only about three feet long and they swam so deep that we couldn’t see them at first. In fact, I couldn’t see my hand six inches below the surface. Then the dolphins started to bump into our legs and stomachs. You could tell their locations by the screams of the group. We all treaded water with our life jackets and waited for contact. I was terrified, but I hung in there. By the time the dolphins surfaced, we had each been bumped, and on occasion, the dolphins barreled out of the water and splashed back down next to us. I remember thinking that if we had been in the United States, we would have had to sign a waiver three pages long to take part in

an activity like this. But here in the Amazon, anything was game. It was far from the ethereal experience I had imagined, but I was satisfied with myself for joining in.

On our last night in Brazil, we gathered together as a group and debriefed about all we had seen on the trip. Lee talked about the kid who yelled out “Linkin Park!” and how surprised he had been: “I expected to see that kids were different in Brazil, but I didn’t know that life was so tough and sad. It was more different than I expected, the poverty was far greater. I can’t imagine living RC’s life down here. But I also didn’t expect I’d find a kid thousands of miles away who speaks a different language but likes the same music. For some reason, that makes me feel connected.” Many of the other children in our group nodded in agreement. Another child remarked: “The kids we met along the river looked like some of the friends we have at home, but their day-to-day lives are so different. Even when they speak English, there are huge differences between how we live at home and how they live.” A number of the children stated their intention to get involved in social action. One girl said, “I can’t pretend any longer that bad stuff isn’t happening around the world.” As I listened, all I could think was, *I know exactly how you feel.*

When we arrived back in New York and settled into our normal lives, I watched Lee closely. I was wondering if the emotions he brought back from Brazil would dissipate, taking his new awareness of the world with them. During the first few days, we discussed ways we could alter our lives to express more appreciation for the things we usually take for granted. We smiled at one another as we made sure all the lights were turned out when everyone left a room, or when

we turned off the water instead of letting it run while we brushed our teeth. I was no longer the only one in our home who had seen that for many children around the world, electricity and running water are unimaginable luxuries.

A number of kids who had gone on the trip spent time talking to their classes at school about their experiences; they also found ways to get involved and engaged in our agenda. A few joined Lee in participating in a walk to raise money to make good, clean drinking water accessible to children in places where it wasn't already. I heard from several of the mothers that the trip seemed to have changed their children, making them more socially conscious and committed to charitable projects. One child helped found a UNICEF club in his school that raised money for kids in various countries. Another girl donated her sweet-sixteen money because of what she had seen in Brazil.

On a personal level, Lee and I had shared an adventure—one that had brought both giggles and tears and that would stay with us for the rest of our lives. He had a chance to get a better idea of what Mom does at work, and I had a chance to see what I did through his eyes. RC's presentation had an impact on us both. Watching Lee absorb all that RC had to say made me realize how much my son had grown and how great his ability to empathize was. Lee had not only understood RC's challenges; he had also appreciated the great integrity RC projected. I got a glimpse of the man Lee would one day grow into.

I also had some great professional moments as I watched children experience epiphanies, learning what the world is really like. Sure, I had seen far worse examples of poverty in other places, but our children had not. In Brazil, they discovered firsthand the impact that humanitarian workers on

the ground can have. And they experienced how something ordinary to them, such as a computer, can mean the world to someone else.

Most of all, the trip confirmed for me the great responsibility we as parents have to teach our children about diversity and to help them fit into the global village our world has become. We have to stretch ourselves to ensure that our children become openminded as well as think from a global perspective—they should become empathetic and understanding of local cultural traditions.

I came away from this trip recognizing how lucky I was to be able to allow Lee this opportunity as well as how important it would be to do more in the weeks, months, and years ahead. We may not have to cross an ocean to experience diversity or hone our global skills, but expansion of our awareness doesn't happen unless we as parents take responsibility.

In my previous book, *Hate Hurts*, my coauthor and I offered suggestions that parents can use to help their kids talk about, understand, and embrace our differences. We believed then, and I still believe, that prejudice is learned, and that we can unlearn it or even prevent the learning from taking place to begin with. As parents, we send subtle messages all of the time. We need to examine those messages and consider how they are being received.

Many years ago, a speaker I heard began his talk by asking the audience to fill in the blank of his next sentence. He began "The moon is made of _____." The crowd almost unanimously yelled out "Cheese." We all giggled. He then pointed out that at some point in our childhood, someone had relayed this fact and today, even though we know it to be false, we still answer, "Cheese." And so it is with stereotypes,

bigotry, and prejudice. We receive these messages as children and they stay with us. Unless we consciously send a message to our kids that differences can enhance us, we may inadvertently close them off to any number of enriching opportunities.

As parents, we can commit to consciously installing positive messages about differences and global cultures. Research your community for museums, exhibits, or programs that educate your children about the peoples of the world. Ask friends and other caregivers to share stories and traditions. Create a family project in which your children do a bit of research on a particular culture, culminating in an evening of foods and games from that culture. Scour your cable box for television channels that offer English-language programming from other cultures.

Our interactions with our kids can play a huge role, too. Talk openly about global realities and cultural differences. Build your children's appreciation for the contributions of all cultures by telling them where the things they enjoy come from. A teenager who loves hip-hop might be fascinated to learn that it stems from the African oral and drum tradition. A toddler who will only eat McDonald's fries might gain broader insight by learning its origins in French cuisine. A preteen who obsesses about her nails can discover that she is actually practicing an ancient Asian art of body decoration. Knowing that we all draw on a wide range of cultures can help keep our children from thinking that their particular cultural niche is all-encompassing, and that other cultures are strange. That in turn forms the basis for caring about other people and how they are living around the world.²

It's important to grasp opportunities to teach our children about global issues when they arise. After the encounter

with RC, I didn't simply let our memory of it drift away; rather, I tried on many occasions to discuss with Lee different dimensions of the experience. This led us over time to probe deeper into the lives of kids in other cultural settings. It's one thing for a child to understand that the world is a big place filled with diversity, another thing to really appreciate all the implications and nuances. As a parent, I had the ability to steer Lee's thinking and create an ongoing dialogue that over time would nourish a meaningful commitment to service.

Many cultures share similar stories and customs as ways of teaching children. Let your children know about these similarities as you discover them. There is a story from both Jewish and African culture that gives a wonderful description of heaven and hell, and that also offers a lesson in how we should treat one another. To this day, it remains one of my favorite stories. Here is my recollection of the version I learned in a workshop I took many years ago.

The Chasidic Jews describe heaven and hell as the same basic scene. Hell consists of a very, very, very long table surrounded by many, many chairs. In each chair sits a person who is very, very hungry, almost starving. In the middle of the table sits a pot of the most delicious, nutritious soup. And the people are salivating from the aroma—anticipating the taste. Each person is given a long-handled spoon that they use to reach into the pot. They turn their spoons around to eat, but the handles are so long that they hit their faces and the soup spills. Thus, hell is one continuous seeking for fulfillment without ever getting it. In heaven, you have the same scene. With one major difference. Remember those long-handled spoons? Well, here instead of dipping into the pots and turning their spoons around, hitting their faces, and

spilling the soup, the people at the table dip into the pot and then reach across the table and feed one another.

We must help our kids—and ourselves—to learn how to dip into our own pots, reach across our cultures, and feed one another, metaphorically as well as literally.

