AFYA
FOUNDATION

WILD HOPE NOW

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DANIELLE BUTIN

FOUNDER, AFYA

AN AFYA BOOK

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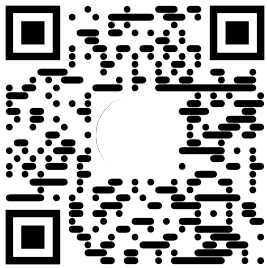
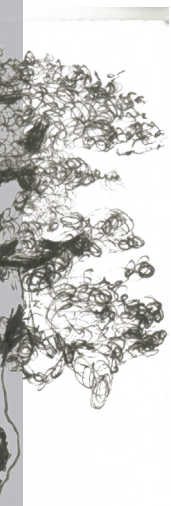


When we're ready, we can make a difference.

But we need to begin before we're ready.



Foreword

by Haley Tanner

Last night, I introduced Danielle to the principal of my daughter's preschool. This was a strange moment for me. When I met Danielle more than 12 years ago, my first husband was dying. Danielle introduced me to her incredible work, and Afya gave me a way to move through my grief. When Gavin died, we asked that donations be made in his name to Afya. In a time when I felt hopeless and completely bereft, I was able to see something incredible happen – an amazing outpouring of love turned into a generous gift.

Danielle understood my grief. She too had experienced the way the ground dissolves beneath you and reveals a world that can be terrifying and raw. And she understood the ways that rebirth and creation – hope and even joy – are possible in those moments.

More than ten years later, my new partner and I have two girls. He's a musician, and backstage after a show in New York we got to have a wild impromptu party with all the people from the many different parts of our lives who came to support him and hear live music in a room with strangers. The party offered me the chance to introduce my five-year-old's preschool teacher to Danielle, a person I met in what now feels like a whole other lifetime. But that wasn't the wild thing that happened.

Danielle chatted with the principal about the preschool, the ages of the children – normal small talk. But then she got serious and said, "We should work together."

This was crazy talk, I thought. What could Danielle and the principal of my daughter's tiny Brooklyn preschool work on together? This is a school with forty kids, ages three to six – kids who are working on tying shoelaces and making friends, putting on their gloves after they zip their coats and not before. These kids are working on *potty training.* I wanted to pull her aside and say get real, but didn't get a chance to redirect the conversation – Danielle was already off and running.

"The kids could sort supplies – preschool kids are great at sorting! Or they could write letters to their pediatricians, so when they go for a checkup, they could have a letter to hand over explaining that they want to collect excess or unused supplies that can help kids all over the world…"

Oh, I thought. Of course. Even after all the time I've known Danielle and her work, I underestimated her, and the power of her mind – the power of her perspective.

Danielle sees possibility *everywhere* – in every person, every interaction, and every moment. She sees so much *more* than what I see – that kids as young as three can start to see their agency in the world, can start to help others, can begin to see the resources around them and the good they can do. A pack of sterile gauze that is headed for the landfill in New York can save a life in Haiti. Adults with intellectual disabilities can do meaningful work and have access to the power of helping. The walker that helped someone's grandmother in her final days can give someone in Malawi mobility and independence. People who have been incarcerated can begin a new journey focused on altruism.

Danielle moves through her life with a sort of wild and unhinged hopefulness – that every single scrap of our existence here can be a catalyst for good. She's realizes you don't need permission to start – you don't need a roadmap, a business plan, or a degree – you can just start *doing.* You'll figure it out as you go, you'll make enormous mistakes, and you'll do incredible things. You can create beauty and change and joy – both small and large.

Talking to Danielle and working on this book has changed the way I think and see my life and my time on this planet. Just seeing the world through Dan-

ielle's eyes has caused a shift in perspective that affects every aspect of my life: from the way I parent to the way I talk to strangers on the subway. This book has changed the way I think about giving and altruism, our politics large and small, my relationships, my marriage, my children, my job, even my walk to the corner store – just about everything.

Danielle's stories are beautiful and inspiring, full of incredible moments of synchronicity and truth. They are tales of heroic acts that Danielle has come to see as pretty mundane – she's used to doing things most of us assume are impossible. Most of all, I think Danielle's story has been incredibly freeing for me to inhabit. She's taught me that the way things are – well, it just doesn't have to be that way. If you don't like something, you get to change it.

I hope these words will be as life-changing for you as they have been for me.

– New York City, July, 2023

The Birth Of Afya

THE PHYSICIAN'S STORY

Tanzania, 2007

A British physician, crying alone in a tent in the Serengeti – that's how this journey started.

The story of how I, a mother of three, grieving, divorced, and unemployed, found my way from the suburbs of New York to the plains of Tanzania – that's prologue. The divorce, the lay-off, the death of my dear friend – of course when all of that was happening, those experiences felt like the whole story. But I now know that all that tumult and change was a clearing, the shift that primed me for the moment I would hear another woman's story and decide in an instant to change my life. In that moment, Afya was born.

The night I met the physician there was a sunset I will never forget: an exquisite, all-encompassing orange, a color that would come to have enormous meaning for me. I had spent the day in the Serengeti plains, and I was soaring. I was with a group of people and incredible guides, but most of all, I was with *myself,* sinking deeply into the feeling of being exactly *where* I was, and *who* I was, at that very moment.

I noticed a blond woman in her late 50s sitting alone in an open tent, a glass of wine in hand, crying. I should note that I'm a terrible bystander. I poured myself a glass of wine and plopped myself down in an empty chair at her table.

"Are you okay?" I asked her. I could see from her face that she was distraught.

"I am not okay," she said. I wasn't surprised when she began telling me her story through sobs and tears. This happens to me.

She was a British primary care physician with a well-respected practice in London, volunteering on a three-month medical mission in Uganda, providing medical care to people in need. She had come here to the Serengeti Plains to take some time off and catch her breath.

"I can't do anything," she told me, "None of the clinics have any supplies – I am completely helpless. I'm watching children die, knowing I could save them if I had the supplies I need. Back at home in London, I have everything. I'm a good physician practicing good medicine. I can help people. Being here feels like my life's work and calling, but I can't do anything without *basic* supplies. I have no electricity, no IV starter kits, …" She listed for me all the supplies she didn't have at the clinic in Uganda – items that meant the difference between life and death for her patients.

I sat close and touched her arm, wanting to offer her my presence and quiet support. She described treating a young boy with a horrible gaping wound on the bottom of his foot. "I had nothing to bandage it with," she said. "No gauze, no tape, nothing to keep the dirt out. I had to use a disposable glove – one that had already been used and washed several times." She looked me in the eye and said, "People are dying on my front step and I am powerless to help."

IF YOU DON'T LIKE IT, DO SOMETHING ABOUT IT

When I was a teenager, I had an incredible teacher at Scarsdale High School who offered a class on aging. Sue Silver was one of those heaven-sent life-changers – how many high school teachers even mention the experience of *aging* with teenagers, let alone teach an entire course about the experience of growing old? Our class visited nursing homes, and I connected deeply with the people who lived there, seeing the challenges and the beauty of growing old. I felt early on that caring for elders was my purpose – that it could be a driving force in my life.

It was this experience that would lead me, years later, to become an Occupational Therapist.

During that groundbreaking high school class, I visited a nursing home that was poorly run, where people in their final years were neglected, left sitting alone in wheelchairs unattended. I came home from that visit devastated. I sat with my mother, pouring out my rage at all that I had seen, my total despair at the unfairness of the situation.

My brilliant mother had one sentence for me.

"If you don't like it, do something about it."

Of course, my mother was on to something. I went on to learn and then reaffirm again and again in my training and work that the key to working through trauma is to find a way to act, claim agency, enter the story, and ultimately change it. Sitting with the physician in that tent in the Serengeti, I heard my mother's voice again. *If you don't like it, do something about it.*

I believe that the universe has messages for us if we're willing to listen and pay attention. For the rest of the trip, I kept finding myself in conversation with doctors, nurses, and midwives. They described the urgent need for needles, syringes, dressing kits – the most basic consumable medical goods. I heard stories of well-meaning organizations donating equipment like EKG leads to clinics that had no EKG machines or operating room lights for clinics that had no electricity. I listened carefully, my mother's words ringing in my ears.

At the same time I was hearing about the lack of supplies in Africa, I kept thinking about the abundance of these resources in the United States. I have been in the medical field for my entire career, and I knew that hospitals discard usable medical supplies daily. They aren't being wasteful; they are required to follow stringent regulations that dictate what must be thrown away and when. Supplies exposed to the patient's medical field, even if still in sterile wrapping and untouched, must be discarded for infection control. The same for sealed surgical supplies stocked for surgery in an operating room but never used. Even working hospital beds that have been replaced with newer models – they all are either incinerated or trucked to a landfill.

I had always seen the amount of waste created in a medical setting as just part of the landscape – the way things had to be. But now I saw an opportunity: what if I could somehow get those unused medical supplies from New York City,

before they were discarded, to clinics in Africa, where they could help doctors and nurses save lives?

TIMING IS EVERYTHING

I had just been laid off from my job as a healthcare executive at a Fortune 500 company. For years I truly loved the job – I built a health promotion and wellness department from the ground up, hiring and managing a large team to provide services for hundreds of thousands of Medicare members. I loved creating services for elders: self-care classes, alternative medicine options, one-on-one expert guidance to help them make informed decisions about end-of-life care. I was truly able to see and meet the needs of elders on a massive scale, and I loved it.

In 2007, my company was acquired and the work changed. Instead of leading and innovating, I was asked to follow – something I don't do that well. Suddenly the entire slate of health services we offered had to be the same in every state. I couldn't design programs specific to the needs of elders in the New York City area anymore, but was expected to implement the company's program uniformly on a national scale. But there is no one-size-fits-all health care – when we don't address an individual's unique needs, everyone suffers. What they were asking was an impossible task, and it pissed me off.

I was deeply unhappy at work, but my job had provided me structure and financial security during my divorce. Work had been a constant when everything else had become chaotic, not to mention the paycheck it provided that gave me the financial security to live independently after my divorce.

When I was laid off, I was free to completely reimagine my life and my work. I went on interview after interview for big positions in healthcare, but each time I left nauseated. My body was telling me loud and clear that these positions were all wrong for me. I was looking for a new arena to build something from the ground up – to see real people with real needs and meet them by putting my ability to create and innovate to work, and I wasn't finding an answer to what I sought.

I booked the trip to Tanzania to clear my head – and there it was.

I was determined do something – *anything* – to help people who had limited access to basic healthcare. It didn't matter that I knew nothing about what I was

about to get myself into. I knew nothing of the specifics of the global healthcare supply chain, but I knew how to advocate, design, and execute programs while staying calm in the midst of chaos. I had innovated and created teams and solutions in my career, and I knew I could learn the details and specifics of the work. I felt fierce and determined as I flew home to New York – ready to begin again and start what would become the Afya Foundation, which means "health" in Swahili.

DR. PAUL FARMER

I spent the long flight home reading *Mountains Beyond Mountains,* Tracey Kidder's account of Dr. Paul Farmer's founding of Partners in Health and his ground-breaking work in Haiti and around the world. I buried my nose in the book and didn't look up for hours.

A student of medicine and anthropology at Harvard, Paul Farmer had seen a problem – the lack of health care for impoverished people in resource-poor nations. He had sprung into action to address it as a doctor, founder, and leader of an international social justice and health organization, and later as United Nations Deputy Special Envoy to Haiti. His work changed lives around the world.

I came home to several messages from headhunters and job recruiters who were still pursuing me for executive healthcare jobs, but my gut told me not to answer. I've made a habit of following my gut instincts, but it was unsettling. If I pursued this wild idea, about which I knew practically nothing, I would be turning my back on a big salary, bonuses, and stock options. I was a single mother with three children. This was a big risk, and I was feeling it.

I heard my mother's voice, telling me to do something, but I also heard my ever-practical Swiss father's voice, telling me, "Dani-girl, you have to be realistic! This isn't what you know how to do."

My mother won.

COLD-CALLING OPHELIA DAHL

I had been inspired by Dr. Paul Farmer and his organization Partners in Health, so I decided I would start there and call Partners in Health – specifically, Ophelia Dahl, the executive director and a world leader in social justice. Of course I was intimidated and keenly aware of my lack of knowledge about global health. I felt like a child calling MIT for help with my math homework.

In my early days as an occupational therapist, I worked on an in-patient psychiatry unit with elders struggling with depression. They felt impotent and alone, trying to adapt to a life without their job or their spouse, without the people and elements that had given their life structure and purpose. "The skills you have are part of you," I told them, "You bring your skills to anything you do. You don't lose your abilities when you lose your job or your spouse. They belong to you."

Now I had to take my own advice. I had to remember my professional training, my work experience, and above all, my natural abilities – my portable skills. I've always been good at tolerating uncomfortable situations, hanging in there with awkward conversations, and I can handle the nitty-gritty details. I squared my shoulders and pushed through my imposter syndrome.

"You don't know me from a hole in the wall," I began my email, "but I ran a huge division of a for-profit health care company..."

The e-mail worked, and soon I was on a call with Ophelia Dahl. My heart racing, I launched into a passionate account of my epiphany in the Serengeti and my intent to rescue medical supplies from the New York Health system and ship them to underserved sites around the world. "I know I can work with the New York healthcare system to collect supplies," I told her, "But I don't know the rules of this business. I need a teacher."

Ophelia was incredible. She agreed to connect me with Partners in Health's procurement department – specifically with Kathryn Kempton and Ian Mountjoy in Boston, as well as with Loune Viard, their Haitian Director. (Loune Viard set up Zanmi Beni, an orphanage for severely disabled children after the earthquake in Haiti in 2010). These three people were my first teachers and became dear friends.

When I got off the phone, I was flying. My whole body felt charged with energy and light.

Little did I know that I was at the beginning of a big wild adventure, starting and growing Afya into what it is today. Fifteen years later, Afya has delivered nearly $58 million dollars' worth of life-saving supplies around the globe, diverting 12.3 million pounds of surplus medical supplies from US landfills. I've learned so much along the way and met more inspiring people than I could ever count, and Afya is still changing and growing, learning from the chaos.

This book is the story of that adventure – a story about re-imagining what can be.

COME NOW PEOPLE ARE DYING

New York, 2008

"Lady! Lady! What are you doing down here? You can't be down here! What are you doing in our garbage?"

What I was doing in the garbage was research – confirming a hunch I had about what was down there and what I might do with it. I had already told Ophelia Dahl at Partners in Health that I believed there was enormous potential hidden underneath the hospitals in New York City, and Partners in Health had connected me to sites that had unmet needs. It was time to put my big ideas into action.

They say that one man's trash is another man's treasure. When it comes to medical supplies in the United States, our trash isn't really trash to begin with. This is where Afya comes in – building the bridge between surplus and need.

I got used to people asking me what in the world I was doing in the underground tunnels beneath New York City's major hospitals, digging through medical supplies headed for incineration. I started walking the tunnels looking for discarded items that might have a second life ahead of them because I knew there was an opportunity here: to save them from the landfill and send them overseas where they were desperately needed. What I did not yet fully understand was the sheer quantity of supplies waiting for me in those underground hallways.

In one hospital's tunnel, I saw bins upon bins of still-wrapped sterile supplies, well within their expiration date, all slated for disposal. It was pay dirt:

gauze, IV starter kits, syringes, IV solutions, suction machine tubing, and so much more – all collected and ready to be discarded. I almost didn't hear the footsteps approaching as a man in a suit walked toward me, waving his arms to get my attention, until he was nearly shouting at me.

"Lady! Seriously! You can't be down here!"

In that moment I asked myself which was the greater risk: a doctor in a clinic unable to save a life because she doesn't have sutures or me having an uncomfortable moment by getting a stern talking-to and being asked to leave a hospital tunnel. I opted for the latter and I told him about my trip to Africa and my plan to rescue supplies. I told him I knew that hospitals discard medical supplies every day (to comply with regulations) and that there were hospitals and clinics in other places where those same supplies could save lives. I pointed to the bins next to me and told him that they were proof that this idea could work.

He told me that I was crazy to be walking around in waste management tunnels, and then the best thing happened: we both laughed. It turns out we were kindred spirits.

Felix became my friend, and from that moment on we were joined at the hip. He grew up in the Dominican Republic and knew firsthand the impact of poverty on health access and care. He understood what I was doing and believed wholeheartedly in the vision. I quickly learned that his staff were all from the Caribbean, and they became my new cheerleading committee. These men managed the waste of a major New York City hospital and now they were my friends on the inside – a direct line to a goldmine of supplies.

I became a familiar sight in those tunnels: a woman dressed professionally in a skirt and boots diving head-first into an industrial laundry bin of medical supplies. (I was also perfectly safe: contaminated medical waste was handled in a completely different department). I rented a truck, and with some help from Felix, started picking up supplies from his loading dock. Every time I arrived, he would come running to give me a hug. It was personal for him – this was going to help a lot of people and we were going to do it together.

One Saturday morning my phone rang at 7:00 am. I answered it, still half asleep, and heard Felix shouting: "There are beds everywhere! In the tunnels! Good beds – the beds were replaced on the floors! Come now! Come now! Get them, people are dying and they need these beds!"

Felix's early Saturday morning wake-up calls made me smile. In those early days, his investment and commitment to help were an affirmation that I was on the right track. Eventually, I made connections with lots of people and had official meetings in offices, and I didn't have to go foraging uninvited in the tunnels under the hospitals anymore. But Felix was among the first who knew the potential of the items we were rescuing, and he saw himself as a champion of the cause. Our relationship may have began with "Lady, what are you doing down here?" but it quickly became, "Come right away Danielle, people need us."

GO, GIRL. GO!

New York, 2009

Ophelia's team had connected me to Partners in Health in Malawi, and Felix had connected me to a source of supplies, and the next thing I knew I was at JFK getting ready to board a flight and leave my three children at home. I was about to travel halfway across the globe to meet people I only knew through email and visit countries and health centers I knew very little about. Dr. Keith Joseph, the Malawi Country Director for Partners in Health, was flying me to sites in Rwanda and Malawi to see their work first hand, so that I could match precisely the supplies I had access to in New York with specific needs in person. I had never done anything even remotely like this before, and I was not at peace.

I didn't have an itinerary: I was to arrive at the Partners in Health sites, and what I was to see and do there would depend upon the people I met – their schedules and their needs. Everything felt up in the air and unknown. My implicit belief in my abilities and my confidence in this new venture were no match for the intrusive thoughts racing through my mind and the sudden fear flooding my body. I felt like my head was going to implode – I didn't want to give up, but now I wasn't sure I could get on this plane and do this.

Out of the clear blue sky, my youngest sister, Susie, appeared. A gifted 2nd-grade teacher at a public school in NYC, she was racing to catch a flight for Miami. Fortunately, she happened to spot me crying outside of my gate as she ran through the airport. The sight of her was magic.

I told her everything. I said I was in over my head and had made an awful mistake. But my sister took hold of me. She knows me well enough to speak to me using my own voice and knew exactly what I needed to hear – which is exactly what I would have said to someone in the same situation:

"Listen to me. You created all of this. This is happening because of your courage and vision. Go feed it, make it grow. Your kids love you and will be totally fine – they are so proud of their mother. Go make them prouder and grow this work. People need you. You've got this. Get on that plane. Go, girl. Go."

Her words meant everything to me in that moment. She completely reframed my perspective: my tears were done, deep breaths came back, and I entered a space of anticipation and adventure. I boarded my flight moments later, smiling and ready.

BREATHING IN GRACE

Malawi, 2009

Our Jeep swerved along a bumpy dirt road on the side of a mountain in Malawi. The mountain tops were gorgeous hues of blue and big ancient baobab trees lined the road – it was exquisite, but also incredibly treacherous. I was accompanying Emi, a community health worker I had spoken to on the phone from New York, as she visited people with disabilities and frail elders at home. It was unimaginable that anyone with a disability would live on this remote mountain pass.

"Emi, how does anyone living with a disability manage out here? How does this woman do it?" I asked.

"Just wait," Emi smiled, "You'll see."

Emi worked with Partners in Health in Malawi, and in her role she identified specific needs for people with disabilities, which is where Afya came in. Emi would send us her requests, and we would pack containers accordingly. We'd sent pallets of wheelchairs, walkers, canes and crutches to Emi in Malawi so that she could help people function more independently. We also sent bedside commodes so that elders could use the toilet safely and with dignity, rather than being held or propped over latrines or holes in the ground. Our aim was to send Partners

in Health products that offered both functional and emotional shifts in living – practical tools that might increase independence but also help people retain their dignity.

As we drove, every tight turn revealed new spectacular vistas. With each turn, my thoughts raced. How do people manage here? How do people live on this mountain pass? Where and how do people access food and water or medical care? We were so far from any village! How did people make money to live? We made the final turn, and the driver parked the Jeep.

"Where are we?" I asked. All I could see was a steep cliff to the right with a narrow green path visible. I couldn't see anywhere that anyone might live.

"We are here!" Emi laughed at my disbelief, "Let's go see the patient." She unloaded supplies from the back of the jeep – items Afya had shipped to Malawi months earlier. We walked on the narrow green path for a short distance and there, on the ledge of a cliff, was a large open cave and landing. This was the patient's home.

The family graciously invited Emi and me into their incredible space nestled into the side of a cliff. The patient was a petite woman in her 20s. I was immediately struck by how small she was – maybe four foot ten and incredibly thin. Emi told me that years ago she had been raped and became HIV-positive. Later, she started taking birth control pills and her blood pressure skyrocketed, which caused a stroke. This is when Partners in Health entered, helping her to recover from the stroke at their hospital and starting her on treatment for HIV. Once she returned home from the hospital, Emi began working with her on rehabilitation and recovery.

Inside the cave, my brain started to reorganize itself, dismantling my assumptions and expectations. The home was tidy and organized – a home filled with love, care, family, and comfort. I smiled at Emi, and I knew she understood what I was thinking.

Emi introduced me and told the patient that I had shipped the walker she was using from the United States. A smile spread across her face and she raised herself up while holding onto her walker. "I want to show you how much better I have gotten!" she said to me and Emi. With all her might, she walked onto the outdoor landing. Emi had asked for my input ahead of time given my past role as an occupational therapist. She told me she wanted to learn, and her openness

made it easy to offer my recommendations. I studied her gait and gave Emi some suggestions that might help.

It was physically challenging for this woman to walk, but she was taking steps on her own. Recovery was well within reach. We all watched her with awe when suddenly she started to sing. It sounded like a gospel song, and I asked Emi to translate what she was singing.

"She's thanking God," Emi told me, "She's thanking God for the gift of the walker and her ability to walk again." I was reminded of how significant one simple item can be in the life of another person all the way across the world. That walker had traveled thousands of miles to land on this cliffside to help this woman recover and live a life as joyful and independent as possible.

MIDWIVES IN RAIN BOOTS

Malawi, 2009

Later that week, I found myself shadowing Gladys - a midwife - as she prepared to deliver a baby. She told me how she helped HIV-positive mothers safely deliver their babies with the absolute bare minimum of medical supplies to attend a birth.

I immediately noticed that she was barefoot.

"Gladys!" I said, "You are so smart and obviously a very gifted midwife. You know the precautions for HIV, yet you are about to deliver a woman despite having open sores on your feet… why?"

"I know the precautions," she told me, "But I don't have enough money to buy shoes and I need this job. It helps me pay for a home, food and school for my children. I don't have shoes, but I can still work." As she delivered a beautiful, healthy baby, I watched her feet, thinking about these circumstances and the risks she had to take to survive. There had to be a better way.

Gladys needed footwear that was durable, waterproof, and safe – footwear that made sense for a midwife in the bush. She needed the equivalent of rain boots! As soon as I was back in New York, I started asking nearby schools and all the volunteers who work with us to collect rain boots for the midwives in

the bush, and began what would become a massive rain boot collection. I told everyone I met about my recent experience in Malawi and my rain boot plan, including a documentary filmmaker I met at a party. Two weeks later, she mailed me a box of bright red rain boots, along with a card. "Growing up," the card read, "My mother's best friend was a famous movie star and every time it rained, she wore these fabulous boots. I always loved them. When she died, I inherited the boots. I think it would make her very happy if a midwife in Malawi could use them now to safely usher in life."

When we sent out supplies to Malawi, we included a collection of rain boots – neon speckled, ladybug-patterned, and one bright red pair so that the midwives in the bush could do their work safely.

The Kids

DUMPSTER

New York, 2008

When I launched Afya, I don't think any of us had any idea how much our lives were about to change. My children were used to a mother who was a healthcare executive, and suddenly I was dumpster-diving for free cardboard boxes and collecting used walkers and commodes in our mudroom. When I launched Afya I was embarking on a journey into unknown territory, and my kids were right by my side every step of the way.

Our house had always been full of joyous chaos. I always wanted our days to feel free and fun, our home to be warm and welcoming. Perfection was never my goal. I prioritized connecting with others, being kind, and listening carefully. I wanted the kids to do as well as they could in school, but I always wanted to make sure their lives were full of big spontaneous fun.

When I took this gigantic leap, my kids already had great schooling in chaos and put their well-earned tools to use. They knew the walk of resilience and the importance of showing up for someone you love. They were incredible, and not once did my children tell me what I was doing was risky or scary. Lots of other people offered anxious warnings, but never my children. They were my cheering section.

When I started packing the first container shipment for Partners in Health in Haiti, I had no volunteers. I had to figure out how I was going to sort thousands of pounds of medical supplies all by myself. I needed help, so I turned to my kids.

"I need you guys to skip school today," I told them. Sam was starting high school, Caroline was in middle school, and Sally was in elementary school. "I need your help with packing lists and managing inventory." Where most parents doubt their children's claims about not feeling up to school, asking "Are you really sick?," there I was, begging my children not to go to school so they could be my staff.

Unsurprisingly there was no pushback at all: they were in. In the warehouse, my daughters slithered through narrow openings between boxes to match labels to supplies. Sam created an Excel spreadsheet for the packing list. It was bedlam – and it was fantastic. We were a team, and together our family birthed Afya.

Soon word got out and our family's community responded gorgeously. People started donating wheelchairs, dropping them off in our driveway. We left the mudroom door unlocked, and folks would just open the door and leave whatever durable medical equipment they had on hand: toilet commodes, crutches, boxes of supplies. Soon we had a mountain of donated supplies.

When I picked up Sally from school in my minivan, every seat would be occupied by donated equipment. I told Sally and her friends to just sit on the commode in the back seat or on top of a stack of walkers and buckle in. "Why does your mom always have *toilets* in the car?" Sally's friend asked. It became the new normal.

I needed boxes constantly. Every time we went to the grocery store, the kids watched me beg the manager to give me all of the cardboard boxes they possibly could, resulting in a car filled with broken-down boxes. One day while we were out grabbing pizza, we drove by a Petco store and I noticed a dumpster outside with a big sign that said "Cardboard Boxes Only." I parked beside it, and with all three kids watching me, I hoisted myself into the dumpster.

"Guys, let me hand these to you!" I yelled.

I could hear Sam get out of the car.

"MOM!!!!! Get out of the dumpster! I got this."

I swapped places with Sam, and we filled every inch of the car with even more boxes.

BREAKFAST

My kids had a front-row seat to a demonstration of how to imagine a new reality, take risks, and go for it. They were really proud of what we were doing, and often said how proud it made them feel. But when we were all together and not working, they wanted it to be just us. We needed time when Afya didn't sit in the middle of our table, taking up all the space and energy in the room.

I wanted to be their mother again, but I had no idea when that was going to happen. Birthing Afya was requiring so much of my time and attention, and there was no way to know when things would settle down.

Since they were babies, I have enjoyed making serious surprise breakfasts daily for my kids. Experimenting and creating morning delicacies became an expression of my love for them. I wanted to replicate the amazing sensory experience of waking up in a bed and breakfast to the scents of nutmeg, cinnamon, ginger, brewing coffee and knowing delicious, edible surprises await. When they got old enough to have sleepovers, my breakfasts were a favorite among their friends. It was one of my motherhood pleasures.

During the months of Afya's start, I wasn't making many breakfasts. I would climb out of bed exhausted and start the day by gulping down ten cups of coffee. Every morning that started *without* a delicious breakfast was a reminder that I had lost my mooring – my ability to keep that one constant anchor in our day.

One night, the girls were quietly doing their homework at the dining room table. There is good quiet – a calm that feels right – and there's a heavy quiet that roars, the silence of what's not being said. This quiet was roaring.

I'm a big believer in seeing and speaking the apparent truths of a room and not pretending that they don't exist, so I spoke up.

"I'm really sorry," I said, "I know how hard this is for you guys. I feel like I suck as a mommy these days. And you three are the most important people in my life. I know that you want me back and I so desperately want to be back. This is so demanding and the learning curve is intense and requires everything I've got

right now. I promise that I am coming back fully to the three of you… and so will breakfast."

We all sat there and cried and held hands. Sometimes just acknowledging the truth in the room is enough. The kids just wanted to be seen – for me to articulate what they were experiencing. My words didn't change a thing, but our truths had been spoken, felt, and validated. I was coming back because nothing was more important to me than being their mother.

A few months later, I woke up and without conscious thought, opened the pantry to see what I could start baking, something that would be ready when the kids opened their eyes. When the kids walked into the kitchen that morning, they were smiling, and a freshly baked banana chocolate chip loaf was waiting.

I was back.

NEVER ENOUGH

Tanzania, 2009

A year after the official launch of Afya, I decided that I wanted to bring my children to Tanzania to show them the country that had changed my life – and theirs in the process. Together we planned a trip: a combination of health clinic site visits and free time to explore. Before the trip, we talked about ways they could help, and I asked the kids what items they wanted to bring with them to distribute. I told them to think about things that we had at home that we weren't using any longer, things that would be helpful and needed.

I know a lot of tourists go to Africa and bring candy as a treat to share with children. This is such a common practice that children run up to me all the time, all over the continent, reaching out a hand and asking, "Candy?" Candy is great, but the gratification is short-lived with a pretty low impact.

My children and I talked at length about what we could bring that would be easy to carry *and* useful. We decided as a family that we would bring pens and pencils so that children who are enrolled in school could stay in school. I knew that in the area we would be visiting, children had to supply their own writing utensils to stay in school. I put the kids in charge of the collection and the logis-

tics. The kids asked everyone they knew if they had a stash at home, and by the time we left, we had packed hundreds of pens and pencils.

In Tanzania we visited a number of clinics to assess their needs, and the kids saw the lack of supplies - the empty shelves inside and too many people outside waiting for care. I could sense that the kids were trying to take it all in and make sense of it all. One clinic we visited had literally nothing but two sutures left in its drawers. My children saw the gravity of the situation, and I could see that they were struggling with the emotions I had felt a year earlier. They were seeing it: nothing here was fair.

As we left our final site visit at a health center near Kilimanjaro, we noticed lots of children walking home from school. I asked our driver Stephen to stop so we could hand out our pens and pencils. Soon word was out that pens and pencils were available, and the hills filled with children tearing down the ridge – many more kids than we had expected. Hundreds of young children dressed in crisp blue school uniforms came running toward the open windows of our van, eagerly reaching up, bodies jumping, pushing, grasping for a chance at a pen or pencil.

Steve, our guide, translated in Swahili, "Please, everyone, take just one – one for each student!"

In the middle of it all, Caroline looked up at me with sadness and terror in her face. "We don't have enough! MOM! LISTEN TO ME! We don't have enough for everyone!" she shouted. And she was right. We didn't – we didn't even come close.

"There's never enough," I told Caroline. "There's never going to be enough to meet the need, but every single child we were able to help will be able to stay in school at least for now, and we created that possibility for them. Hold onto that and those ripples of goodness. That's going to have to be enough right now."

This was an extraordinary moment of truth. It would have been far easier to avoid this moment entirely. If we had not stopped to give out pens, they would not have experienced not having enough to give. But I wanted them to know that one person and one action at a time is powerful and important. We cannot cure the whole world. We cannot help everyone, but for the people we are able to help, our contribution is worthwhile. One person at a time is worthwhile.

We left a powerful sun setting in the lush valley, empty plastic bags littering the van, sitting in the quiet sadness of feeling good about helping some while not being able to help all. When the need is far bigger than what you have to offer, sometimes it's easier and less painful to do nothing and disengage. I don't want that for my children. I want them to practice doing something, even if it's just helping one person at a time.

Imagining the Afya Community

I had the big pieces I had originally envisioned - a foundation that could deliver unused supplies from New York to places across the world where those supplies could save lives. I thought I had the whole puzzle figured out, but I was missing one of the biggest and most important parts of what makes Afya the incredible force it is today, and it would take a semi-truck and a bout of pneumonia to show me what I was missing. This is the story of how everything nearly fell apart, and how beautifully the pieces finally came together.

PNEUMONIA

New York, 2008

"How big is your truck?"

Hector was the materials manager at a big hospital in New York City and wanted to know how big my truck was. I didn't own a truck. I had a blue Dodge minivan that I drove for carpooling and school pickups.

"You need to get a big truck, a semi, and come here next week," Hector said. "I have inventory that was exposed to water and I have to get rid of all of it. There

was an inch of water in the warehouse, but it never touched even the bottom of the pallets. Regulations say that's water exposure – it all has to go. 27 pallets."

"Great!" I said, not really wanting to admit to Hector that I had no idea how big a pallet was.

"So… what would that look like? How much room do I need?"

Hector showed me a huge room jammed with supplies. Each pallet was about 1500 pounds of random supplies. When Hector had called, my plan had been to pick up his supplies in the minivan and stash them with the urinary catheters I had already collected in my friend's basement between her treadmill and elliptical machine.

Looking around I realized I needed a new plan – and fast.

It had been only two months since I officially launched Afya, and my expeditions into the tunnels under New York's hospitals had paid off – and I was completely in over my head. These supplies were not going to fit in my mudroom or my friend's basement, and I didn't have a warehouse. I wasn't going to let 27 pallets of medical supplies go to waste. A semi-trailer was parked in front of my house for the next three weeks while I figured out what to do.

I wasn't the only one who was eager to solve my conundrum. The cops knocked on the door every night at dinner, asking when I was going to get this enormous truck out of our very narrow street. "Mom," the kids would call out, "It's the cops again!"

Eventually I wound up renting space in an office building – it was unheated and the layout was awful – tiny rooms connected by narrow hallways. It was possibly the worst configuration for storing and sorting my massive stacks of supplies, but at least the semi-truck was no longer parked in front of my house.

Now I just had to deal with the pallets. Each had to be unpacked, sorted, inventoried, and repacked to go to Haiti – every item matching the supplies that the Partners in Health team in Haiti had requested.

Sorting those first pallets took months. I worked endless hours alone. I had somehow transitioned from having a sizable paid staff at a major corporation to standing by myself in a freezing warehouse dressed like I was headed out on an expedition to Antarctica. Each week my maternal aunts showed up with sandwiches and helped me with organizing, which has never been my strong suit.

I put my kids to work, and if they had friends over after school, I put those kids to work too. It was hard, but they loved it. We all knew that the supplies we were packing were going to help people in very real ways. And watching them work gave me an idea.

I called the local high school and asked if there was anyone interested in interning for me – warning that they would have to come with warm clothing because the warehouse was unheated and headlamps because my landlord had cut my electricity. He didn't support what I was doing in the warehouse and wanted me out.

Thanks to my kids, my aunts, and some truly brave high school students, I eventually got those pallets sorted. We packed a huge container of supplies made up of materials from all 27 of those pallets and collected from individual donations and hospitals all around New York City and shipped it to Haiti.

I had barely finished the sorting and packing when my body spoke up and told me I had to stop and find a better way. One lung had called it quits: I had come down with pneumonia.

I spent a lot of time in bed drinking hot ginger tea, thinking about how I was going to make things work. I needed time to reimagine my plan without the pressure of sorting through thousands of pounds of medical supplies.

MEANS TO AN END

Back in the days when I worked in an inpatient psychiatric hospital, I became a zealot about keeping experiences real. Right after I graduated from NYU, I worked at NewYork-Presbyterian Westchester Behavioral Health Center. At the time (40 years ago!), the only volunteer jobs available to hospitalized patients were in the gift shop, selling candy to visitors. Nothing about the arrangement made any sense: I didn't work with many patients whose life goals aligned with selling candy in a hospital lobby, and there wasn't any meaning to it, no intrinsic pull or motivation.

I was young and infused with energy, and I decided to work toward a change. I advocated for patients to be able to volunteer and engage in real experiences that matched their lives at home. The work would be therapeutic and would also prepare patients to return to their lives and work waiting for them outside the

hospital. A patient who was the Executive Assistant to the Dean of a University was placed in the hospital research library to test her ability to manage and stay on top of multiple details at once. A landscaper with depression was assigned to the grounds department to practice making landscaping decisions. I've always been a big believer in creating genuine experiences – inauthentic and contrived experiences help no one. Meaningful work made the patients *feel* better, helped their recovery, and prepared them for their lives outside of the hospital.

I knew with Afya I had something powerful – a space where I could invite people to meaningful work, sorting and packing supplies that were headed across the world to save lives. I just had to find people who would benefit from the work *and* had time to contribute.

I got rid of the tiny storage in the freezing cold office building and rented space on the top floor of a warehouse. Now we weren't freezing – instead we were sweating our butts off. I begged everyone I knew for fans, and everyone who came to volunteer wore as little clothing as possible.

The high school students loved helping at the warehouse, and so did my children – but they were in school all day. I needed more volunteers, and I needed volunteers who had more available hours. I learned long ago that by helping others, we genuinely help ourselves. Who could benefit from steady volunteering? Who needed volunteering as much as I needed volunteers?

As usual, I talked to everyone I knew, and through some friends, I was connected to an amazing residential institution for boys called The Children's Village, a facility that houses and helps vulnerable teens. Nothing makes people feel better than connecting to the greater good, and I believed that children in the foster care or juvenile justice system deserved the opportunity to help others.

The kids from Children's Village came and it was a perfect match. I made sure that they heard "I need your help!" and "Thank you so much!" over and over again. These new volunteers knew they were helping save lives, and felt the transformative power of altruism. We moved supplies with a pallet jack, sorted and packed, and talked and laughed together.

The beauty was that Afya was so new, so chaotic and undefined that everyone entering could find a unique and meaningful contribution to offer. We made the warehouse into a welcoming and warm environment full of music and fun. I made sure that everyone felt comfortable being themselves at Afya.

In one section of the warehouse, we had a sitting area with big comfy, donated mismatched couches. I knew we needed the couches, that sitting together after working together would invite community and connection. We worked hard, and at the end of a long afternoon of packing, the volunteers would sit on our couches, just talking and sharing and laughing. It was welcoming and real. A teen who was born in Jamaica and came to live at Children's Village after being in and out of the juvenile justice system sat with me and proudly taught me patois.

Sometimes the moments of connection came during those hang-out sessions on the couches, but often it was working side-by-side, occupied by a meaningful task, that gave teens the space and safety to share.

One day a teen I called Will in honor of his striking resemblance to Will Smith worked next to me packing a shipment for Rwanda.

"This has been a really tough day," he said.

"Why has it been a tough day?" I asked, as we continued to pick up boxes and move them onto a pallet.

"I got my girlfriend pregnant," he said. I saw out of the corner of my eye that he was watching for my reaction. I kept moving, packing boxes and lifting them onto the pallet.

"How old are you and how old is your girlfriend?" I asked.

"I'm 17 and she's 15," he said.

Only then did I look up at him. He gave me a gentle smile. We kept working as we talked, and I knew that the work had given him the safety to share with me, and that without the work this conversation could never have happened.

Had we been face to face, sitting in chairs, he likely would have stopped talking to me, or never have started talking in the first place. He was able to confide in me while we were engaged in meaningful action – the work we were doing together provided a space for comfort and safety.

When I started Afya, I confided in my mother that I had doubts about the work.

"I love working clinically – working with people. How am I going to hold on to this now that my work is totally different?" I asked. I worried that if my main focus was collecting and shipping supplies, I would miss the moments of connection that working clinically had offered me.

"If it's important enough to you, you will find a way to build that bridge," she reassured me. That day in the warehouse with Will, I saw that she was right. The Volunteer Program at Afya would be my bridge.

The volunteer collaboration with Children's Village was up and running, and I started looking for ways to expand the program. My father, Stephen Sokoloff, is on the Board of the Jewish Child Care Association, which runs the Pleasantville Cottage School, a residential treatment program for emotionally-troubled youth. I told him that I wanted to explore getting some of the kids to volunteer at Afya once a week, and he immediately mobilized.

The first groups of children from the Cottage School started arriving, and before long I got a call from the counselor who organized the weekly trips to our warehouse – he had a long line of kids outside his office, all of them waiting to sign up. He had more kids wanting to come than he had space for in his van – the kids were loving it, and they wanted more.

The warehouse was thrumming with activity, music, and even more kids. Soon girls were coming as well, participants in the Gateways Program at the Cottage School – a treatment program for girls who have been victims of sexual exploitation and domestic trafficking. Every day I saw and heard evidence of incredible things happening all around me – watching in real time the powerful ways that helping others could impact their recovery and help them discover purpose, meaning, and agency. "I really like coming here," one girl offered, "I think I want to be a nurse. I want to help the people who need these supplies."

GLORIA'S GATHERING

New York, 2008

Ten days after we sent our first container off to Haiti, Susan Dominus covered Afya's story in the Metro Section of the *New York Times*. She wrote about the launch of Afya and our first shipment to Haiti, and the story featured a big photo of me repairing a donated wheelchair. Apparently many people saw that article, because I started to receive generous offers of help – more than I could handle. It was like drinking from a fire hose – the response was so enormous that I couldn't

put it to use – I needed help. I asked my incredibly organized mother to help me arrange follow-up calls and emails to all who had gotten in touch.

One of the incoming calls came from an extraordinary elder, Ed Bobrow, who wanted to set up a meeting. My mother, in all of her wisdom, made sure Ed's request went to the top of my list. He invited me to his apartment – right across from the Metropolitan Museum in New York City. Ed was in his late 80s and had been a well-established and prolific Strategic Planner and taught for many years at NYU. He said he had some ideas to share, and I wanted to hear them.

Working with elders has been a passion for me since I was a teenager, and involvement with elder care was an element that was missing in those early days of establishing Afya, so I was thrilled to meet him. I entered his beautiful home and within moments, he escorted me to a den filled with durable medical equipment. There was so much there that it took my breath away.

"What is all of this?" I asked him.

"My wife Gloria died a few months ago," Ed told me. "I haven't been able to let this go. These items helped her to live, but I don't need them anymore. Now, I am ready. That article in the Times gave me the idea that there are many people like me who could donate the supplies that helped them care for a loved one at home. It's a way to honor the person we loved who died."

I learned that when people receive care at home, the vendors who deliver wheelchairs, hospital beds, and other supplies and tools frequently won't pick up the supplies after a loved one dies and the equipment is no longer needed. As a result, family members are left with the cumbersome and painful task of figuring out how to get rid of these often bulky and heavy items.

It dawned on me that this was how I could still be involved with elders. In their final sacred passage, Afya could help families by rescuing their supplies and delivering them overseas where they were needed – a life could go on.

Ed helped me to brainstorm the rollout for home-based collections. I named it "Gloria's Gathering" to honor the life of his beloved beautiful wife. He had fantastic ideas and inspired mine. We continued to meet, often at a diner on the upper east side. I always came prepared with a list of questions, and together we worked our way through planning for Gloria's Gathering.

Ed also introduced me to the remarkable Stephanie Garry, Executive Vice President at Plaza Jewish Community Chapel, an exceptional and unique funeral

chapel on Manhattan's upper west side. They became our first partner and our first drop-off location. Families could learn about the option to donate supplies after the death of a loved one, and we could help them find a meaningful way to part with items that had become part of the tapestry of their lives. Ed also connected me to The New York Board of Rabbis, and they helped us create an interfaith prayer for families to recite when they made a donation.

I've seen time and again how donating supplies from a loved one who had died could be a truly healing event. For example, some six months after the launch of "Gloria's Gathering," I received a sad email request from a previous intern. The intern had a close friend whose mother had died from a genetic condition many years ago, and recently a younger brother had died from the same condition. In the email, the intern asked if I could come meet the family and help them donate two generations worth of wheelchairs and supplies to Afya.

I knew it was going to be tough to see the family under these circumstances, but more than 35 years of clinical work in situations like these had prepared me. I have learned not to distract or divert but to remain present and find solace in narrating the truth. We have to welcome the truth to sit with us and stay in that painful place before we can invite healing to enter.

I parked my mini-van, took a deep breath, and walked up the driveway. The father and son were waiting eagerly outside. I thanked them and acknowledged the pain that each wheelchair and item they had piled up represented. We spoke about how these items would go on to change and save the lives of others, people they would never know, and how their beautiful donation honored a mother and son who were deeply loved and cared for.

As I lifted supplies into my car, the father and son started to run back into the house to find additional items to donate. There was something profoundly therapeutic happening as they brought out item after item. Giving to others is giving to oneself, because giving has the power to transform grief – to create hope and beauty out of loss and despair. When they handed me the final stethoscope, I said, "You have done something really beautiful here. From the depth of your pain and loss you have helped others to live. Thank you for this."

COMPLETING THE OT CIRCLE

New York, 2009

When I was a child, I had the great fortune to know Dr. Howard Rusk, a visionary and pioneer of rehabilitation medicine, who just happened to be my grandfather's best friend. Dr. Rusk was a frequent guest at my grandparents' dinner table, and when he told his incredible stories I hung on every word, staying to listen long after the other children had run off to play. And no wonder: Dr. Rusk's stories were inspiring tales, full of examples of rich resilience, and shot through with Dr. Rusk's incredible philosophy. He had the revolutionary view that a person with a disability should be treated as a whole person – that each of us deserve the dignity of a full and productive life. He created the first rehabilitation programs for the Army Air Force during the war, inspired by his experience treating soldiers returning from World War II with grave injuries, and went on to found the Institute of Physical Medicine and Rehabilitation at NYU, now commonly referred to as The Rusk Institute.

Dr. Rusk was an incredible man who changed the world, won countless awards and honors, and advised nine presidents in his lifetime. I knew him primarily as my Pop Pop's best friend, and I loved him. When I was six, he took me (along with my mother and my grandfather) to tour the Rusk Institute. My mother still tells me that this was the day she knew I had found my calling. The building was full of people learning how to live again, and everywhere I looked I saw hope and resilience.

I particularly remember a young girl on a stretcher, and I couldn't take my eyes off her. Dr. Rusk noticed my noticing, and explained to me that she was able to move only her head. This young girl would have this limited range of movement for the rest of her life, and Dr. Rusk's work was to help her live joyfully and with meaning. I never wanted to leave that hospital, and in a certain sense I never have.

I knew early on I wanted to become an occupational therapist and my training at New York University (NYU) made me who I am today. The flame was already lit within me before my OT training, but learning OT at NYU would have converted the most hard-headed of heretics – even if I had gone in without even a flicker of that original fire, I would have come out blazing.

Every graduate-level OT program offers extensive training in physical rehabilitation and recovery – what most people associate with OT. But few people seem to know about the intense training OTs receive in mental health. In many ways, this is an OT's secret sauce and what makes our work in physical medicine so effective. Occupational therapy is deeply rooted in a holistic approach that allows OTs to see and connect with the person in front of them.

So much of medicine is focused on what is wrong and fixing it, and not enough attention is brought to what is good and strong already and what we can do with those strengths. But when you are clinically trained to see strengths first, you start to notice a strength-centered prism coloring everything you see and do. When I absorbed that lesson, I felt that I knew the meaning of life, and a light switch went on inside of me. My training in problem-solving and encouraging the person in front of me to join in the process of imagining what doesn't yet exist but could meant that the philosophy of Afya would have deep roots in the foundations of OT.

I started to believe that the volunteer program could fully take flight and grow into something much more significant – a more symbiotic relationship for both Afya and the volunteers. The volunteers who came from Children's Village to work at Afya were getting amazing experience and the benefit of doing real altruistic work, but I came to realize that the kids from Children's Village would benefit from occupational therapy. Of course, I'm an Occupational Therapist, and I see opportunities for the lens of OT in nearly every situation. I wanted to give the OT magic to the volunteers from Children's Village, but more broadly, I wanted the philosophy of OT to be the guiding force behind the way we ran the warehouse. Unfortunately, there was only one of me, and as Afya expanded there was very little of me to go around. I needed help to support the therapeutic work being done with the volunteers from treatment programs. I was still doing some teaching at the Programs in OT at Columbia University, and thought the students there could be invaluable to the success of the volunteer program. The OT students needed hands-on experience, and the volunteers would benefit from their expertise.

Every OT graduate student does fieldwork during their training, gaining valuable clinical experience under the supervision of a practicing occupational therapist. Pam Miller, a smart, savvy, and hilarious colleague at Columbia University, was the fieldwork coordinator for students at the time. She was willing to

take a risk and organized placements for OT students to complete their required three-month onsite internships at Afya. I could supervise the OT students as they worked with the volunteers. She tutored us in all we would need to do to open a student program and remained close by throughout the process to ensure its success.

With the OT graduate students on board, we established a program that was strength-based, looking to the interests and skills of our volunteers and leveraging those strengths to help them grow and meet their challenges. If someone is awesome at sorting supplies and needs to strengthen their interpersonal skills, we'll pair them with another volunteer, leveraging their skill at sorting to strengthen their ability to work collaboratively – a skill that will be necessary at any future work site. We leverage strengths to grow skills as a means to an end, but we also make sure that the volunteering is an end to itself. At Afya, the volunteers know that the work they do is meaningful and useful, and that they are valuable and needed members of our team.

Afya had volunteers gaining valuable hands-on experience, and now had OT students working with them by encouraging their strengths and addressing their challenges. Volunteers could come to Afya, do good in the world, and get one-on-one guidance from an OT student. I saw that even the treatment program counselors who accompanied the volunteers to the warehouse were observing the OTs and learning new techniques. The OT students were helping the counselors apply the skills their clients were acquiring so that they could encourage them to use them at home after they left the warehouse. If a teen could come to the warehouse and sort the gauze from the syringes, they could go back home and learn to empty the dishwasher. Every experience at Afya could offer an opportunity for growth in another context: the good they were doing packing supplies for people across the world could lead to a more independent life, a job, or new opportunities.

Word of mouth spread about Afya within the OT community, and today we work with twenty OT programs at universities across the country who send us 50 students a year. Those OT students work with hundreds of volunteers from 24 treatment programs, helping individuals with intellectual or developmental disabilities, chronic mental health issues, or are affected by the criminal justice system. The OT program is incredible and it's still growing. Whenever I think

about it I'm reminded that with the little time we have, we can do more good than we could ever imagine.

DR. ALLAN ROSENFIELD'S LEGACY

New York, 2009

The volunteer program was running well by this point. We had OT students cycling through for a few months at a time, and we had the teens from Children's Village and the Cottage School getting valuable experiences. . But I knew there was even bigger potential there, and I started looking for ways to expand. It was at this time that I received an email from someone at the Mailman School, introducing me to Clare Rosenfield. Her husband Allan had recently passed away and she had items she wanted to donate to Afya through Gloria's Gathering.

Clare had no idea that I had been one of Allan's students. Dr. Allan Rosenfield was an absolute visionary: a brilliant physician who advocated for interventions to address maternal mortality in underserved health systems. His efforts made a difference in the lives of hundreds of thousands of people worldwide. When I received my master's degree from Columbia University's Mailman School of Public in 1991, Dr. Rosenfield was at the helm. He was an inspiration to me, and Afya's bones were built on the principles I had learned from Allan's influence.

Clare invited me to her home where we shared a pot of tea and looked at photographs of her life with Allan. She was warm, soulful, and gracious. She talked about learning how to play the harp so she could soothe Allan and offer him comfort as his amyotrophic lateral sclerosis (ALS) progressed. Clare and I agreed on a destination for her donation, and a few short months later Allan's supplies were joyfully received by the Partners in Health Hospital in Rwinkwavu, Rwanda.

Soon family, friends and colleagues gathered at Clare and Allan's home for a memorial. There I met their son Paul, a psychiatrist at Riverdale Mental Health Association. I told him about Clare's donation of Allan's supplies and that I wanted to start specialized sorting programs at my warehouse, and Paul and I began brainstorming. Allan had dedicated his life to improving conditions for marginalized individuals, and now his son was carrying on his legacy by advocating

for those living with mental illness. Together we created a program, inviting his clients to a supportive and welcoming environment where they could experience the healing power of doing good for others. I sometimes marvel at how far the ripple of Allan's impact has spread and how many lives he continues to touch even years after his passing.

OBAMA'S DAY OF SERVICE

New York, January, 2009

In 2009, in honor of Dr. Martin Luther King Jr., President Obama launched a National Day of Service to commemorate the holiday. Across the country, nonprofits and local governments registered on a national website for volunteers to show up and help on Dr. King's birthday. The website was robust and filled with meaningful opportunities.

Afya was only a year old and we needed more volunteers. This was an incredible opportunity for outreach. I signed up on the website, and then picked up the phone to call my friend, Dr. Stephen Kelly.

Steve is a much-loved local family physician who had heard about Afya from a friend. He came to the warehouse to ask if he could pick up some medical supplies to take with him on an upcoming medical mission to Uganda. I told him we could supply him with anything he was willing to take, and I walked him around the warehouse to show him what we had.

I didn't know it at that moment, but Steve's request planted the seed for our Luggage for Life program. Anyone who is traveling abroad where medical supplies are in demand can contact Afya and carry a bright-orange Afya duffel bag full of much-needed supplies. Often the airlines waive baggage fees when they hear what the giant duffel bag is for. Steve's bag of supplies was our first proof-of-concept that the Luggage for Life concept could work.

During that first visit I trailed behind Steve, saying, "I could use your help and expertise here, like, every day," and kind, brilliant Steve kept telling me that he was happy to help any time. When I signed Afya up to receive volunteers for

Obama's Day of Service, I knew he would have the right temperament and tolerance for chaos.

"Steve," I told him, "It's going to be a piece of cake. Maybe 25 or 30 people will sign up. We have the sorting process down. I've got the facebook page and the website. We're good to go."

I felt I had worked out the procedure for sorting at our warehouse. Donations come in – could be anything, and from anywhere: boxes of unused surgical supplies from a hospital, a walker someone no longer needs, commodes, baby formula, adult diapers – and we sort it by category, so that when requests for supplies come in, we can easily pack and ship tailor-made boxes filled with exactly what a doctor or clinic needs. We could handle a day with a handful of new volunteers.

On the morning of the Day of Service Steve arrived early. He would man the sorting area inside the warehouse, and I would wait outside the elevator in my bright orange Afya T-shirt to greet volunteers, sign them in, and send them up to Steve. Piece of cake.

I was expecting a slow trickle of people, but what I got was a stampede. Within the first thirty minutes we had hundreds of volunteers, eager to help, all flooding into the warehouse. Calm, capable Steve was frantically jumping over boxes, dumping inventory to be sorted onto tables, shouting over the din of the warehouse. Meanwhile, my plan to do my best Julie McCoy impersonation, pretending I was gracefully welcoming everyone to the Love Boat, was a massive fail.

I activated my Occupational Therapist brain and started scanning people for strengths, assigning tasks to whoever seemed best suited for the job. An 8-year old boy got off the elevator, jumping up and down and pulling on his father's sleeve. It was obvious that he needed lots of physical activity to remain engaged. I pointed to the crazed Dr. Steve Kelly dumping boxes of inventory and said, "If I get you guys a step stool, can you do me a favor and pull inventory to be sorted off shelves and bring it all to that guy?" The child's answer was a resounding "YES!" and he became a runner. An elegant woman in a long fur coat and perfectly manicured nails became the leader of the labeling team, in charge of a table of volunteers carefully labeling each outgoing box once it was packed and ready. Another table leader was the indefatigable Seth Godin, who offered this guidance to his table: "Listen, every item that helps you pee goes over here – just look for things that help you pee!"

I used my gut and put a leader at every table, and gave every table a job, and it started to work. The chaos at the warehouse became a happy, productive kind of chaos. Steve stopped having to yell to be heard and the leaders at each table took charge of orienting new volunteers. Each table developed its own iterative process for orienting the newbies and more volunteers rolled in. I found Steve, and we stood there, arms around each other's shoulders, admiring the exquisite chaos. "This is perfect and crazy all at once," I told him.

Three hundred people came to Afya that day, and every single person had a contribution to make, every single person had an impact on global health, and every person felt it. It took volunteers a moment to find their groove and figure out the system, but once they did, the joy of helping was infectious. No one came and left after an hour, and lots of people stayed all day and into the evening – because it was *fun.* In the end, we sorted more on that single day than any day before or since – but more importantly, the volunteers who came that day all came back. They all felt connected.

I made a pledge that day that no one will be turned away from the opportunity to do good at Afya. Everyone and their ideas would always be welcome. Working at Afya will always be chaotic, fun, and most of all deeply meaningful.

MS. FECHTER'S CLASSROOM

Without intending to, I had recreated my fifth-grade classroom at Harrison Avenue Elementary School. In this open classroom there wasn't a single desk. It was filled with couches, bean bag chairs, art posters on the walls, bookshelves of poetry and a full kitchen for cooking. I was in heaven that year: this was my kind of classroom.

The teacher, Barbara Fechter, was a force of nature. Ms. Fechter had a beautiful, open smile and sparkling eyes. Her energy matched her beauty. In her classroom nothing was right or wrong, and we learned by exploring. For example, on Valentine's Day she broke us into teams and gave us free reign to research and report on anything that interested us about the color red. We studied the history of the color in art, poetry that used the color red, songs – anything and everything. We all hit our 5th grade targets with our own internal engines of discovery.

The classroom was a real community. Everything in it had been donated: we learned about reuse well before it was mainstream. It got a bit hairy when Mrs. Fechter asked if anyone had an old couch in their family's basement – something they didn't use anymore that they might want to donate to the classroom. I went to our basement, saw the old couch that no one ever used and offered it up to Mrs. Fechter. In hindsight, this might have been a harbinger of my work at Afya – always looking for the potential in unused objects. Of course I never discussed any of this with my mother, and to this day she talks about how crazy it was to watch our furniture moving out of our house. I wanted to help our community, and she just let it happen. She knew supporting my love of this "anything goes" classroom was far more important in the long run than shutting me down. My mother knew a lot.

In Mrs. Fechter's classroom, we were required to journal, and we handed our journals to Mrs. Fechter weekly. She wrote meaningful handwritten comments in those journals to each of us. She encouraged me to explore my need for independence and my distaste for conformity. Mrs. Fechter wanted me to think and act through creative exploration. In those journals, she saw me, and she whispered, "Grow."

Three decades later, Mrs. Fechter's influence was with me. I knew that the success of our day of service wasn't in spite of the chaos, but because of it. The donated mismatched couches, the freedom, the total lack of sterility – the openness of the atmosphere invited people in.

THE PIED PIPER

New York, 2011

The following story contains difficult material about mental illness. I'm sharing this story here with the blessing of my friend Dr. Steve Kelly. If you'd like to know more about the work that honors his son John, you can find information on the foundation at www.jckfoundation.org

About a year after that first wild day of service, Dr. Kelly found me in the warehouse and pulled me aside to have a private conversation about his son John, who had just graduated from Colgate. Dr. Kelly told me that John was living at home,

struggling with severe Obsessive Compulsive Disorder (OCD). Dr. Kelly told me that his son had always found solace in helping others, volunteering with Habitat for Humanity and Invisible Children, and counseling other young people with OCD – a chance to get involved with meaningful work at Afya might be therapeutic for him. I told Dr. Kelly to bring him in, without hesitation.

From the first moment John stepped into the warehouse, he exuded a joyful gravitational pull – he was a natural leader. When school groups came to volunteer, the kids would follow him everywhere, wanting to be as close to him as possible.

I would hear kids ask John, "Hey, can *all* of us work with you?" or "What are you doing? Can we do that too?"

I would laugh with him, joking that all he needed was a "John Pipe" to play and kids would come running. John had an incredible smile and genuinely cared for everyone around him. I loved his amazing sense of humor, and whenever something absurd or silly happened at the warehouse, I would merely glance at John, and we would both burst into laughter.

There were also moments when his OCD governed, and he struggled to make sense of it all. I have plenty of experience in psychiatric hospital settings, and I always felt comfortable working with John. We talked through intrusive thoughts, which presented as intense feelings of responsibility. If the boxes in the warehouse weren't lined up perfectly, he was scared that something bad might happen to the people we were helping in Africa. He struggled to resist compulsive urges to line up each box perfectly.

I offered him an alternative. I encouraged him to check in with me about the thoughts that appeared while he was working at Afya.

"I'm running the show here," I said, "I know where we are at risk and where we aren't. Do you trust that to be true?"

"Yes," he said.

"So let's make a deal moving forward," I said, "Check with me about these thoughts. If I tell you I'm not worried, can you allow my worry barometer to override yours-even when yours is loud and persistent?"

He said he would try and began to check in with me about his intrusive thoughts often. As John became comfortable talking to the team at Afya about his OCD, he received a lot of love and support from everyone. John worked

miracles at the warehouse – sorting and organizing, and making everyone around him feel comfortable and loved.

Months went by, and then John suddenly stopped coming. He was hospitalized at Yale, but medication was no longer offering him any real relief. Every day was a battle with intrusive thoughts and compulsive behaviors. John's thoughts were an all-day assault. He believed that if he didn't do everything his compulsion told him to, terrible things would befall his family. Medicine had no new treatments to offer, no options, no hope.

When John was discharged from Yale, I made sure he knew that we loved him and that our door was always open for him. I wasn't surprised that I didn't hear back from him when I called or texted, as I knew that he was struggling. I wanted to walk the fine line between caring and intruding, encouraging him to come back when he was ready without pressuring him when he wasn't yet able.

On March 28, 2011, just 7 days before John's 25th birthday, OCD took his life. Shortly after John's life ended, his father, Dr. Kelly began coming to the warehouse religiously.

"I tried with everything I had, but I couldn't save my son," he told me, "But I certainly can help people far away to live and survive illness. So, I'm going to help. I'll be here a lot and that's going to help me."

John's friends started a memorial softball game which has grown into the JCK Foundation, which provides mental health education in person at middle and high schools throughout the US (and Sweden!). His friends created the foundation in honor of John, and continue to run it. Dr. Kelly has said that JCK and Afya share a common function in that they each uniquely fill a space that needs to be filled. Steve and his remarkable wife Janet (a nurse) opened a medical and psychiatric clinic to honor John in Kabbalah, Uganda. One of the goals of the clinic is to provide sorely needed mental health care to the millions of Ugandans suffering in the shadows.

John left behind a trove of journals in which he wrote about his life and his struggles.

"How do you want to be remembered?" he wrote, "The man that gave in to his OCD? Or the man that fought and made a difference?" It was a great honor to know John, his magnetism and his laugh, and to have witnessed firsthand the way he fought to make a difference.

ENTER LED ZEPPELIN

New York, 2009

In Judaism, when a child turns 13, there is a coming-of-age ritual known as a Bar or Bat Mitzvah. An important component of this ritual is doing a mitzvah – an act of goodness – and it is up to each child to choose their own mitzvah. It's not unusual for young teens to volunteer at Afya to do their mitzvah. It is remarkable, however, how sometimes things line up just right, and a child walks in on just the right day with exactly the right soundtrack.

One day a pre-teen walked into Afya with a guitar strapped to his chest playing Led Zeppelin's "Stairway to Heaven." I sat down with this amazing young man and his mother, and we talked about his Bar Mitzvah. All the while his hands kept quietly picking out notes on the guitar.

Another mother in another situation might have told her son to leave the guitar at home, or even to *please* leave it in the car. She might have told him that it would be inappropriate to play "Stairway to Heaven" during a meeting. But this mother knew her son and she knew me, and was confident that Afya welcomes people bringing their whole selves. His guitar was everything to him – it was his lifeline, his connection to the world, and he couldn't just leave it at home.

That same day I had received a call from an Infectious Disease Physician at Brigham and Women's Hospital in Boston. He was heading to a remote area of Malawi to work with HIV-positive teens and wanted to improve their adherence to medication regimes. The teens in this area viewed HIV as a death sentence and saw no point in taking their medications, though by that time the medications were extraordinarily effective at turning the disease into a chronic rather than a terminal illness. People with HIV could live big, full, and long lives – if they took their medication.

The doctor had an idea about how to turn the situation around. He wanted to engage the teens in an activity that would give them a reason to live – something fun to look forward to and a passion to engage them. He thought if they were engaged in this way, they might be willing to take their meds. I appreciated his wide-open clinical lens – the holistic view of the person really spoke to the OT in me – but I really loved what he asked for next.

He wanted lots of musical instruments. He was in a rock band in Boston with a bunch of other doctors and felt he could engage the teens in bands if he had the right supplies to start. And I was convinced that the young man in front of me, whose guitar had allowed him to find a way to be in the world, was going to be the key to getting HIV-positive teens their instruments.

This highly creative and gifted 13-year-old reached out to every music contact he could think of. He stopped at nothing because he understood how a guitar could save your life. He collected amps, drum sets, guitars, keyboards, and so much more.

Our next container to Malawi included his collected pallets of instruments and music-related supplies. Because of this amazing collaboration, the infectious disease doctor hit a home run with the teens in Malawi.

The gift spawned a slew of new rock bands – and with something to live for their members took their meds and stayed on them.

SOCCER SWEETNESS

Malawi, 2009

While touring a hospital in Malawi, I noticed lots of children sitting outside and waiting in the dirt, pulling at the sparse grass to pass the time. These children were all waiting for a hospitalized parent – often for days at a time – and there were no activities, nothing to bring the children together for play, for joy or relief. The stagnation and sadness of the children was heartbreaking, and though I was there to review the hospital's needs for medical and surgical supplies, I couldn't stop thinking about them. I've learned that when I'm doing a site visit that the environment I need to scan spreads far beyond an institution and its physical walls. Healing also happens outside the hospital, in the community and even in families.

What could change this? What could transform this outdoor waiting room into a field of play?

The timing of Afya's volunteers often reflects a magnificent synchronicity.

Back in New York, the Straus family contacted me because their son Alex was about to have his Bar Mitzvah.

When the Straus family came in to meet with me, the hospital in Malawi was on my mind, so I told them all about the children sitting in the dirt outside the hospital in Malawi. We spent a while talking about the children waiting, without play or community, and their palpable anxiety. I talked about trying to think of something that could transform the barren space. Alex, with a beaming smile, said "You know, I play soccer – I could collect equipment from my team… and from other soccer teams…" The ball was rolling, so to speak.

It didn't take much to imagine the impact of a soccer ball being thrown into the mix – the possibility of loud joyous screams, running and teamwork. All that was needed was just figuring out how to collect and send soccer supplies in our next shipment to Malawi.

The key here was not handing Alex a recipe. If Alex wanted to do this, then he would figure it all out – I would support him, his family would help, but this was his project to lead and own – his vision to bring to life. I told him I would email him a file with Afya's logo if he needed it, but that he was in charge. And because the project was his to manage, it filled his well of goodness and inner sense of agency.

The next thing I knew, Alex's project was going so well that he was collecting pallets worth of soccer supplies: pinnies, cleats, shin guards and balls – all from kids he knew who had outgrown their equipment. The project took on a life of its own: Alex and his dad drove all over town collecting supplies while Alex's mother soaped up and hosed everything down, letting it all dry under a hot summer sun on their deck, knowing the next stop for these supplies would be a hospital in Malawi.

Of course Alex was in the warehouse to help us pack up all the soccer stuff and stage it for shipment. The *New York Times* even covered the story, calling Alex's project "An Inspiration in Shinguards and Cleats." When the medical team in Malawi unpacked the pallets we sent them, they saw the value of both the medical *and* the soccer supplies. They understood that the children waiting for their parents needed caring for as well.

A year later, Joyce Banda, the Vice President of Malawi, came to visit Afya – a big event for the organization. As we toured the warehouse together, the Vice

President turned to me. "I want you to know that Neno – the district you helped with those soccer supplies – was an area faced with great HIV difficulties. The needs were tremendous there and those supplies changed a lot in Neno. It caught the attention of coaches from Boston. Now we have soccer leagues and tournaments, and it is a big part of life in the district. It grew into more. But it started with those supplies."

I told her that it was Alex Straus who had led the effort, and she asked to meet and thank him. I found Alex and presented him proudly to the Vice President of Malawi.

"You are Alex Straus?" The Vice President looked surprised and more than a little confused. This 14-year-old boy looked up at her, mesmerized, and responded, "I am!"

"You did all this work for the people of Malawi?" she asked, "This was you?"

"Yes," Alex told her, beaming. "I am so happy that we were able to send all of those supplies to Malawi – I love soccer and want to help other kids to play soccer too."

"I am so surprised by your age," The Vice President told him, "You are a young teenager. You could be playing sports and only caring about yourself, but you have decided to see bigger and find ways to make other people's lives better. Because of you, we now have soccer leagues in Neno, Malawi. You have changed an area of my country for the better."

Alex's imagination coupled with the free rein he was given to pursue his vision transformed a barren field of waiting children into a soccer field filled with nets, balls, and invitations to join in play. But the ripples generated by his gift did more than just that. Alex's project started a chain reaction, and now the medical center sponsors an adult team that has started competing outside the district, with thousands of people coming to see them play.

THE POWER OF ONE PEN

Tanzania, 2010

Severely burned children filled every hospital bed. They were silent, their eyes vacant. These children looked lonely, and I know that feeling lonely is a huge hindrance to recovery, as is hopelessness and fear.

We had arrived at the pediatric burn unit late in the day. Our team was in the north of Tanzania, conducting hospital site visits to determine needs for supplies. A nurse escorted us onto the unit, and we were shocked by the number of toddlers and young children. Because so much of the local cooking involves pots perched over open fires on the ground, the lower height makes pots easy for young children to reach and pull on. The consequences can be catastrophic. The number of young children with full frontal burns was unlike anything I had ever seen. These children were going to be hospitalized for months. Their parents came in to take care of them and brought food and water, but they had nothing to occupy them. They were in the hospital for far too long – with nothing to play with and no constructive way to pass the time.

I turned to the Afya team and said, "There's nothing to do here – these kids have no activities whatsoever. They need to start moving as they recover." Movement is essential for healing from an OT perspective, and a lack of movement impacts our circulation, our digestion, our respiration, our immunity – everything.

I started by taking off my orange Afya silicone wristband and offering it to a child to play with and pull. I got him started and he immediately began moving his little fingers, manipulating it and seeing what he could attach it to. Soon everyone emptied their bags to find items that weren't pointy or sharp – anything that could create a moment of play for these children.

One 11-year-old girl talked about missing school and was scared that she would forget all the math she had learned. We pulled pages out of notebooks and gave her a pen so she could practice her arithmetic. She lit up and immediately swung her legs over the bed and started doing math equations on a table next to her bed. The unit was suddenly busy, full of happy energy.

I turned my attention back to the one nurse in the unit. She watched everything that was happening and smiled. As she spoke to me, I noticed that she was clutching a pen close to her chest and asked why was she holding it so tightly.

"This is my only pen," she told me, "I am the one nurse on this unit for all these children. The pen allows me to write in their charts so I know when I must care for each child and give them medicine. If I lose this pen, I am hours away by

car from another. I must hold on to this. It means everything." There were easily 40 children in the unit with only one nurse to keep track of all their care, and that nurse had only one pen.

I would never have thought that pens were such an important component of medical care until this conversation. When we returned home, Afya started reaching out to schools across the country to help us with collections. At the end of each school year, we ask students to dump their lockers and test and donate each usable writing tool to Afya. Instead of tossing the contents of each locker in the garbage, we can give the amazing practitioners the simplest of tools they need to practice their trade.

FIND AND FIX THE WHY

Ghana, 2010

The one thing I have learned about site visits is that the people we aim to help are the owners of their truths, not the visitors. When we travel with the intent to help, we have to listen and learn a lot more than we talk and teach.

I had been invited to accompany a group of high school students and their faculty advisor on a mission to distribute mosquito nets in Accra, the capital of Ghana. My role was to help facilitate in-country connections and to find and implement solutions to some of the issues the students were asked to address. The goal was to distribute and hang as many mosquito and malaria prevention nets as possible, but the mission seemed to have failed before it had begun. No one wanted the malaria nets.

After several frustrating days of getting resistance, I encouraged the students to process what they had seen and debrief. The students started to talk openly and honestly. They had all grown up in affluent suburbs and were unaccustomed to seeing and smelling poverty, sickness, and hunger. But what really puzzled them was the resistance to using the nets.

"People don't like the nets," the students told me, "They don't really want to talk to us about the nets. When they see us coming, they turn away."

"Why is that?" I asked them, "Why don't they want to talk to you about the nets?"

"We don't know," the students told me, "Some people already have the nets – still in their original packaging! Why are we giving out these nets if people don't want them? Why won't they listen to us?"

And it was true: no one in the village wanted to hear about the importance of using the nets. This was information they already had. They weren't clueless about malaria, so they must not be using the mosquito nets for some other reason.

I know from long experience that when we believe someone else is being irrational, it's a sure sign we haven't done our part in recognizing and acknowledging their reality. The kids and their teachers thought we were there to talk and

teach, when we should be there to learn and listen. Before you can show up with solutions to problems, you must first learn what the problems are.

At our next daily debrief, I began by asking the kids a foundational question.

"Do you guys think we should even be delivering or attempting to hang nets?" I asked.

"This is our plan," their teacher interjected, "Our plan is to hang as many nets as possible, that's why we're here."

"OK," I said, "But it's a flawed plan, because no one wants them. Let's really help here and do something about why people don't use them. Let's fix that first and then we can hand out more nets."

The students were bright, invested, and thoughtful, so. I encouraged them to think bigger and broader about the problems they were hearing and seeing. I wanted them to keep digging, keep asking, and most of all keep listening until they found the root of the resistance (because only then could a well-matched solution come to life). And unsurprisingly once we entered into an open and honest discussion with the people we were trying to help, we found the root of the resistance.

When the students approached the people with open curiosity, asking them why they didn't use the mosquito nets, they openly shared that they hated the nets because they were annoying to use. They stuck to you when you were asleep, and it was really unpleasant, especially when you were hot and sweaty. Now we had gotten to the root of the problem.

I approached one of the students, Brett Perl, who I knew was going to be studying architecture at Carnegie Mellon University in the fall and actively enlisted his help. We realized that unless we could figure out a way to make these nets taut so they didn't droop onto people as they slept, nothing would change. We had to fix the root of the problem, the "why" behind the refusal to use nets. They didn't need more words from us or convincing – they needed comfort to co-exist with the nets.

Brett and I went for a walk in the local market searching for resources. I asked him to think out loud with me. He talked about needing a nail that could penetrate concrete – most of the people we met slept on cushions on concrete floors – and how it could hold the net taught. He found one specific nail, tried it, and it worked! We bought hammers and as many of these nails as we could find.

With the help of the other students thinking and experimenting together, they came up with a viable solution.

From that point on, when the students visited people's homes, they began with an explicit acknowledgment of everything that was annoying about the mosquito nets and then shared their solution – nails that kept the nets taut so they wouldn't stick to you while you slept. People listened, smiled and invited the students inside to install the nets.

Those students had learned an important lesson. Ask and then listen. Get to the root of the problem. Find and fix the why.

Anthony's Date

New York, 2010

When Anthony came to Afya through Riverdale Mental Health Association, he was clear and decisive about his goals: he wanted to take a girl out on a date, and he wanted to pay for it with money he earned himself.

"I need to make my own money. I want a job," he told me. Anthony was warm and open, and very excited to talk about what he wanted for his future.

"Tell me more!" I said, "What about making money is important for you right now?"

Anthony was in his mid-twenties and living with his parents. He attended Riverdale's treatment program and we served as the community site for volunteer work. Each week, Anthony came to help sort and stock in our warehouse.

"I want to go on a date," he told me, "I don't think it's right for my parents to give me money to go out with a girl."

I was all in. We talked about the kind of work he was drawn to and where he saw himself working. He wanted to work in a store like Home Depot: he could imagine himself doing work like the work he did at Afya, and I knew that we could be his launching pad to paid employment.

I assigned one of our graduate OT students to work one-on-one with Anthony to bring his dream to fruition. Anthony and his OT collaborated on a plan to practice the skills he would need at Home Depot right here at the Afya

warehouse: stocking inventory, building pallets, pulling inventory for shipment and more.

At Afya, Anthony wouldn't work on an arbitrary list of skills with his OT, he would work on skills that were relevant to his own dreams and desires, and his ability to work through challenges was super-charged because he was driven by purpose and meaning.

Anthony was prepared for launch. Not only had he practiced all of the skills needed to sustain employment, he had also role-played interviewing and had a resume ready to go. We loaded him up with talking points that linked his volunteer work and the skills he acquired at Afya to everything he could offer as an employee at Home Depot.

He went off armed with a glowing letter of recommendation from Afya, and returned bouncing with joy: Home Depot had offered Anthony a job and he had accepted it. He thanked us for believing in him, said he would miss us, and gave everyone enormous hugs.

A few months later, on a rainy Saturday afternoon in Manhattan, as I was ferrying my daughters back and forth to dance classes, I ran into Anthony. We shouted with glee at the sight of each other, and he gave me an enormous hug.

"Anthony, you look so incredibly handsome!" I said, "Where are you going?" He was standing tall and proud, dressed in a beautiful gray suit, a bouquet of flowers in his hands.

"I'm going on a date! I'm meeting her here, at this restaurant," he told me, holding up the bouquet, "I hear girls like flowers."

I wished him luck on his date and headed up 9th Avenue in the pouring rain, tears of gratitude streaming down my face.

Haiti

MEN ANPIL, CHAY PA LOU: MANY HANDS MAKE THE LOAD LIGHTER

On January 12th, 2010, one of the most massive earthquakes ever recorded struck Haiti. Images of the devastation and destruction were all over the news, and people were eager to find ways to help. Word spread quickly that Afya was sending shipments to Port au Prince, and donations of goods and supplies started flooding into our warehouse. We had never responded to a tragedy on such a large scale in real time before, and we were learning on our feet. My tiny team and I lived on junk food, were covered in filth, and operated in near freezing temperatures because the landlord refused to fix the heat in our warehouse. The work was exhausting and exhilarating, but there were moments of absolute magic woven throughout each day.

EXQUISITE GIFTS

Hours into sorting towering piles of donations, I came across a big package that had arrived with a card explaining the donation. A woman had carefully wrapped a set of soft, delicate, monogrammed sheets in tissue paper and packed them in a shipping box. The card told the story of her grandparents and their escape from Europe during the Holocaust. Prior to leaving, they were told that they could

only travel with one item, and they chose to take their most prized possession, the very monogrammed bed sheets I held in my hands. The sheets had been passed down through generations, with their final destination being Haiti, which the woman noted had been one of the very few nations that opened its borders generously and without hesitation to Jews fleeing the Nazis.

"I am watching the news and seeing people in Haiti buried on top of each other in mass graves," she wrote. "This is the destiny that my grandparents ran from. I would like to donate their sheets to a family in Haiti, so that their loved one could have a fitting burial, one with dignity. I would like someone there to be wrapped in these sheets, along with their own story of survival and resilience, before being lowered into the earth."

That same week I received a call from a woman who wanted to donate her two-person camping tent. She lived in the Berkshires in Massachusetts and used the tent to go camping by herself, to catch her breath, and to meditate so that she could return filled and restored. She wanted her "coming-home-to-self-tent" to serve the same function for someone in Haiti.

Our immediate response to gifts like these could have easily been "The thought here is beautiful but please keep the item, it's clearly so important to you." But that would have diminished the beauty of the gift and the purpose for which it was given. Afya openly welcomes gifts and meets the gift-giver where they are. I thanked the tent-giver and said we would hand-deliver her tent during our next trip to Port au Prince. We wound up giving the tent to the young mother of a one-year-old who suffered a traumatic amputation. The tent was much appreciated and gave them shelter, comfort, and healing.

Stepping out of my office at Afya, I noticed an adorable five-year-old boy holding his mother's hand. She told me that her son had seen the horrible after effects of the earthquake on the news and wanted to help the children. His wise mother didn't protect him from the truth, and by allowing him to understand the dire situation those in Haiti faced, he was empowered to feel and then act.

"I saved my allowance and I hope it can help kids in Haiti," he told me. Each week he earned 10 cents for allowance. He came to Afya with a Ziploc bag filled with ten dimes and handed it to me proudly.

Another time, a generous donor of the American Jewish Joint Distribution Committee (JDC) contacted us. He had financially donated to disaster relief

efforts but told me he wanted to do more: he wanted to give an item that really mattered to him and put it to practical use during this tragic time in Haiti. His entire family celebrated their bar and bat mitzvahs in an enormous event tent in their backyard. This was a circus-sized tent that fit two-hundred-plus people comfortably, and he was offering it to us. Together we quickly worked miracles and found a way to ship the huge poles for the tent, with the donor's wife translating the assembly directions into French. We shipped the tent to Port au Prince and what had once been a party tent was now transformed into a life-saving operating room.

In the next few months, the donor went through his own medical hell. He had multiple heart attacks and strokes and was finally put into a medically induced coma. Later he told me that while he was in the coma, he "traveled" and landed in his family tent in Haiti. He saw the familiar tears in the fabric, stains from joyous family events, and then he saw the patients and the doctors saving lives. Months later when he awoke, he told his rabbi, "I think I am still alive, somehow, because I donated the most important family object I ever owned and that goodness circled back to save my life."

BAD GUY

It was late at night in a cold, dusty and damp warehouse. We were working around the clock: loading one container of vitally needed supplies after another, working closely with Partners in Health and the Clinton Foundation.

I was working closely with a teenager from The Children's Village. He helped me to bring down boxes from the top shelf and stayed close while I reconciled inventory and packing lists. We worked together for hours, and he was tireless.

"Thank you, you are thoughtful and helpful, and I really appreciate you," I said.

"You don't know me. I've done really bad things. I am a bad person," he said.

"You might have done some awful things, but right now, you are choosing to do some extraordinary things for people you will never know – people who are desperate for help. Here you are, generously helping. That's what I see," I said.

LANDLORD FROM HELL

The next day, literally hundreds of volunteers came to help. Afya was on the news, the local paper was covering our work, and people were turning up in droves because they had heard we needed help. Small moments of raw truth and service were everywhere. The one I remember most was while we were sorting. A 5 year old boy turned to his father and said, "Dad, there are so many single shoes here, should we just throw them away?"

"There are many people there who lost a leg during the earthquake with buildings crumbling," the father said, "Let's send the single shoes. I bet these folks can use them."

Just about then, my cell phone started blowing up with repeated calls from the building owner. He was truly a landlord from hell – and he chose that day to show his true colors. Apparently he was angered by all the cars piling up and parked everywhere, on the street, in the lot, and at the loading dock. Instead of proudly relishing the gorgeous work happening in his building, he repeatedly called the tow company, *trying* to get them to tow our volunteers' cars.

Just then, in walked Chuck Lesnick, the City Council President of Yonkers, asking how he could help. I told Chuck about the landlord and how I just wanted to make sure that these amazing volunteers weren't going to have their cars towed while they were working to pack supplies for Haiti in my warehouse.

"I got it," Chuck said, "Don't worry."

It took Chuck exactly ten minutes to solve my problem. Standing beside him was a hulk of a man.

"Danielle, Meet Tony – he owns the towing company."

"Tony!" I said, "I am begging you not to tow anyone! All these people are here to volunteer!"

"Not a chance," Tony said, "Your landlord is still calling me – I have at least 20 missed calls, but I'm not going to answer. Don't worry – I'm not going to tow a single car."

From that point on, I was a big fan of both Tony and Chuck.

THE CARER

Cynthia Odell heard about Afya from her daughter, a student at the Master's School who had heard a lecture I gave there. Mother and daughter came to the warehouse together, ready to help. Cynthia took one look at the hundreds of volunteers, the soda cans, bags of chips everywhere, and clocked it all. An art historian, designer, and activist, Cynthia had just completed working on Obama's campaign in NY and was ready for "next."

Cynthia was instantly committed to the work. The second day she came to the warehouse, she brought trays of sandwiches, cut fruit, and lots of bottled water. She cared for and fed hundreds of volunteers, becoming the unofficial caretaker of the warehouse – checking in, asking people if they needed help, and offering a hand wherever possible. When she wasn't caring for us, she was working alongside me, making non-stop calls begging everyone she knew for donated planes and cargo to Haiti.

Cynthia became irreplaceable at Afya and later traveled with us to Haiti and Kenya. Her husband Jim later joined our board, and she ran the Advisory Board. It all started because Cynthia knew the importance of caring for those who were caring for others – seeing that we were trying to work while fueled by chips and soda, and responding by showing up with sandwiches. Like so many she saw a need and she met it.

SUSHI AND EMERGENCY CREOLE TRANSLATION

There is a very special restaurant in Yonkers, X2O, led by Peter Kelly – a renowned chef and incredible humanitarian. This gorgeous restaurant overlooking the Hudson River became our salvation. Most of the clientele are nicely dressed (it's a beautiful place) and there we were, traipsing in at 9 pm, filthy and starving, hoping for drinks and sushi. Peter Kelly and his staff NEVER commented on how filthy we were, never moved us to a quiet spot away in the back. We would sit around a table, burst into tears, and the staff poured wine, hugged us, and kept incredible sushi coming. X20 became our refuge. Processing our day over a good meal with drinks in hand was restorative for my team, and allowed us to continue our work with our morale intact.

We quickly learned that many of the staff at X20 were from Haiti. We would be sitting at the restaurant and I would get SOS calls from Haiti. I would hand the phone to X2O bartenders or waiters and beg them to translate creole for me. They always graciously said yes. One afternoon, a group of servers and staff from X2O showed up at Afya's warehouse to help us load a container, saying "This is how we are going to help home." A year later we held a fundraiser gala at X2O and thanked every member of his staff and Peter for taking loving care of us as we turned our attention to the homeland of his remarkable staff.

SCREW IT, LET'S TRY

The first time I set foot in Haiti was about 2 weeks after the earthquake. I flew to the Dominican Republic with an Occupational Therapy colleague of mine from Columbia University and together we took a FEMA shuttle into Port au Prince. A team from Global Health at Weill Cornell had helped us arrange our flights, lodging, and transportation.

We were there to do a needs assessment. In order to get a sense of what was needed and how Afya could help, I had to see it first-hand. I knew that many people had undergone amputations after injuries caused by the earthquake, many had suffered orthopedic trauma, and countless people had lost their homes. But it drives me crazy when well-meaning people assume they know what others need on the ground in a crisis – when they send useless or inappropriate supplies. I needed to gather information on how we could offer the most assistance. The only way to do that is to get your boots on the ground and look people in the eye and ask them what they need.

In Port au Prince makeshift hospitals and tents were everywhere. I entered a massive tent of recently amputated patients. I saw immediately that many recent amputees were unwrapped and resting in terrible positions – positions that I knew could lead to deformities. I saw a woman wearing a Rehab ID tag, and immediately tried to enlist her help.

"Can you help me here," I said. "Let's divide and conquer this tent – let's teach family members how to wrap the stumps of their loved ones and how to keep them in positions that won't lead to even worse outcomes."

"That's not what I do," she told me, "We help people get the equipment they need." She handed me a perfectly crafted pamphlet about the accessibility services her group could provide.

I turned and saw a woman with an amputated foot, hunched over and trying to walk with pediatric crutches. I approached and told her that she needed taller crutches. She told me that her back was killing her, but that these tiny pediatric crutches were the only crutches available.

The lack of adequate supplies was immediately apparent. The less obvious need was for people who knew how to truly treat these patients and their families holistically. People were facing life with a new disability, in a country with little resources to support them, and they needed more than just equipment. Treating the person goes beyond the injury, beyond the amputation and the healing of the stump. Treating someone holistically entails seeing the whole person and creating solutions that work to preserve a life that is whole, independent and meaningful.

What was needed was a paid, well trained, Haitian rehab team. I had been at Columbia University, teaching in the Programs in Occupational Therapy for years, so I knew about meaningful rehabilitation services. But I had never put my teaching into action in an impossibly challenging environment like the one I was facing now.

I might have been a little paralyzed with the scale of the task at hand, but I also saw that anything at all would be better than nothing. That phrase – "Anything is Better than Nothing" – is a guiding principle of mine, a gift handed to me by Colleen Heaney, a colleague back in my days in Geriatric Psychiatry at New York-Presbyterian Westchester Behavioral Health Center. Colleen was a senior counselor in the Therapeutic Activity Division. She had a way with patients that I had never seen before – kind, strong, and tough. Cigarette permanently in hand, Colleen connected with patients deeply and authentically. She met people where they were and made sure every single person felt seen.

At that stage of my career, I was perpetually infuriated by layers of bureaucratic annoyances – unnecessary encumbrances that seemed always to get in my way. I'd take these frustrations to Colleen, and she'd tell me, in her deeply sage smoker's voice, "Screw it."

"Screw it" was a mantra, a way to release myself from the constraint of what I could not change, to move quickly into what I *could* change. In so many situa-

tions *any* help, any offer of goodness and connection is valuable. It doesn't need to be grandiose, perfect, or even inspired – just an authentic hand extended in an attempt to make something better, even for a moment. Sometimes just the experience of being seen and cared for by another human being is valuable beyond measure. We don't have to try to make a grand plan to move mountains – we just have to see a situation, say "Screw it," and just try to do something – anything.

I had seen the situation on the ground in Haiti, and it was enormous, and devastating, and solving it was beyond my abilities, but Afya is dedicated to the art of "Screw it." I believe deeply that anything is better than nothing, and I was determined to do *something.* That was the moment of conception of Afya's rehab program in Haiti.

LOST IN TRANSLATION

I realized we were going to need a rehab team of techs to treat the people, and builders to create adaptive products for the recently disabled. But I didn't want New Yorkers to staff the program, I wanted Haitians. Afya was going to help Haitians heal by healing others. Haiti didn't need white saviors swooping in to save the day and then leave. The people on the ground need the opportunity to help and be centered in the rebuilding – the empowerment of healing their own.

On a practical level we had to find a way to offer rehabilitation daily – not only in the aftermath of the earthquake, but long-term, and the only way that was going to happen was if Haitians helped Haitians. They needed work and they spoke the language. I wanted to build something lasting – help for the people who needed it, jobs for the rehab techs, but above all a clinic that would serve Haitians long after the international aid groups who arrived in the aftermath of the hurricane had packed up their tents and gone home.

More broadly, I also needed a Haitian rehab team to become advocates for the disabled. As it is all over the world, disability is stigmatized in Haiti. We needed a team of people on the ground who would connect with the newly disabled and demystify the experience of disability. None of that would happen if a bunch of therapists from the United States parachuted in and left after a few months.

I put out word to anyone and everyone that I was looking for people who could be great rehab techs. I set up a clinical training program with Laura Wat-

son, a kick-ass OT and PT from New York, who became my clinical partner in building the rehab team. We began by screening candidates for this new rehab team. We wanted the techs who graciously connected and stayed present. We wanted the techs who listened by putting their hands on another person. We wanted the techs who showed up in the massive and real way this work required. We watched, and waited, and by the end of the training we had our team of amazing techs. Our Haiti Rehab program was born.

Our rehab program was incredibly challenging work in the beginning because we had terrible translators. People were trying to communicate with us about the most impossible and intimate circumstances, and the translation we were getting was terrible. People had heard through the grapevine that we were looking for translators and people showed up, ready to translate. But not everyone has the emotional capacity for this kind of work.

I was working with a woman who was trapped in a falling building for hours during the earthquake. She lost both of her babies, and she lost her leg. I held her hands, and she talked and cried. I knew I needed to meet her in her place of terror. I needed to honor her story and her experience. I couldn't speak her language but I knew if I could hold her hands, to see her and hear her, I could slowly move her out of a frozen place of terror.

"Tell me what she is saying," I told my translator, desperate to make a connection. It became clear that he couldn't manage his own emotions, much less translate hers. He merely mumbled that she said she was "ok."

I told him, "You can't do right by the people who are here, people who are praying their lives will return, if you can't say what they are really saying." I sent him on his way. I knew that I sounded like a lunatic, brusquely dismissing a translator, but I couldn't tolerate the lie and the refusal to acknowledge the pain of the person in front of us. I knew I had to honor the integrity of the stories in front of me in a manner they deserved and needed.

But there was no getting around the fact that while translators are essential to this work, they were witnessing these traumas first hand. One of our translators, Antoine, once translated for me with a patient who had lost both her arm and leg. In the middle of translating, he stopped, tapped me on the shoulder, and whispered, "D – I am out."

I recognized that Antoine was in crisis and knew that in Haiti there was a belief that amputations could be contagious. But I told him how much I needed him and how much he was helping and asked him to stay. He hesitated but didn't leave, and I finished the session with one reassuring hand on the patient and one reassuring hand on Antoine's knee.

The awful translations felt like an impossible barrier – until Evenel arrived. Evenel walked into our clinic with a certificate showing that he was a certified translator, and he was ready to work. His fluency in English was stunning, matched only by his integrity and courage. Without hesitation, Evenel translated generously for our whole team - he was deeply invested in the work we were doing, and wanted to help in any way he could.

I had no idea that Evenel was living in a temporary tent on the hill in Port au Prince, having lost his home in the earthquake, and that the previous night an enormous storm had flooded his tent, soaking his clothes and shoes. Evenel had borrowed clothing and shoes to come help us – to try to be of service to others. He told me, "Helping translate you to others is helping me, I am getting help listening to the advice offered to others to get through each of our traumas." Prior to the earthquake, Evenel worked in computer technology, but he eventually became the brilliant, capable manager of our rehab program.

SA OU FE, SE LI OU WE: YOU REAP WHAT YOU SOW

Months later an amazing Haitian pastor from Queens, Roger Desire, came to Haiti with us, and when he saw our rehab team in action, he told me had land in Haiti he wanted to lend us for the building operations. Black and Decker donated tons of tools and we sent a shipping container down and transformed it into a workshop. Our new workshop allowed our rehab techs to create innovative products for people with disabilities all over Port au Prince. Joel Neff, our Warehouse Manager at the time, led the training for builders in Haiti. We were all wearing multiple hats.

My team met a woman who had been trapped in the earthquake and had her arm amputated by a neighbor who sawed it off in the street to save her life. When we met, she talked about her concerns. She was a mother and she was the primary cook for her family. She asked us, "How am I going to cook? How am I going to

do laundry?" We asked her to walk us through every task she was worried about so that we could teach her accommodations or make objects that might improve her daily independence. The rehab techs created a vice to fasten her mortar and pestle to a table so she could mash garlic and avocados with one hand. They made her a cutting board with nails sticking out of it so that she could affix mangoes to the nails and slice them safely and independently.

Sometimes people need crutches or wheelchairs, and sometimes they need something unexpected, something simple but just as essential. Our rehab team looked for ways to truly rehabilitate people to allow them to live full and independent lives.

THE POWER OF WOODEN BENCHES

One of the things our Rehab Team built in our new workshop was simple: wooden benches. We had people waiting for treatment and they needed somewhere to sit. Over time, I watched as patients moved the benches – they moved them to be as close as possible to each other. The waiting rooms I was used to in New York City would not work here. They created a waiting area that invited closeness, this intimacy and connection.

During my time in Haiti I learned that Haitians build an exquisite web of connection of individuals caring for one another. I always noticed that when people had conversations, they would stand so close that they would inhale your exhale. Everyone is used to being very close and intimate with one another – an extension of this extraordinary sense of community.

While waiting for rehab, I remember one patient pulled a bench closer so that she and an older woman sitting across from her would be connected – she scooted the bench closer and closer until they were so close that their knees were touching. They shared a snack and their nonverbal communication was connected, attached, invested and loving. None of this is conveyed in verbal language – it's all nonverbal. This closeness, this connection, it was essential, it was therapeutic, it was important, and I loved it. This was my kind of waiting room.

AFYA MOVES TO JPHRO

After a few months running our Rehab Clinic at a site that wasn't working out, I heard that Sean Penn was running a camp at the top of the Pétion-ville Hill, a former private golf course that was now filled with 75,000 people living under tarps and in makeshift tents. I went and met the extraordinary Julie Santos, the manager of projects and logistics at the camp, and told her that we needed a space for our clinic and that we would do the rest. I promised her that we meant business, that we would show up consistently and provide treatment for the many disabled people living in the tents at J/P Haitian Relief Organization (JPHRO). She took me at my word and provided us with a big tent for treatment, and this tent became our team's new home.

In this work, partnerships are everything. Afya has taught me that creating partnerships where you offer more than you ask for is essential. Communicating how you can be of service and help the potential partner in front of you is key, and you must be honest and authentic with both clarity and grace. If you want someone to believe in you, you must show up and show them what you can do. Talk is just talk; promises are just promises. I knew that if JPHRO partnered with us, we had to be true to our word.

JPHRO gave us space to operate our rehab program, and we were up and running. Within a month of the earthquake, JDC stepped forward generously to help us build and financially sustain our vision of rehabilitation and recovery in Port au Prince. They supported our ability to train and employ our incredible team of rehab techs and adaptive builders.

MESI ANPIL: THANK YOU

Our team continued to travel back and forth from Haiti – working with the rehab team on the ground, and flying back to New York to manage donations and oversee shipments.

One of the places we worked in Haiti was at Champ de Mars, one of the largest parks in Port au Prince, which had become a tented city – and one of the city's most dangerous camps. We had set up the rehab clinic and announced on the radio broadcast from inside the park that we were available to help anyone

who needed help. Soon enough, everyone knew that they could come to us for free care and supplies. The Afya team's bright orange shirts made us easy to find.

One day, as I was working in our busy pop-up rehab clinic, I noticed a woman covered in bruises and bloodstained clothing sitting quietly and alone on a rusted old folding chair. She was waiting patiently to be seen.

With a translator I approached the woman.

"Hi, my name is Danielle, I'm one of the therapists here. Can you tell me why you're here and what happened?"

She could barely look up at me. With eyes turned downward, she wrapped her arms close to her chest.

"My arm hurts… I hurt my arm," she spoke very quietly.

"Are you okay if I take a look at your arm?" I asked.

She had wrapped it in a piece of printed fabric, which was stained with blood. I noticed bruises on her face and arms, and she saw me noticing.

She agreed to let me clean her wounds and redress them. I took gentle care of her and moved slowly and tenderly. I wanted to convey that she was safe and that we would touch her gently and carefully. The more I cleaned her bloody wounds, the more she started to relax. Her breathing changed, and I could feel the difference. She began to look up at me, only for a moment, but then would quickly drop her gaze back to the floor. Eventually, she was able to look me in the eye and smile.

"Mesi Anpil, mesi anpil," she whispered. "Thank you."

When I was done dressing her wounds, I gave her a bag of sterile bandages and taught her how to change the dressing, how to keep the wounds clean and healing. I could tell that her arm ached, and though it wasn't broken, she would benefit from immobilizing it in a sling to let it heal for a while.

"We need a sling," I said to Evenel. "Where am I going to find a sling?" I started looking around for fabric to make a sling when El Paul, one of our rehab techs, approached me.

"Danielle, I will be right back with a sling!" El Paul announced, and he took off into the crowd.

"Where is El Paul going to find a sling right now?" I asked Evenel. We stood there looking at each other, baffled.

Then we saw a tall man running at top speed through the crowd, waving a sling over his head. I couldn't believe it.

"El Paul, where did you find this? I am so happy to have it!!! Thank you!!!"

"In my tent," he said, "I keep a full bag of supplies there in case we need them. They are safe to store there."

"El Paul, do you live here in the camp?" I asked. This soulful, loving, smart, devoted rehab tech, who gave so much of himself to so many, lived in this tented camp.

"YES!" he nodded, smiling.

Every day, this amazing man got up, found a way to shower and find food and put on his orange Afya shirt to go to work helping people who were living with new disabilities. As El Paul watched me gently place the woman's arm in the sling, he smiled. As she left, she repeated "Mesi anpil, mesi anpil," until her voice was too far away to register.

NOU SE LANMÈ, NOU PA KENBE KRAS: WE REVEAL THE TRUTH, WE DON'T KEEP SECRETS.

It proved to be a day rich in showing up for others and meeting them exactly where they needed to be met.

A man standing with crutches offered a smile and told Evenel, "I need help." I gloved up again and started to unravel the layers of bloody and dirty gauze on the man's lower leg. His foot was barely attached to his leg and was highly infected.

I took a big exhale. The conversation was about to get very real.

"After the earthquake my foot was smashed," he said, " I got crutches and have tried to wrap it with gauze but it hurts. It isn't getting better."

It was time to tell him the truth. "Based on what I'm seeing here, you should know that it will take a very long time, multiple surgeries and lots of medicine to save your foot. There's no guarantee that will work. The second option is to have your foot amputated. You would recover quicker and be independent," I paused, "It's a lot to take in. Do you have questions, concerns…. I'm wondering how this all feels for you."

"This feels good," he responded. "Because I can't live like this anymore. Where do I go to get my foot amputated?"

This was a cornerstone experience: helping others strengthens us and gives us the power to do more. We gave him the name of two amazing surgeons we had worked with, whose office was close by. I thanked him for making the effort to find us and improve his life and well-being.

VWAZINAJ SE FANMI : NEIGHBORS ARE FAMILY

On a steaming hot afternoon, I was taking an international reporter on a walk through Champs de Mars, when, in a blur, a teenager grabbed the Blackberry from my hand and ran away.

"How are you going to function without your Blackberry? What are you going to do now?" The reporter was freaking out.

I told her that I wasn't going to collapse without a phone, I would be fine. In fact, it just might make my life much easier without being interrupted constantly while working. She was undone and stared at me in disbelief.

As we walked through the camp, the reporter only saw all that was wrong around her.

"This is awful. This is tragic," she said, "It smells terrible. How are people living like this?"

Of course, she was right. It was awful, but I could tell that while she was focusing on everything that was wrong, she was missing the moments of good, the beauty and the possibility that was all around us.

Even through the stench of piled garbage and malfunctioning temporary bathrooms, this community had a pulse and was recovering. Together, we walked through an area with lots of tents and I pointed out the decorative touches of colored stone paths leading to tent openings. Ferns had been placed on the tops of tents to offer decorative cover and shade.

Color was everywhere. I kept pointing out examples of community, of resilience. Slowly, the reporter started to notice. I drew her attention to a group of women sitting on milk crates making a big communal pot of creole chicken. They talked, shared, and laughed.

I wanted the reporter to see the light in the darkness, and to convey it all in her reporting. I know that when a situation seems impossible, we feel hopeless – when we feel hopeless, we lose our ability to act. When people are overwhelmed by the tragedy, they turn away, and I didn't want the world to turn away from Haiti.

When the tragedy is too great, when I'm overwhelmed, I try to see the ways I can help, however small, and I try to live in that sliver of light. I didn't want the reporter to go back and write yet another story about the devastation in Haiti. I didn't want her to lie, but I also wanted her to show the world that there was resilience here, and hope.

I kept walking with the reporter, trying to show her the camp through my prism, until finally she got it.

"I didn't see it before," she told me, "Now I do… I'm going back to my hotel to write."

LESPWA FE VIV: HOPE IS ALIVE

My team and I heard of a local hospital, Bernard Mevs, that had tents perched outside for patient recovery. I wanted to visit and see if our Haitian rehab team could be helpful there.

The tents were full of patients recovering on cots. Many had earthquake-related amputations or serious fractures, and all were still acutely recovering. Help with rehabilitation was nowhere to be found.

I was curious, so with the help of one of our translators, I "knocked" on one of the tents and announced the greeting "Salut" while peeking in. There, a man in his 50s was lying in bed with his two adult daughters sitting close by. I introduced ourselves and explained our role there and asked him if he could tell me the story that led him here.

Before he could even begin, his daughters jumped in.

"Our father can't move," they told me, "He needs rest! Don't ask him to move, he needs to rest."

One of the key tenets in rehab medicine is as soon as you can get moving, you better get moving. Our bodies, like our souls, thrive in movement, and strug-

gle to heal in stagnation. Movement increases blood flow, helps digestion, and prevents pneumonia, blood clots, pressure ulcers, even pulmonary embolism. This man needed to get out of bed as soon as possible, but I didn't argue with the daughters. I would let this go for now. I first needed to hear his story.

He explained that when the earthquake started, he was in his shop and tried to run outside but was crushed by the outer wall's collapse. He had multiple fractures in his legs, his pelvis was crushed, and he was left for dead. Hours later, someone found him still breathing, in horrible pain, and carried him to Champ de Mars, where Haitians were bringing both the injured and the dead. He had been lying on the ground of the park for days when someone from the Bernard Mevs Hospital noticed him and brought him in for treatment. He did not have surgery for any of his injuries, and instead was given a bed and tent to heal in.

"Since the earthquake, have you been able to stand up?" I asked.

"No, no, no, he is not going to move because he needs to rest!" the daughters insisted.

"If he continues to rest, if this is all he does, he's at great risk for developing pneumonia. Pneumonia could kill him. He's gotten through a horrible injury and lived through it. Now, it's time for him to get up and start walking again," I was kind, but I was firm and clear.

They understood and so did he – but still, getting out of bed after such a traumatic injury was terrifying.

I sat across from him and placed my hands gently on his arms.

"You don't know me," I said, "We have just met. I want you to know that I know what I am doing here. I have come from New York to teach rehabilitation medicine to a team here in Haiti. This is my job, and I know we can help you today. I'm asking you to put your trust in me and what I know – just for today. You can decide if I deserve your trust again tomorrow."

He nodded.

We started very slowly. He hadn't sat up or stood for weeks. There was no pain medication available, so we used breath work to mitigate his pain. "I'm staying with you," I said, "We're going to work on this and we're going to get you up today." I knew that his recovery was going to be an act of will, and he would have to believe in the possibility of healing in order to overcome his pain and his fear.

We found a rolling walker, and he practiced standing, and then taking a few baby steps. His blood pressure was all over the place, so we took many breaks to breathe and adjust.

"I have faith that you'll be able to do this," I told him, "Ride my faith. This is all new for you today – today is going to be completely different from yesterday. Today you are going to walk again."

He nodded and smiled, and then slowly but surely, pushing his rolling walker, he went for a walk. By the end of the day, this man who had been bed bound for weeks was strolling the path between the tents, smiling and waving to people passing by.

Cholera

TELL US WHAT TO DO!

Haiti, 2010

It had been ten months since the earthquake in January of 2010, and Afya had been sending containers weekly to Haiti – tens of thousands of pounds of medical and rehab supplies, including wheelchairs, medical exam tables, IV poles, treatment tables, and wound care supplies.

We were stocking primary care clinics in need in addition to the stand-alone rehab units we had established after the earthquake. I was flying back and forth from Haiti to New York, making sure the warehouse could supply our teams on the ground with everything they needed.

By October Haiti was in a new crisis: cholera had appeared, and an outbreak was quickly spreading.

I accompanied our leading funder and partner in Haiti, JDC, on a trip to Port au Prince to plan a response to the crisis. In a tap-tap, a colorfully painted bus with slats for windows, we watched as dead bodies were dragged behind cars. Cholera was killing people at an alarming rate, and the Haitians were bone-deep

mad. They were dragging their dead from their homes, through the streets, and leaving them in piles on the mayor's front lawn.

Their desperate message was unmistakable: "See us. Save us. Tell us what to do."

Our tap-tap took us to the Hospital General, the largest public hospital in downtown Port au Prince, where we had a meeting with the Director.

"Do you have any IV solution in-country?" The Director asked. He was desperate. He had no IV solution, a basic necessity.

"How many IV bags do you need?" I asked.

"6000 to start," he answered.

"Yes," I said, "You will have it today."

The Director told me that outside Hospital General hundreds of people waited in line, lying on the ground, in the arms of their loved ones – a seemingly endless line of people, weak and barely holding on. Inside the hospital, doctors were begging for supplies to treat them.

I couldn't believe what I was hearing. At the time, it was impossible to imagine a hospital system in New York – anywhere in America really – having to ask for the most basic of medical necessities. The situation in Haiti was deeply and terribly wrong.

I could see that Haitians were terrified: people were scared to death of cholera. They had seen people they loved die horrible deaths, lying in their own diarrhea, and they didn't understand what made this happen. They had no idea where to turn for information – no one had access to medical information they could trust. Everyone had a different story about what caused this disease and how it was spread, and everyone was convinced their story was right.

It seemed to me that no one on the ground was communicating the truth of prevention and management. It is not uncommon for modern science to fail to find a way to share public health information in a manner that people can understand and follow. At the outset of the cholera outbreak in Haiti data sheets and guidelines (all referenced perfectly) were distributed, but these data sheets failed to adequately communicate the information to Haitians in any straightforward or practical way. These guidelines suggested the use of specific chlorine tablets, or specific measurements of bleach to help purify water. While the information was perfectly scientifically sound, the number of drops or tablets to use for each glass

of water was terribly mistranslated along the way. It became a disastrous game of telephone with the essential information changing at every step. Eventually, the information became so distorted that radio talk shows and government talk shows recommended amounts of bleach and chlorine that were far from accurate or safe. People believed their radios, and that ludicrous game of telephone led to hundreds of people being poisoned as families drank bleach infused water.

The truth about cholera is devastatingly simple. The bacteria that cause the illness spreads in contaminated drinking water and infects the intestines. Severe diarrhea and vomiting leads to rapid fluid loss, shock, and organ failure. Without treatment, people can die within hours. The treatment for this nightmare illness is to replace the lost fluids. That's all. Severe cases need intravenous rehydration. With fast rehydration treatment, fewer than 1% of cholera patients die. A simple set of supplies – IV starter kits and rehydration solution (normal saline, or Lactated Ringer's, which has additional electrolytes) are all that is necessary to treat cholera. These are basic items in healthcare in America, but they are not so basic in Haiti. We needed to get basic life-saving supplies on the ground, and we needed to get the word out to the people about how to prevent cholera –to stop drinking contaminated water – and how to treat the water at home. The country's infrastructure and people were still reeling from the earthquake, and the task before us was enormous.

I have learned that the key to moving through trauma is action. If you just bear witness to the suffering of others, you're either going to disassociate and compartmentalize or become so overwhelmed that you can't catch your breath. I didn't want either to happen to our team, so I just kept us going. We were all already deeply in love with Haiti, and we were committed to finding a way to help.

BODY BAGS

By the time cholera hit Haiti, Afya was well established on the ground. We had remarkable partners: JDC was our funder, New York City hospitals were donating medical supplies, and our Haitian Rehab Team was providing care and services to thousands of people at multiple sites of care in Port au Prince. People knew of us and our work, and they knew we could get supplies on the ground –

fast – which is how I ended up in that meeting with the Director of the Hospital General, fielding requests for basic medical supplies.

After visiting Hospital General, our team hopped into our rented tap-tap. It was hot and humid as we made the journey up the steep hills and twisting turns of Pétion-ville to the headquarters of JPHRO (now known as Community Organized Relief Effort: CORE). In their makeshift office, JPHRO staff used a whiteboard to list and track supplies they needed. I reached for my new Blackberry to take a picture of the board. We had thousands of pounds of supplies in our warehouse back in New York, and I hoped to match some of the items they needed with what we already had available.

There, on the board, I saw lists of standard medical supplies. As I took photos, my eyes landed on a line that stopped me cold: "body bags." Thousands of body bags for the thousands of *anticipated* cholera deaths – lives that had *not yet been lost* and that could still be saved. I remember thinking, that's up there because the root of the problem is not being addressed: cholera is a treatable disease, a very survivable disease. If we look for the root of the problem, therein lies the fix. Everything except the fix for the root cause is just a band aid, or in this case, a body bag.

We wouldn't need body bags if we could treat cholera and prevent the spread. When I read body bags on the white board, I tipped. Thousands of body bags meant we were preparing for the deaths of thousands of people from a disease that could be treated. These were thousands who had just survived the earthquake and had shown up and cared for others. No way could we let this happen.

CALLING FOR HELP

After that meeting in the JPHRO offices, I was angry, sad, quiet, and increasingly frustrated. In this emotional state, I entered a downtown hotel to speak with our funder at JDC. Judy Amit was an incredible leader. She was the Chief Operating Officer at JDC, and an absolute *force.* Originally from New Zealand, she was the daughter of a Holocaust survivor, and was determined to carry her father's torch, leading her work at JDC with grace and determination. When I found Judy she was sitting outside with a cup of coffee, smoking a cigarette. She waved me over to join her.

I think it's important to point out that most people in my position try to present a somewhat *polished* exterior to their funders. In a way, Judy was signing our checks. Most people polish everything to make it nice and pretty for funders. This feels artificial to me and incredibly inauthentic. When we face seemingly insurmountable challenges, why can't our funders be a more integrated part of the solution? What are we perpetuating by pretending all is good when it is most certainly not?

It's also important for me to point out that I was in a deeply agitated and volatile emotional state. I pulled up a chair and joined Judy, aware that I was about to burst. "I have to get bags of Lactated Ringer's onto this island and I desperately need help with funding these shipments. Judy, I need JDC's support. We have to do this or tens of thousands of people are going to die, and we can prevent it."

Judy started asking very specific questions and I soon passed my point of no return. I burst out crying, and then became louder and louder. I was overwhelmed with everything I had seen that day – the bodies dragged behind cars, the people lined up outside the hospital, the devastating requests for lactated ringers and body bags. But Judy was a kind and generous person. Rare is the moment where the organization being funded feels safe being vulnerable, honest, and forthcoming around issues and areas of risk with their funder, but with Judy I could.

Judy had been a generous mentor in Haiti, but she had never seen me fall apart to that extent, and truth be told, I hadn't either. I needed more than my own OT abilities to address the root causes to fix this massive problem. I could educate my team about rehydration solutions, about hygiene and safety measures for prevention, but thousands of people were dying – people for whom prevention was already far too late. I needed funding for containers of supplies and help with logistics. I saw the faces of the people on the ground outside the hospital waiting for care from a hospital that had little to offer.

She looked at me and committed to funding two 40-foot containers to Haiti immediately. I took a deep breath. I had my containers, now I needed the supplies to fill those containers. I thanked her a thousand times, grabbed her hands with gratitude and ran up to my hotel room to call Lee Perlman.

My hotel room was musty smelling, with cracked walls and inconsistent cell reception, but it offered everything I needed: a hot shower and a bed at the end of every long day. At this moment, all I needed was privacy for my next call.

Lee Perlman is the President of Greater New York Hospital Association (GNYHA) Management Corporation and we met right after the earthquake in Haiti. Lee is highly respected in New York's health care delivery system, and he uses his massive influence to make enormous good happen in NY and all over the world. Only months earlier, he'd heard about Afya through the grapevine and had called me out of the blue to introduce himself, saying "So who are you and what exactly is Afya doing?"

He knew I was in Haiti and picked up his cell on the first ring. When I heard his voice, I lost it, again – for the second time that afternoon. Sobbing, trying to find my breath, I unloaded on poor dear Lee. I purged everything I had seen that day into the phone, and Lee was quiet, listening to every detail. When I got through it all, I returned to sobbing.

"Ok, I hear you," he said, "Stop crying. I am going to get you two 40-foot containers of Lactated ringer and IV starter kits. It's happening."

I stopped crying. We were going to fix this inexcusable wrong together.

THE BOUNCE

In all the time I spent traveling back and forth from Haiti, I had fallen in love with the resilience of the people I met – people who were forced to survive with so little, who faced incredible challenges, and who were still committed to living every single day. People who had the capacity to rise like a phoenix after a devastating earthquake.

I've always been drawn to those who use their innate ability to cope with one tragedy to survive the next. I call this phenomenon "the bounce." Each bounce can make us stronger and better prepared for the next bounce, large or small. I've learned that during times of crisis, if we can accompany another person by listening carefully to their story, then we can help them bring the strong bounce of a previous crisis to the needs of the present. We can tap into that well of strength, and it can become our secret power, over and over again.

I slipped into my occupational therapist mindset. What was the root cause of the problem? How could we preclude the need for body bags? How could we leverage "the bounce" and bring the power of the resilience people showed during the previous crisis to this current crisis?

I flashed back to the benches our Rehab Team had built after the earthquake – the makeshift waiting room outside of our Rehab Clinic that became a hub of connection and support. I knew that Haitians helping Haitians made sense, and a bunch of New Yorkers leading informational community-based sessions did not.

I sat with our amazing Haitian Rehab team and our Afya team members from New York. We had also brought rehab experts to Haiti with us who could train the Rehab team in different techniques, because most of our team in Haiti had no medical or science background. We began to train our Haitian team to spread the word about cholera prevention and how to rehydrate at home. We had thousands of cards of instructions for making rehydration solutions printed in creole with clear graphics that were easy to follow and easy to distribute.

I told my rehab team to ask me the questions and concerns they had and were hearing on the ground. There was a lot of concern about contagion, because there was a lot of misinformation about how cholera spread. I answered all their questions honestly and was straight with them. We made sure they all knew how to make rehydration salts at home, and how people could protect themselves from cholera. They would become the linchpin for spreading truth.

I told them that we would help protect them, that they were all going to be informed on how to stay safe. We equipped a member of the rehab team who was a nurse with IV starter kits and lactated ringer bags so that she could treat any member of the team if needed. We talked about cleaning and safety, and how preventive techniques were going to become very, very important. I needed them to feel safe going to work in the camps, safe to sit close enough to their fellow Haitians to connect and access that incredible web of community I knew was possible.

A WAY THROUGH

When people are dying, I want to act, and act fast. In these situations, I would rather ask for forgiveness than permission. Following the rules in Haiti would have looked like us asking for permission from everyone to be a part of the dissemination process of medical supplies, and it would have meant getting buy-in at lots of meetings while people were dying by the hundreds. The reality is that

during a crisis you don't have time for bureaucracy. People need help immediately – we didn't have time to waste checking boxes. We choose to see and focus on those needing help more than the lines of offices needing a signature. Bureaucracy for the sake of bureaucracy is ridiculous. There is always a way through – you just have to choose courage first and track a plan carefully and thoughtfully.

Lee made sure trucks of supplies were delivered to Afya and our long-term shipper had containers ready to be loaded with at least 50,000 pounds of lactated ringer IV solution, IV starter kits and gloves. Weeks later, the IV kits and fluids arrived in Haiti and our partners at JPHRO lined up helicopters and the military to fly thousands of these essential items to Haiti's Central Plateau. These supplies were used by multiple sites and hospitals in Port au Prince. 20,000 lives were saved.

STABBING BECAUSE OF ANYTHING

I continued to travel between Haiti and New York. On one of those many trips I traveled with Dr. Stephen Kelly, my partner in crime from the first Obama's Day of Service stampede, to Cité Soleil, where more than 400,000 people live in extreme poverty under the threat of daily violence. The two of us sat with community health workers and asked them what they wanted to learn. The team of community health workers requested a class in responding to shootings and stabbings in the middle of the night – a crash course in keeping people alive until the sun came up and it was safe to bring them to the local clinic. As soon as the topic was raised they all began talking about how dangerous it was at night in Cité Soleil. When people were stabbed or shot late at night, their families wouldn't bring them to the hospital unless it was absolutely necessary, because the medical staff at the hospital would call the police, and an investigation would ensue. These families had a justifiable fear of retribution, and so often chose to wait until morning when the Cité Soleil health center opened, because the health center delivered care and did not report to the police.

Steve and I were not prepared for this request: our normal menu of topics included low-stakes topics, like basic first aid, fixing wheelchairs, or taking care of children with disabilities. But we left the meeting and got to work. I was moved that the community health care workers had trusted us enough to tell us what

they really needed. It was an enormous vote of confidence for both Steve and me that they felt comfortable sharing their concerns, and that we had shown them that we would listen and respond. We had established a relationship: showing up with supplies, listening to what the community needed, and delivering what we promised.

Steve looked at the medical supplies we had brought down with us and he started organizing urgent care kits for each community leader. This was not perfect, but it would certainly be better than having and knowing nothing. We then created a presentation that we titled "How to Keep People Alive After They've Been Shot or Stabbed Late at Night" and it was standing room only, filled with more than fifty community health workers, all eager to learn.

Our Haitian rehab team (who helped deliver the class) were eager to learn as well. They were accustomed to us offering classes like "Daily living after a stroke," "Taking care of children with disabilities" or "Managing neck and back pain." This was completely different.

The class opened with Steve and I posing questions to the group. "Why is this an issue? What are the circumstances that lead to impulsive acts of violence?"

Everyone chimed in and everyone had a story. One person told us about an incident where a man wanted to date someone else's girlfriend and shot him to get him out of the way. Another described a card game that went south fast: the losing player pulled out a gun and shot the man with the winning hand. Stories of impulsivity, recklessness, and violence were openly shared. This was shocking to us, but not them. They lived with it.

Using members of our rehab team as practice patients, Steve pulled out the urgent care bags and demonstrated key principles of urgent care and product use. If the core principles were understood, then the supplies could be used well and methodically to save a life. He explained how to assess the source of bleeding, how to use a tourniquet, how to put deep pressure on open wounds, and more. Everyone was grateful for the practical information and now had urgent care supplies ready for use.

Then it was my turn. I talked about how we could mitigate violence and help families and victims manage their trauma. I noticed big open fields and asked if they have soccer leagues. The endorphins of exercise and experience of teamwork through sports could be therapeutic there – it could provide a healthy physical

outlet for anger and rage. The community health workers liked the idea and we promised bags of soccer supplies on our next trip to Haiti.

We then talked about how natural it is for people to retreat or hide after an act of violence, and how that choice can lead to a sequela of isolation, increased anxiety and depression. All the community workers had seen this all around them. We practiced mindfulness and breathing techniques in a group session and I encouraged them to use these strategies regularly in their own lives. The more comfortable and beneficial they found these techniques, the more authentic they would appear when teaching them to others.

Steve and I walked away from that experience feeling like we had done something important: people had trusted us with their needs and their truths, and we had listened carefully and given them exactly what they asked for.

PITIT PITI NA RIVE: LITTLE BY LITTLE WE ARRIVE

We were asked by leaders of the community to come set up a pop-up rehab clinic in Cité Soleil to serve the many people who lived there and were in desperate need. Word spread quickly that we were there, and people who needed our services came to the clinic all day. As we were about to pack up, I noticed a man by the gate, moving his body on the ground through the dirt by pivoting his torso around his left arm. I grabbed a translator and hurried over to him.

He told me that he was born without the use of both legs and his right arm. He only had use of his left arm, and he moved by swinging that arm forward, dragging his body behind him – he was in his 30s and he was coming to us hoping for his first wheelchair.

A standard wheelchair would mean that this man would be dependent on others, because with the use of only one arm he would always need help to move the chair. He was proud and independent, and I saw that a standard wheelchair would be inadequate for him. We talked about how a one arm drive chair could be a viable solution: he could control the entire chair with his left arm. In the US, this specialized chair costs thousands of dollars. I immediately contacted Drive Medical and they generously agreed to donate a one arm drive wheelchair and deliver it to our warehouse.

The next challenge was how Afya was going to get the wheelchair to Haiti. If we didn't deliver it personally, it would never get to him. Years earlier a nurse who had done work with us had come to the warehouse for wheelchairs to bring to the Dominican Republic.

"How are you getting all these wheelchairs to the Dominican Republic?" I asked her. I knew that the shipping would be prohibitively expensive. "We take turns sitting in them!" She told me, "If you don't it's a fortune!" I remembered her willingness to think outside the box to do what was practical and what was needed, and I knew exactly how I was going to get the wheelchair to Cité Soleil.

During our next trip to Haiti, my son Sam, then a film student at Tisch at NYU, joined us to document the delivery. I put my leg in one of our donated ortho boots. This would be my reason for needing the wheelchair. Outside of JFK, I hopped in my wheelchair with my booted foot, and it immediately began rolling uncontrollably down the sidewalk.

"SAM!" I yelled, "HELP!"

"Sorry!" Sam said, "I'm not used to this!"

We boarded the plane successfully, the wheelchair was folded, stored safely, and on its way. We arrived at the Port Au Prince airport, and when our Haitian team saw me, they were all very concerned until I jumped out of my chair on my own two feet.

"Look what we have for our friend in Cité Soleil!" I shouted.

Our first stop was the tent where the man was living. We spent some time teaching him how to use the chair and the streets became crowded with people cheering for him. It was a parade of goodness. It was beautiful. In 30 years he had never been able to sit or move independently. Now he would.

But giving him the wheelchair wasn't the end of the story. A month later we returned to Haiti and found him in a damaged chair. He told us that a motorcycle had crashed into him while he was crossing the street. We repaired the chair so that he could move independently yet again. We had to show up and keep showing up, to help him keep the wheelchair in good shape and to help him holistically as his life evolved and his challenges changed.

"Now what's next?" I asked him, "You have mobility and a mind and heart ready for work, what are you going to do?" The co-chair of Afya's Board and dear friend, Beth Stevens, was with us for this visit and helped the man get himself

started selling phone cards. She gave him a pouch to wear around his waist for easy access to cards and cash and bought an umbrella to attach to the wheelchair so he could stay out of the sun while selling. With the help of a translator, Beth taught him how to budget and sell so he could make a profit and to know when he would need to order more cards. She took him patiently through the entire process and by the end of their conversation a smile took over his entire face. He had a plan and knew how to make it happen. She provided him with money to start and with the money he would make he could get his own place to live and be independent. For the first time in his life, he would be able to take care of himself.

There's a saying I learned in Haiti that I think of often: *Pitit Piti Na Rive.* Little by little we arrive. In the years following the tragic earthquake, Afya delivered over 2 million pounds of requested supplies to Haiti and the Afya Haitian Rehab team treated over 7,000 patients in multiple sites of care – all at no cost. But the man in the wheelchair reminds me that our work is *Pitit Piti Na Rive*.

EDWIN

New York, 2011

Back in New York, a new group of volunteers from Riverdale Mental Health Association assembled in the warehouse, listening attentively as an OT graduate student introduced the tasks they would perform, and explained how sorting the supplies would help thousands in need abroad. The supplies, she told them, would help people in Haiti who had been injured during the earthquake or its aftermath. The volunteers from Riverdale loved that they weren't here to perform meaningless tasks and there was a deep and meaningful relevance to their engagement.

But in a corner, away from the other volunteers, Edwin paced, hearing and seeing things that were not there. Frightened and consumed, he shook his head and retreated into himself, trying to escape the voices. Edwin felt lost in his own mind, and we had to find a way to help bring Edwin back to us.

"Hi, I'm Danielle," I said, quietly and gently, "I know that you are pulled by all that you are seeing and hearing inside and that's a lot to cope with."

Edwin stopped pacing and looked at me.

"I think you can practice bringing your attention to what is in front of you here, to the things you can touch, and that will help you to pay more attention to what is actually in front of you, instead of what is going on inside."

"Okay, Okay," Edwin nodded in agreement. He was ready to give it a try.

I worked next to Edwin at the sorting table, staying close. When the voices inside clearly became too loud for him to bear, I would say "Edwin, come back, come back to what is in front of you and what is here on this table. Keep touching these supplies. Let's bring you back here, where you are helping save others."

I learned a long time ago that an OT's best therapeutic tool is themselves. How to adjust to the needs of the individual in front of us is a dynamic ecosystem of relatedness and care. With Edwin, I used a gentle, soft voice, not at all my natural mode. Edwin needed this calm version of me, not the loud expressive Danielle full of energy.

Slowly, over many visits to the warehouse, Edwin started to stay present, to engage more consistently with what was in front of him. We noticed his beautiful handwriting and asked if he would start writing labels for the boxes. He was so unfamiliar with being asked to do something important that he started to obsess over it – feeling that the labels had to be *just right*. He didn't want to make mistakes. "Can you check this for me," he would ask, "Can you can you read my handwriting – did I do this right?"

Of course, having Edwin write the labels wasn't the fastest or most efficient strategy for getting boxes labeled. But we were working toward something more important than efficiency. We led with Edwin's strength, his excellent handwriting, and while he was focused on executing a task he felt good about, he was able to remain focused on the supplies and the job at hand. Edwin was getting better, and the professionals at Riverdale were taking note.

Edwin wore his new responsibility with pride, and was able to start working collaboratively with others. He would say "Bring the boxes to me when they are ready for labels!"

One day I was on my way to a Sunday Sort, an open event where people and families of all ages were invited to help sort at the warehouse, and I ran into Edwin at the Dunkin' Donuts down the street from Afya.

"Good Morning Edwin!," I said, "What are you doing here? I thought you live in the Bronx?"

"It's a sort day," Edwin said, with pride twinkling in his eyes, "I wanted to come. I took three buses to get here."

I had to pinch myself not to well up and cry. Edwin had come on his own!

"I'm buying you breakfast!" I told him, "It's the least I can do to thank you for helping. What would you like?"

"Hot chocolate and a glazed donut!" Edwin said.

From that point forward, he came to many Sunday Sorts. We always ordered pizza for the volunteers, and people would eat and chat and have a great time. One day, Edwin took me aside and confided that people weren't talking to him, that others seemed to shy away when he approached to get a piece of pizza.

This was a do or die moment for me. As hard and uncomfortable as it might have been for me, Edwin didn't need sugar-coating or dishonesty. I owed him the truth.

"Edwin, your clothes smell like cigarettes," I said, "It's a strong smell that can put people off. And, since you smoke, your body and hair start to smell as well. You could shower daily and wash your clothes and coat on a regular basis. I think it's the stale smoke smell that keeps people away, not you."

"Okay, okay. Thank you," Edwin said.

At the next Sunday Sort Edwin no longer smelled like a smokestack. I saw volunteers talking and laughing with him over pizza. Honesty had paid off. It's hard to do, and can be deeply uncomfortable, but telling someone the truth in situations like this is far more compassionate than the alternative.

A few months later, his psychiatrist shared a wild story with me. He was standing at a urinal at a Mets game when suddenly at the urinal next to him was Edwin. He saw his doctor, smiled, and proclaimed "How bout those Mets?" and they both burst into laughter. This man, who had cowered in the corner during his first visit to Afya, trapped in his own mind, was now out in the world – free.

Family Vacation

Haiti, 2013

I found my daughter Caroline, then 18, crying in the corner of her classroom. We were in Croix-des-Bouquets, a community north of Port Au Prince, and Caroline was in charge of teaching art to forty kids ages 4-14 every day for a week. Caroline was studying fine art at UCLA, and she had planned an extensive curriculum. The kids were all working in pairs, tracing outlines of each other on large pieces of butcher paper. They were working on turning these figures into a superhero of their choice.

"What's happening for you here?" I whispered, my hand on her back.

"I'm an art student," she said between tears, "I don't know enough to be a teacher here. I don't know enough to really make a difference and help these amazing kids." Caroline had seen how much the kids had to handle every single day, and it had all come crashing down on her.

As I rubbed her back, offered reassurance and the one wrinkled napkin I had in my pocket to dry her tears, I noticed one of the murals and smiled. Two girls had been working feverishly on a superhero with long blond hair, blue eyes, and a UCLA t-shirt. "Take a deep breath," I told her, "Turn around and check out that superhero in the corner.

As Caroline turned, the girls looked up at her with giggles and pride, pointing at Caroline and back at their paper. They were happy, deeply immersed in creating together. "Wow," Caroline said, and then took a deep breath. "I think

I'm going to be okay, mom." She then sat with the girls, translator by her side, to talk about their superhero art project.

This moment – not Caroline as a superhero, but Caroline falling apart and then pulling herself back together – was why my friend Kathy and I brought our children to Haiti. I wanted them to experience this place I had come to love so deeply and wanted them to offer their gifts to the children in this community.

THE PLAN

Croix-des-Bouquets is a rural community 30 minutes outside of Port au Prince, and the site of Z'Orange, a school established by Prodev Haiti, my dear friend Maryse Pénette-Kedar's organization. Afya had provided rehab services in the community after the earthquake, and I wanted to return, and to offer the people there something truly wonderful.

Kathy and I came up with the plan: each of the teenagers would offer a week-long class for the children, an immersive experience in art or sports during the week between Christmas and New Years, while the children were out of school. The entire program, for children ranging from 5 – 16, would be held at the Z'orange Community Center at Croix-des- Bouquets. We would end the week with a big festival to celebrate the children's accomplishments and invite the whole community.

This would be an enormous undertaking, and Kathy, a gifted psychologist and best friend, said our kids were ready to dig deep, flex their inner agency, and offer their artistic gifts to others. I agreed.

My idea of a family vacation is not a comfy cozy one. Lying on a beach and floating in a pool is fine for temporary restoration, but doesn't build resourcefulness or strength. When I travel with my family, there needs to be an invitation to adventure and a chance to stretch our abilities emotionally or physically.

My children, their close friends Josh and Zach, and Kathy's daughter Claire prepared their programs and packed their supplies. Claire, a high school student, packed a suitcase of cameras and a printer to teach a course in photography. My daughter Caroline packed a treasure trove of art supplies. My daughter Sally would teach dance, and my son Sam would film the entire endeavor. Josh would

teach theater, and Zach would teach soccer and sports, his bags packed with balls and equipment.

Afya's rehab program in Haiti was making weekly visits to the school at Z'Orange to run a rehab clinic there, so we were a well-oiled machine. Our translators and drivers were ready and waiting for us at the airport.

We loaded our gear into the back of a pickup truck, and started our journey to Croix-des-Bouquets. The trip would be thirty minutes without traffic, but there's always traffic. As we drove, the wind delivered the scent of burning charcoal which shifted slowly to the lush scents of greenery as we crossed the city line.

There is a saying that you come to Haiti with plans, and she laughs at you. Haiti has her own plan for each visitor, and each of us leave with exactly what we need to learn. It's a magical place.

When we arrived at Z'Orange in Croix-des- Bouquets, a field filled with young waiting children greeted us. The teens got straight to work, and at the end of a very long day, we returned to Le Plaza Hotel in Port au Prince. The hotel had survived the earthquake in 2010, and served as my home base on many trips to Haiti. It's a wonderful place with staff I knew and loved, so walking in the door felt like coming home.

The kids were teaching during the day, and each evening we would gather at our hotel, and over Prestige (a delicious local beer) and amazing dinners of Haitian creole chicken, we would talk and debrief. The teens were experiencing so much, and Kathy and I gave them space each night to process what they had seen. Young mothers would try to hand the teenagers their babies, extending their arms, imploring through translators, "My baby would have a better life with you in the United States than she would here in Haiti."

Kathy and I did not lecture or explain. We didn't have a pretty bow to tie up the loose threads of these conversations, we just let the kids find their way through. "Why do you think this young mother asked you to take her baby," we might ask, or "What is that telling you about life here in Haiti?" We simply gave them the freedom to find their own truth.

The kids questioned the impact of bringing their art classes to a land where people lack the basics for survival, where people are chronically thirsty and hungry. Why were we bringing them crayons and theater workshops instead of nu-

trition or medicine? How does art help? Is this nothing but a tease – a glimpse of something they'll have no access to once we leave Haiti and go back to our lives?

We let the kids talk, only weighing in to ask some questions to guide them. Is there an impact to this exposure to art – even if it's brief? What message are you sending when you invest in these children and encourage their creativity – when you expose them to something new and exciting? Does the scarcity of other resources have to preclude access to art?

A lot of their questions didn't have answers, and our job as parents was only to encourage them to stay in the uncomfortable place of asking difficult questions. Of course we wanted them to see that the experiences they were giving the children in Haiti would iterate in ways they couldn't even imagine – that they were offering joy, and hope, and beauty, and that those things could not be measured. It wasn't our job to draw conclusions for them – we had to let them find their way.

CAROLINE

During Caroline's art class, crayons, stickers, sequins and sticks of glue were all over the place-on tables, the floor, windowsills, you name it. Many were supplies that the children hadn't seen before. A few had never held scissors in their own hands. At the end of each day, some children would approach Caroline and with extended hands, filled with supplies.

"Can I have these? I want to make pictures at home"

Others would take supplies when no one was looking and shove as much as they could into their small pockets. At dinner Caroline brought her dilemma to us: What should she do? In a place where people have so little, could she really prohibit the kids from taking these things? We talked about what stealing meant in a place like Haiti, where survival is difficult and resources are scarce, and stealing might be the only way to survive. We talked about the behavior Caroline wanted to encourage and what her end goals were. She wanted the kids to have the supplies, to take them home and be able to create beyond the bounds of her class – but she needed those supplies to finish out the week.

She decided to talk to the kids and let them know that they could take all the supplies home at the end of the week – but that she needed everything to stay

in the building in the meantime so that they could continue their work together. You just have to ask, she told them, and then you can take anything home at the end of the week.

SALLY

Sally, my youngest, was in high school. At home, every day after classes ended, Sally took herself in and out of the city on trains and subways so she could study at the Alvin Ailey American Dance Theater and Broadway Dance Center. Prior to this trip, Sally choreographed hip hop dances to Jason Derulo (who hails from Haiti) to teach to her students. She came prepared with speakers, downloaded songs, and a readiness to move.

The problem from the start was that many of the girls looked at Sally (and her fading turquoise green hair) as a funky little girl who didn't have much to offer them. She was teaching teens who were older than her, and that was the rub.

Sally stood at the front of the room, and announced with authority, "I'm going to *show* you the dances that you are going to learn and perform," and she hit it. The translator, Antoine, was blown away. He loved to dance, and from his spot at the back of the room, he went all-out, matching Sally in his enthusiasm, though not in the precision of his movements. The students had no idea where to bring their attention. The front of the room was inspiring and the back of the room was hilarious.

When she finished, there wasn't a sound in the room. From that moment on they took her seriously. She could dance and had earned their respect – not because she yelled or chastised, but because she showed them her passion and commitment.

But while Sally had their respect, the students weren't as committed to practicing and creating clean, strong work where they were all in sync as Sally wanted them to be. They did not want to practice the dance moves over and over and over again until they were clean.

"They aren't listening to me," Sally told us at dinner, "They're not respecting the process and I don't know what to do." I reassured Sally that she had done a meticulous job teaching and encouraging her class and offered to come in and talk to the class if it would help.

The next day I joined Sally in her classroom. "You guys can make a choice: if this is not what you expected or you don't want to do it, then that's ok and it's fine to leave," I said. "For those of you who choose to stay, make the commitment that from this point forward you will work seriously and show up fully."

The room got really quiet, but from that point forward, when Sally asked them to rehearse, they did. Again and again and again, and together they decided on costumes for a performance at the end of the week.

CLAIRE

Claire, Kathy's daughter, had a group of ten to fifteen-year olds who were really interested in photography. They were each assigned a camera for the entirety of the class and that alone meant so much to the students. They held the cameras like precious gems. She taught them about light, ways of seeing, capturing and framing imagery. Claire brought the cameras and a printer with her to Haiti so at the end of every day she could bring their data cards back to the hotel and print their photographs.

Every morning they would review their printed imagery from the day before and Claire would provide constructive feedback on how to improve with upcoming work. The kids shot images of their environment and each other. The portraits that came out of this group were exquisite.

One night at dinner we were all downstairs about to eat and I asked Kathy "Where's Claire?" She explained that Claire was upstairs, crying over the printer. It wasn't working, and she was devastated. "They count on me to come back in the morning with printed images of their work," she sobbed, "I can't disappoint them. There's so much that's already wrong here. I have to be someone they can count on."

With a little tinkering we were able to fix the printer, but the message Haiti was sending to our teens was clear. Each was experiencing a moment of gravitas where everything felt like it was crashing down on them. What mattered was how they responded.

JOSH

Josh, who was studying theater at Carnegie Mellon University, came with his younger brother Zach, also in college. Both were best friends with my children since early childhood. Their father was one of my dearest friends and had died years earlier. I knew he would want this experience for his sons, and I wanted them to be there with us.

Josh, who was very gifted in both acting and directing, was about to have an experience that was unlike anything he'd ever known before. He was creating and directing a performance in a land where he couldn't speak the language. He had to completely trust the translator he was working with, and this came with its own unique set of challenges, because the translator was a great guy who had worked with us for ages, but smoked weed all day long and needed constant breaks. Josh would be in the middle of intense scene construction, and turn around to find that his translator was suddenly MIA.

"OH NO – where is he now?" The performance group would continue, but Josh had no idea what was going on or being said.

The translator would then reappear, only to disappear a minute later. "One minute, give me one minute. I'm back. OOOOH I'm hungry." This translator became very comfortable and confident, telling the cast where to stand and what to say. Josh had to constantly reassert his authority. "What's happening here?" Josh would say, "There's a process to group collaboration and creating. You gotta let me back in here."

The theater class decided to enact the story of a teen Afya had worked with in our rehab clinic. Right after the earthquake, when Katwooski was twelve, her school collapsed and her leg was crushed and had to be amputated. She had a hearty and tenacious resilience, and was ready to tell her story and have it performed.

Josh's ability to garner and respond to feelings from everyone on stage was remarkable. There were moments where Katwooski would tell details of her recovery and someone in the class would laugh. "Laughing is an expression of discomfort," Josh told the kids, "What we are dealing with here is not comfortable for anyone." The play brought up lots of issues for the kids who were survivors of the earthquake, and they were committed to doing the story justice, even through the discomfort. Telling the story themselves was a way to take back control.

The production was hard for Josh, all the way through. I suspect it was doubly hard because he had to chase his weed smoking translator at every juncture, all the while trying to lead the children through the creative process and build their trust.

ZACH

Then there was Zach, Josh's younger brother. Zach was an athlete and wanted to teach sports. At home, he played rugby and he came to Haiti with a striped referee jersey, a whistle to blow, duffel bag of balls, cones and pinnies. He was the lone ranger for sports – everyone else taught the arts.

The first day that we arrived, there were a bunch of kids on the field excited to start. That was manageable for Zach, and he just needed translators on and off throughout the day. Some of the local young men who worked as soccer coaches showed up to help. They could speak English and become the bridge between Zach and the kids. They also wanted to learn new teaching techniques and drills.

But on the second day my son Sam came running to get me. "Mom come now – you are not going to believe what's happening with Zach!" Forty children were on the field as more ran full speed towards it. Soccer bedlam had erupted and the kids were fighting. And there was Zach, screaming at the top of his lungs, "There are no fights in sports! There's no hogging! There's no hitting in sports!"

Zach broke up one fight after another. He was trying to create order as more and more chaos ensued. His whistle blew nonstop. The translators stepped in to help create order, shouting in creole.

"Zach!" I said, "How can I help you here?"

"I'm good," he said, "I'm good! I really am good. Everything's okay. Everything's great. We're gonna be fine!"

Zach's optimism helped him to stay in it and turn it all around. Eventually the kids started doing drills and playing as a team. Zack would come back to the hotel filthy and exhausted each day.

"I think I need a nap," he'd say, and fall asleep for the night at 7:30pm. There were times Zach had between sixty and eighty kids on the field running

drills, and had some help, but not a lot. He figured out how to make it work. He hugged the kids, congratulated them for their good work, and they loved him.

"I really like what I'm doing," he told us, "This makes me feel good. I feel like I can really do something with the coaches and kids."

SAM

But that wasn't Sam's experience. "This is really hard for me," Sam told me. "I feel like I'm not able to give back or to be involved in the way that everyone else is. I am passively collecting stories, filming everything, but I can't really insert myself or do anything that's going to make anything better here. It feels pretty helpless."

We talked about his contribution and role as the storyteller being a delayed but significant one. He was experiencing everything, witnessing everything, and allowing the rest of the group to be present in the moment, because they knew Sam had it all on film. At the end of the day, we watched Sam's footage, and that became a place the group turned for comfort. When we got home he created a beautiful record of our time, and he came to realize that his role was far more significant than he realized.

THE FESTIVAL

Our final day in Haiti had arrived and we were preparing for the festival. I told Antoine, Sally's dancing translator, that we needed to figure out a way to get electricity to the stage, which was in the middle of the cow pasture, so that we could blast music. Next thing I know a truck load of DJ equipment, speakers and amps show up – Go Antoine!

I turned to Josh's translator and asked him how to get the community to show up to the festival – how should we get the word out? What would entice people to show up?

"Don't worry," he said, "I got this"

He jumped in the car and drove up and down the streets screaming happily into a bullhorn. While I don't have a lot of Creole in my language repertoire, I do have *some* and I do understand French. I stood there, piecing it all together

– slowly realizing that the translator was promising that if people came to the community center, we would have food and presents to give away. But we did *not* have food and we did *not* have presents.

Meanwhile, Claire and Kathy inside were hanging all the photographic work that the students had completed, creating gallery spaces to show the work to the community. Caroline had a room filled with sculptures, superhero portraits, decorated pens and so much more. Each child's name was attached to their photography and artwork. Sam had shot a short film of Zach's soccer players doing drills and playing games, and projected it on a big white sheet in another room.

When our translator returned, I ran up to him.

"Have you quietly lost your mind promising an entire community food and presents that we do not have? Where are we getting food and presents?" I asked.

"You just gotta give people a little something," he said, "Like a beef patty – everyone loves beef patties." He must have smoked weed before he made the food and present announcement. Now he was off again to find beef patties to hand out to our guests.

He returned just in time and handed the boxes of pastry-covered patties to Caroline. In 4 minutes, the arriving crowds realized she was the keeper of the patties and tore into the boxes, flakes of crust flying everywhere, landing in her face and hair.

The translator looked at me with a smile on his face.

"See?" he said, "Everyone loves beef patties!"

Antoine saved the day by DJing dance music from across the field and families came pouring in. At least five hundred people came to dance, watch the performances, and admire the artwork their children had made. The cows and goats moved out of the way, and the kids danced freely in the field.

Kathy and I stood there, watching it all, welling up. What a moment to share and create with each other and our children. It was remarkable how far they had all traveled in a single week.

Sally's dance group took the stage, dressed in turquoise, music blaring. Sally stood off stage, deeply proud, smiling. The dancers had big smiles too, they owned their pride and wore it well. Josh's show was up next: hundreds of people fell quiet and watched, deeply moved by the story the actors told on stage. Every-

one there had survived the earthquake, and they all related. When the performances ended, everyone danced in the field, celebrating.

For the first time, parents saw the final output of their children's work, watching and observing with delight. One mother was so proud of her son's artwork that she reached for him and kept kissing his face. Her eyes filled with tears. It was beautiful.

Ebola

Sierra Leone, 2014

"We have come here to request that you donate all of your Personal Protective Equipment (PPE) to our President." Apparently, word had gotten out that Afya was preparing a large shipment of PPE for Sierra Leone, which was struggling to contain an outbreak of Ebola. This team of incredibly well-dressed men from the Sierra Leone Permanent Mission to the United Nations had come to our warehouse to insist that we hand over all the supplies we were packing to send to their country.

Many countries were impacted by the 2014 Ebola crisis in West Africa, but the situation in Sierra Leone was especially dire. In neighboring Liberia, which also experienced an outbreak of the disease, President Ellen Johnson Sirleaf responded swiftly, bolstered by aid and assistance from the international community. Sierra Leone suffered from an inadequate government response, access to far fewer resources and a lack of adequate healthcare infrastructure.

Ebola is gravely serious and carries a 90% fatality rate. It's transmitted by contact with an infected person's saliva, urine, sweat, vomit, feces or semen. Health care workers are at enormous risk of contracting Ebola, and the only way they can remain relatively safe is if they have access to adequate PPE.

The healthcare workers in Sierra Leone were in big trouble. There was little access to PPE, and without it they had no way to mitigate their exposure to the disease.

One photo used widely in the press at the time showed a field dotted with wooden stakes, on each stake an overturned wet rubber boot left to dry in the sun. Health care workers had to wash their boots and leave them to dry, to be worn by the next team to arrive. It wasn't just boots – all the PPE was being re-used or shared. Even gloves were being rinsed and hung dry for reuse.

I understood why the government of Sierra Leone wanted our PPE, but we are an independent NGO, and we would make sure that our shipment of PPE would make it to the areas of greatest need: Ebola treatment centers in rural areas, where resources were scarce. We thanked the gentlemen from the Permanent Mission for coming, and informed them that we would decide who received our supplies and where they would be distributed.

Citibank donated more than a million protective masks, and New York City Health and Hospital Corporation donated protective suits, bleach, masks, gloves and generators. We had over 200 pallets of inventory headed our way, far more than we could manage in our warehouse. We reached out to JDC, and they found us 100,000 square feet of storage in a donor's warehouse in New Jersey. With that space secured, we were in business: we could say yes to any and all offers of PPE that came our way.

Afya's lens is consistently focused on strengthening pre-existing healthcare infrastructure. In Sierra Leone, what existed that needed bolstering was the precious resource of the health care workers themselves. If we did not protect the doctors and nurses, there would be no one left to care for the people of Sierra Leone. Health care infrastructure was already sub-optimal. Hospitals were closing – they could not contain the spread of Ebola among their patients. Health care workers were desperately needed at Ebola Treatment Centers (ETC's) which were being set up to serve as temporary field hospitals all over the country.

The other major problem in Sierra Leone was the risk of post-mortem exposure. In Sierra Leone there were important traditions and customs that involved bathing and preparing a body for burial. These practices put family members and anyone involved in funerals and burials at serious risk of contracting Ebola.

Misinformation was also a major problem. People came to believe that the ETC's that had been set up all over the country were making people sick, and turned instead to their traditional healers (who were now equally challenged by this epidemic)

There wasn't enough effort to involve the traditional healers in Sierra Leone in the fight against Ebola. The traditional healers were important and respected in their communities, they could have been activated, mobilized to spread information about Ebola prevention. They could have become vital members of an informed and influential team. Ultimately, without the engagement of local leaders and traditional healers, villagers lost trust, and came to see the ETCs as morgues or places where people went to die.

I attended an Ebola informational session at the Capitol in DC, where representatives in Congress heard testimony from doctors who had worked at ETC's. My blood started to boil. A number of Congressional Representatives had the audacity to pass judgment and disparage the "witch doctors" in these communities. It was both arrogant and naïve. The other officials on the panel nodded like sheep, in total agreement. They knew nothing about healthcare on the African continent, where herbs in their pure form are used to heal. These same herbs are extracted and used in the pharmaceutical solutions we readily use in the West. Most people in rural Sierra Leone don't have any access to modern medicine, so of course there is no existing trust – they trust the traditional healers who are, and have always been, integral parts of their community.

Meanwhile, just as we disparaged people in Sierra Leone, misinformation spread like wildfire in the US. An American physician had just returned from working at an ETC and the news was bursting with sensationalized stories about his daily activities, spreading panic. The doctor had been seen on a subway, gone bowling, and more – and fear that he had spread Ebola in New York was rising. I was fed up.

I had to find a way to disseminate and honor the truths of this epidemic. I reached out to a dear friend and colleague, a person I knew could work miracles: Neil Ginsberg, a retired Scarsdale High School teacher. I asked if we could start giving talks on the truth about Ebola.

"Unless someone sits next to you on the subway and sweats in your mouth," I said, "Or poops and pees in your eye, it's going to be tough for you to acquire this disease. So how about focusing on those who are really at risk. The people in Sierra Leone, in Liberia, in Guinea, they are the ones who need our attention. Their risk is real. Yours is not. Talk about what you learned here at dinner, with your family and friends: continue the conversation."

Everyone who heard our lectures was activated. Spreading the truth about Ebola was working.

At this time, Afya had an amazing high school intern who is now a physician, Dr. Ansley Jones – and she reached out to me, wanting to do something to help.

"Danielle, how can I help?" Ansley said, "I really want to help, what can I do?"

"Ansley what I need right now is pretty damn awful," I told her, "But it would help to mitigate risk post-mortem. I need thousands of body bags to send to Sierra Leone."

She didn't flinch. While on vacation with her family, she found purpose and refuge in the shade with her computer, reaching out to every contact she could find. Ansley, at 16, secured thousands of body bags for Afya to send to Sierra Leone. With this effort alone, who knows how many lives Ansley saved. She was just getting started: she's a doctor now, and medicine is lucky to have her.

It would help if people in the United States set aside their fear and understood the truth about the spread of the disease. We had to understand the factors that put people at risk if we wanted to save lives. Bowling and taking the subway weren't risky. Handling the body of a deceased loved one unprotected was deadly. Body bags could save lives. We didn't need to spend time or energy panicking. We needed to buckle down and help, just like Ansley did.

In our first shipment we sent 170 pallets to Sierra Leone via Airlink, a nonprofit organization and long-term partner that works with aviation and logistics partners to transport relief workers and emergency supplies worldwide. Together, we filled a cargo jet with aid valued at more than a million dollars. UNICEF received the shipment and ensured distribution to exactly the population we intended to support and serve.

All together, we shipped two million dollars' worth of aid. We received a message from the Chief Medical Officer of Sierra Leone, telling us that the scrubs and gloves we sent were invaluable. Because of Afya's efforts and shipments, thousands of healthcare workers in Sierra Leone were protected and spared. Today, they are the teachers and trainers for the next generation of healthcare workers in Sierra Leone.

The experience left its mark. I remember thinking that I would never again underestimate the impact of PPE, and the importance of protecting health care workers in times of crisis.

Years later, when COVID appeared, Afya already had stockpiles of PPE ready. During the Ebola epidemic, I heard many stories from the field. Each was filled with terror and sadness. Years later when COVID came knocking, I remembered these stories. I locked everyone I loved inside to mitigate exposure and then worked my ass off to protect our healthcare workforce.

CONNECTION IS FUEL

South Africa, 2014

One late night, traveling through South Africa, I met a local woman whose story remains with me to this day.

Sitting close to a fire, as I was trying to warm up, she gently approached and asked if I would like a cup of tea. Everyone who worked on the property had gone to bed and she could have easily done the same. But she sensed something in me, something that spoke to her about needing comfort.

Perhaps she sensed the heaviness of my thoughts. Within moments, she returned with a steaming hot pot of bright red rooibos tea and biscuits.

We sat together under a vast, star-lit sky and I thanked her profusely.

"Tell me about yourself," I said. That invitation was all we needed.

She sat next to me quietly, hesitated, and then locked eyes with mine. As she started to speak, she built a soulful bridge between us, and we were no longer strangers.

She told me that she had worked at this lodge for many years and married a colleague, with whom she had an infant son. She brought her baby to work daily, either carrying him close or settling him nearby.

One afternoon, she rested the baby on a pile of blankets on the lawn. She turned briefly to gather some items, and within seconds a driver unknowingly backed up his vehicle and ran over her child.

As she told this story, I started to cry and reached for her. The devastation and pain of her story enveloped us. We sat there quietly, both in tears, holding hands.

She then shared with me the next incredible chapter of her life. After the devastating loss of her little boy, she became pregnant again. Her daughter has never seen the lodge. Now the lodge is solely her place of work, though it remains the site of a terrible tragedy. She met her husband here, and it has also helped her to afford shelter, food, and healthcare for her family. She has found a way to continue to work at the lodge, because it sustains the daughter who came to her after loss.

I must have told her a hundred times how blown away I was by her resilience, by her commitment to a return to fully living after an unimaginable loss. We held each other's hands for a long time.

Here I was, a stranger, a guest, in this secluded area in South Africa. This woman had invited me into her intimate sanctum of pain. She saw a guest who needed comfort and brought tea and I saw a stranger who needed to talk and offered compassion.

As we held hands, I thought about a boy I met a long time ago whose short life changed mine.

I spent my early summers at Woodcliff, a sleepaway camp near Woodstock NY. We spent most of our time hanging out, listening to the Grateful Dead, making macramé bracelets, eating candy in canteen, falling in and out of love and hanging out some more. Those summers were filled with freedom and laughter, and the friendships I made there have been life-long.

One summer, when I was about 16, the camp owner made the grave error asking me to become the Assistant Director of the Camp Kitchen – the Director of the kitchen was one of my closest friends. My friend didn't know what he was doing in the kitchen, and neither did I. Feeding the entire camp three meals a day would have been a complete disaster, if not for Molly, the eastern European chef whose competence more than made up for our lack.

On boiling hot days, I could be found sitting on a milk crate in the industrial refrigerator with an apple pie in my lap. I would pull out the dripping gooey apples from the pie and pour myself large glasses of milk. I found moments of peace in that freezing box, dissecting pies, and hiding from everyone else.

That summer, a 10-year-old camper named Scott arrived at camp. He had Muscular Dystrophy and used a wheelchair. Scott was dying. He was very thin, mobility was hard for him and sometimes, so was breathing. Still, Scott had a smile that filled his face and invited everyone close to join in his joy. His parents did something extraordinarily selfless and generous, they sent him to sleepaway camp for an entire summer. They wanted him to live until he couldn't. Scott was funny, sarcastic, always in the center of hilarious banter and since our favorite activity camp-wide was hanging out and cracking jokes, he was a perfect fit.

That summer, Scott and I discovered each other early and we became good friends. I was drawn to his resilience, ability to cope and honesty around how hard his life could be sometimes. One day, a group of his counselors (amazing gymnasts, many from England, in their mid-20s) came to me, with tears falling down their faces

Scott had started to refuse to eat – no one could persuade him

"He's going to die if he doesn't eat," they told me.

"You're telling me this because you want me to do something?" I asked.

"He'll listen to you," they insisted.

"It's not about Scott listening to me," I told them, "It's about Scott being able to make decisions for Scott."

I found him outside of his bunk and we sat together. Little did I know that this was the beginning of my deep appreciation for powerful, intimate, and therapeutic moments shared with another human being.

"So I hear you've decided not to eat," I began.

"I don't want to eat," he told me.

"Okay," I said, "So if that's the case, then you are saying that you are ready for your life to end because if you stop eating and drinking, that's what will happen. If that's your choice, then that's your choice to make. Many of us here will be incredibly sad and miss you, but it's yours to decide." I was 16, and I was mustering my best therapeutic use of self as Scott's friend. I would later learn so much about therapeutic use of self during my OT training, but at that moment I had no idea what it meant, and certainly not a clue that I was doing it.

Therapeutic use of self, at its core, is connecting with another person in order to help them. It's bringing them the version of you that best meets their

needs at a moment in time. You connect with the other person, communicate your support, and then share your own feelings. Once that connection is made, you can work together to problem-solve, collaborate, share, and empathize. That connection is what makes change possible. This is what I was doing with Scott at camp, and from that day forward, I would seek out moments of powerful connection – always wanting more.

"I don't wanna die now," Scott said, "I'm gonna eat…its alright, I'm gonna eat"

Scott ate and ate and he didn't stop. I understood that Scott needed to be seen and heard, because I did too.

A week later, I ran up to Scott at the evening activity – square dancing – and asked him to be my partner. That big grin settled into his face, and we spent the night yelling with laughter and do-si-do-ing between the other dancers, me pushing his chair in and out of the square at warp speed. We had the best night.

A few years later I heard Scott had died. It wasn't until decades later that I was able to call Scott's mother, to tell her that my connection with Scott was part of the reason I had become an OT, the reason I did the work that I do. She told me that Scott's father had recently died, and that she wished he were alive to hear this story.

We both agreed that Scott and his father were together, hearing my story – Scott with his big familiar grin.

I thought about Scott once again as I heard this woman's words over Rooibos tea, halfway across the world, so many years later. I know that I was drawn to Scott because of who he was, but also because of what he battled. We all walk through our lives alone, seeking the connection that gives our journey meaning. In occupational therapy, we call it therapeutic use of self – but that's just a term of art. Sharing our truth, that's universally potent. Connection, that's raw fuel, that's the thing that gives us the power of resilience, the power to effect change.

Lesvos, Greece

2015

In 2015 there was a refugee crisis on the shores of Lesvos, and Afya's crisis response was activated. I boarded a plane for Athens by way of Rome, dragging with me a giant suitcase loaned to me by my friend Cynthia Odell. Cynthia had also packed my suitcase full of beautiful formal outfits – clothes that were completely out of my comfort zone unlike anything I own or wear. I had five hours in Rome before my flight was scheduled to leave for Athens, and I had to use it very well.

After years of brutal civil war, tens of thousands of Syrian refugees with their families in tow were attempting a life-threatening trek to Turkey, hiding from Isis in forests along the way. Their one objective was to make it to the shores of Turkey and board boats for Lesvos, Greece. I was on my way to Lesvos to see how Afya could help.

The courageous thousands who were able to make it to Turkey were greeted by boat brokers who were happy to sell passage to Lesvos – 4.4 miles across the Aegean Sea – for $1000 cash per person – and you had to pay extra for a life jacket. This harrowing and dangerous passage across huge wind-swept swells and freezing waters was referred to as a Journey in the Sea of Death. The boats were essentially blow-up dinghies with a motor attached at the end, and they were overloaded with passengers. Many of the "life jackets" were filled with hay, offering no protection from drowning. Thousands of people arrived on the shores of

Lesvos traumatized and injured, and dead children with no life jackets washed up on shore.

There was no way to be helpful to the people of Lesvos without first meeting the people on the island who were struggling to provide medical care and doing their best with very little. I had to see it for myself, meet people and look them in the eye and ask them what they needed. When I heard what was happening in Lesvos, I reached out to the Greek community in New York, and was immediately connected to some amazing people in Athens and Lesvos. A generous and thoughtful businessman who owned a golf club and a number of other businesses in Greece underwrote the assessment trip, paying for flights and lodging. On our way to Lesvos, we would first stop in Athens to meet him and his team for the first time in person at a formal dinner at his beautiful golf club.

This formal dinner was the reason I found myself dragging my gigantic suitcase of fancy clothes through the cobblestone streets of Rome during a five-hour layover in search of a hair salon for a blowout. Luckily, I found a taxi driver willing to chaperone for a few hours, and was able to get my hair straightened, enjoy some incredible poached eggs, and toss a wish into the Fontana di Trevi. When I shared my excursion on Facebook, Cynthia posted "please don't lose my suitcase!," but by then I was safely back at the airport dragging it with time to spare and on my way to Athens.

It was early evening when the plane landed, and Athens was bustling. We had thirty minutes before the beautiful dinner party that had been arranged, so I found a bathroom by the luggage carousel, and in a tiny stall I ditched my airplane outfit and pulled on the beautiful clothes that Cynthia had arranged for me. I sat on the toilet seat and perched my makeup bag on my knees, and in five minutes was ready to go.

We subsequently had a gorgeous dinner at the beautiful golf club, where we all discussed the situation on Lesvos, the needs assessment and plan of action for delivering help to the refugees and the townspeople.

ARRIVALS

The plane to Lesvos was small as it was a quick trip, but I was heavy in thought as the plane soared over the sea, thinking about the recent victims of its vastness. Contacts in Athens had helped set us up with an incredible guide-he drove, instructed and translated. It was immediately clear that the people of the island walked with grace and felt a deep sympathy for the refugees. For example there was a restaurateur who ran a beautiful Greek restaurant on the port. Recognizing the importance and comfort of familiar foods, he turned it into a Syrian restaurant, making dishes familiar to the refugees. A group of women formed a knitting co-op, making caps to give the children who emerged from the boats freezing and soaked. These generous women prayed over each of the caps they made, infusing them with blessings for the children. Village elders waited on the shore for incoming dinghies, greeting people as they landed with food and water. It was an extraordinary and generous community, but I also saw that in this land of deep compassion, the pain, suffering, and death arriving on the shore each day was taking its toll.

"I used to love having my early morning coffee at a café on the cliff, overlooking the sea," a man told me, "I would look out and revel at the beauty of the sea. Now, I can't go there. It's dark for me, nothing more than a sea of death."

The trauma on Lesvos was palpable. This special place, so majestic and quiet, had been thrown headfirst into a tragedy, and every day the people of Lesvos watched people arriving with fresh bullet wounds from Isis shootings, frostbitten children, and the bodies of those that died making the journey.

I wanted to see everything: how the refugees arrived, what their immediate needs were, where they went after landing on shore, and what the following weeks would hold. The guide drove to the shore, where boat after boat of refugees were landing, day after day. Watching boats arrive was harrowing. You could see people praying, heads dropped, shivering, crying, holding their children close. It was the middle of a freezing winter: I couldn't stop thinking about how unbearably cold the ride must have been.

One mother climbed out of a boat, a baby in her arms, surrounded by her other children. I rushed forward to help her. She looked at me and just handed me her baby – to warm her up. I wrapped the baby in a thermal blanket, and snuggled her into my arms, facing out so she could see her mother.

I felt so desperately frustrated that I couldn't speak this woman's language. I heard a man nearby speaking both Arabic and English, and tapped him on the shoulder and begged him to help me. The mother was now sobbing. I asked the man to translate for me and did my best to offer her words of comfort.

"You made it, you're here, your family is here, you are safe," I said. "You made it."

I could see that the translator was uncomfortable. He kept looking at me with big open eyes, throwing his hands up over his head, exasperated. I know he wanted to stick to giving the woman a blanket and telling her where to get water – the practical concrete stuff.

There are moments where we collide with another person. It might be for just a few moments, but these moments should count. This mother locked eyes with me, and she fell apart. She was crying, shaking, relieved, terrified, undone and hopeful – all in the same moment. This woman didn't need a bunch of volunteers shoving supplies at her; that would come soon enough. She didn't need information that she was too overwhelmed to digest. She needed a thermal heat blanket for her children. She needed a woman in front of her to hold a safe space so she could fall apart.

HELPING THE HELPERS

It was time to meet the people doing the work, the medical activists and leaders. The guide knew the lay of the land and introduced us to an emergency medicine physician named Zoi. She was a thoughtful, brilliant, and caring medical leader in charge of running triage at the port when the boats came in – doing a quick visual assessment to determine who needed medical care and how urgently.

I asked her what supplies she needed to do her work, and she showed me the tiny office where she kept the entirety of her medical supplies. I told her we would do our best to get her anything she needed, and she gave me an enormous list.

The next visit was the main hospital on the island: Mytilini Hospital. The Director of the hospital, an OBGYN, gave the tour. The Director was doing a beautiful job providing care for the population of the island, but he suddenly needed to also provide acute medical care to thousands of people arriving in

boats every day. He talked about a woman who arrived in labor and was rushed immediately to the hospital for an emergency cesarean. The doctor welled up as he spoke.

I noticed an unlit vacant wing at the back of the hospital, and asked the doctor what was going on there. He told me that a European donor had paid for the new wing, but that the hospital could not afford to furnish it with beds or equipment or supplies. The empty wing was untouched, painted a fresh bright green. It was an enormous space and could certainly be lifesaving now, especially if it could be filled with needed and useful items. I took photos of every empty room and hall, wanting to remember the opportunity and the potential clearly.

I told our translator to ask the doctor for a full list of supplies, equipment, and durables needed for the entire hospital. He broke out in a big broad smile. "I'll ask every department and you will have our list before you head back to Athens," he told me. Before I left the hospital the doctor told me, "I love my home. I love the people here. We must help the people who are coming here. It is my responsibility as a physician and leader of this hospital to do everything I can to help them," and his eyes welled up with tears again.

A few days later, the doctor handed me a pile of notebook paper pages – lists of needs from each department. I took one look at the pages and giggled. "It's all in Greek!" I laughed. He nodded and smiled. I kept the stack of papers safe until I got home, and asked our Greek supporters in New York to translate the handwritten list for us so that we could start checking off every item.

THE MAYOR AND POLICEMEN

One night a group of us had dinner and the Mayor of Lesvos joined us.

"I don't speak English," he told us, as he took a seat at the table, but as the wine flowed his English got better and better. The next day I had a meeting with him in his office to ask him for his assessment of medical needs on the island.

"I don't speak good English," he told me. I didn't have my translator with me, and I needed the valuable information I knew the mayor had. "You spoke *perfect* English after two glasses of wine last night!" I told him, "Hold on, I'll be right back. I hurried out of his office to buy a bottle of wine. When I returned, he was surprised to see the bottle, but he was happy to have a glass with me. "Let's

have a drink and see if your English comes back!" I said. We laughed and we drank, and yet again, as the wine flowed, so did his English.

"What do you need?" I asked him, "Who's providing medical care and what do they need? Who are you worried about?"

The mayor talked about the Port Police, who were the caretakers of the water. Before the refugees started arriving, they mostly managed small altercations between fishing boats. Now, as thousands of refugees arrived on the shore crammed into unsafe boats, this small group of policemen were tasked with trying to get people to shore safely, rescuing people from drowning, and saving the injured. The mayor agreed to set up a meeting with the Captain of the Port Police.

We sat down in the Captain's office, and immediately recognized on his face the deep fatigue of the trauma he had witnessed. Everyone who came in and out of his office had that same look on their face: the devastation of seeing too much and not being able to do enough.

"What can we do to help support your team?" I asked the Captain, "How is everyone managing?"

"We're doing our job. This is what we have to do," he told me.

He told us that Turkey wasn't sending out rescue boats, so the Greek Captain and his Port Police shouldered the entire burden of the opportunity to rescue refugees when their boats capsized or when they fell overboard during rough seas. Greece could deploy their boats from their seashore to the line of demarcation between Turkey and Greece, which meant no boats offered rescue for the first half of the 4.4 mile journey across the Aegean sea.

The Port Police had no cardio-pulmonary resuscitation supplies or defibrillators. When they pulled people from the freezing water, they could administer CPR and heat them up in thermal blankets, but that was about all. The inability to save people sat heavy on the entire team.

After that meeting with the Port Police, Zoi, the emergency medicine doctor, agreed that if we could supply resuscitation supplies and defibrillators, she would train the Port Police in all the skills they would need to provide life-saving emergency medicine to the people they saved on their boats. Getting the Port Police the equipment they needed was going to be the first priority.

THE GREEK ORTHODOX CHURCH

As the trip to Lesvos wrapped up, I developed a clear picture of what Afya's work in Lesvos would be. At Afya, our model is to help professionals on the ground do their work. Using all the information gathered in Lesvos, Afya would start the massive project of getting supplies to the local hospital, the Port Police, to Zoi, and to the director of the refugee camp. The people of Lesvos needed these supplies fast, but getting our goods through customs in Athens was going to be no easy task.

I can't stand the way red tape and bureaucracy gets in the way of people in crisis receiving what they need quickly. Luckily, we had one more stop in Athens before we headed back to New York.

I had everyone I could possibly think of call in favors for Afya, and we were able to schedule a meeting with religious leaders of the Greek Orthodox Church. I had learned during my time in Greece that the Church was a massive provider of social services and filled many gaps for many people. We were hoping that the Church could help us get our supplies to Lesvos quickly and easily.

Once again, I had a meeting where I needed to look presentable, this time after many days on the ground in Lesvos, so yet again I found myself escorted to a beauty parlor for another hair appointment. I sat in the stylist's chair and watched with total awe as she brushed and teased the front of my hair until it looked like a very tall mushroom. My regular hair care regimen consists of running some conditioner through my curls and letting it air dry. I looked in the mirror, and could only think, well – *that's interesting.*

The leadership of the Greek Orthodox Church in Athens welcomed me, and my big hair, to the meeting. We sat together and drank their delicious tea. I told them about our time in Lesvos, and everything the people there needed, and that we had the ability to source these supplies in New York, but were concerned that the containers would be difficult to clear through customs in Athens.

"I believe you, and I believe in what you are doing," one of the fathers told me, "We will be more than happy to help with this effort."

I was delighted. He went on to tell me that the Greek Orthodox Church had stepped in to sustain and support social services during the country's period of fiscal chaos. They supported many nursing homes, filling a huge void in services for elders, and they needed help with supplies for those nursing homes.

I wanted to see one of the nursing homes first hand so that I could have a sense of what was needed, and they were happy to arrange a tour. I saw elders loved and cared for by nuns, nurses, and people in their community. There were beautiful Greek pastries on the table, and people gathering together, talking and smiling. A woman lying in bed with blue sparkly eyes reached her arm up and I met her hand with mine. The two of us held hands and just gazed and smiled at each other.

The father touring the group described the need for many more beds, linens, walking devices, wheelchairs, diapers, and more. I decided that this was going to happen: Afya could help nursing homes in Athens and help the people of Lesvos welcome the refugees. Both were totally doable.

We would pack containers full of supplies for Lesvos along with supplies for the nursing homes. The Greek Orthodox Church became our consignee for our shipments into Greece, and thanks to their influence our shipments would reach their destination quickly. The Church would clear the shipment in Athens, take the pallets that were packed for the nursing homes, and transfer the remaining pallets intended for Lesvos onto the boat to the island. The bishop assigned an American expat who had joined the Church to be our go-to. We were off to the races.

GETTING TO WORK

I returned home to New York and immediately got to work. Our partners, JDC and the Jewish Coalition for Disaster Relief (JCDR) were supporting our work and covering the costs of the containers. We got to work filling containers with supplies from the massive lists collected in Lesvos. In the meantime, we made sure that any medical professional leaving New York for Lesvos was checking an Afya Luggage for Life duffel bag of medical supplies. We were going to get as many supplies to that island as possible.

Everywhere I went, I talked about Lesvos, about the people there and the plight of the refugees. One name kept coming up: Nick Livanos. Nick is a restauranter with restaurants in New York City and Westchester County New York, and everyone in the Greek community urged me to reach out to him. Nick and I had lived in the same town, our sons were on the same football team in Middle

School, and I knew his wife from chatting in the bleachers at those middle school games. I already knew and loved his restaurants, so it wasn't a stretch for me to reach out. Nick immediately agreed to meet with me.

We sat down at the City Limits Diner, his restaurant in White Plains, and he told me that his family's ancestral home is in Lesvos. I told him about everything I had seen there and everything I wanted to do. I was just meeting Nick, but Lesvos was fresh in my mind and heavy on my heart. I couldn't help pouring my traumatized heart out to him, dumping my feelings and experiences all out on the table between us. I'm glad I did. Nick listened attentively and carefully, and we both welled up talking about the island and all the people there who were eager to help the refugees. He offered to hold a fundraiser at Moderne Barn, his amazing restaurant. This is how we raised enough money to send two additional containers to Lesvos.

In total, almost 100,000 pounds of aid, valued at half a million dollars were delivered to Lesvos and Athens. Everyone from hospital staff to the coast guards rescuing refugees at sea benefitted, and improved their ability to deliver care to tens of thousands arriving with trauma.

Sentence: Community Service

New York, 2016

Helene Godin, a dear friend, invited me to dinner with a group of women at L'inizio, an amazing restaurant in Ardsley NY, that had just opened. There were twelve women at the table, and many of us were meeting for the first time. This was a special and intimate treat, a group of smart, interesting women gathering to break bread and share. The leader of the pack knew what she was doing bringing us all together.

I was curious about everyone at the table and turned to the woman next to me and asked her to tell me about her work. "I'm a federal judge," she said. I was delighted with this answer and my volume increased exponentially.

"YES!," I enthusiastically replied. An idea had been brewing in my mind for quite a while, but I had no idea how to get it off the ground. And now here I was, sitting next to a federal judge.

"I lead a not-for-profit and have been wanting to work with people in pre-arraignment, on parole, or probation. I have no idea how or where to start, but I know that our volunteer program is a perfect fit for people who could benefit from engagement in altruism."

She listened attentively and thoughtfully, and asked lots of questions. We shared contact info and I walked away from a delightful meal hopeful for what might follow. I had finally met the right person to get my new volunteer idea going. Little did I know what that night would deliver.

The federal judge had offered her guidance and connected me to the right people, and Afya was eventually able to serve as a volunteer site for people who were sentenced to community service hours. We started getting volunteers referred to us from the federal court system, which is how I first met Manny.

Manny had pled guilty to embezzlement, and had been sentenced to many hours of community service as an alternative to prison time. Since he was our first referral from the federal court system, I was eager to learn about him and his vision for moving forward. I wanted to know where Manny had come from and how we could help get him where he wanted to go.

"I'm so glad you are here and would love to hear your story," I told him. We were one of many community service sites, and I wanted to hear why Manny had chosen to do his hours at Afya. "How did you choose us?" I asked him.

Manny was happy to tell me everything. He had pleaded guilty to embezzlement and received a court date for sentencing in January. While he awaited his sentencing, anticipating a long prison sentence, he became clinically depressed. He had a wife and young daughter and knew his sentence would be traumatic for them and their ability to move forward as a family. During this pre-sentencing time, Manny was introduced to a pastor at a church, and there he found peace and restoration.

"On the day of my sentencing I appeared before the Judge," he told me. She looked at me and looked at a pile of papers on her table. Back and forth. Finally, she looked at me and said "You know what, I don't think the best solution here is for you to go to jail. I think community service is a better solution. With community service comes the experience of helping and giving back to others."

I asked Manny for the name of the judge – was this the same judge I had sat next to at dinner? It was!

"Oh, Manny," I said. "Your Judge and I spoke months ago at a dinner gathering and I talked about how desperately I wanted to do more of this work – and here you are."

His eyes got big and teary.

"This is God's work," he told me, "This is how I believe it all comes to be Danielle. You met that Judge and something really good came of it. Today I am here to help you and I am not in prison."

Manny became indispensable. He worked hard and with great dedication and soul. Everyone at Afya loved Manny and Manny loved and appreciated us. Several months into Manny's time at Afya, we sat together to talk,

"Manny," I asked, "How are you making a living? I know your wife works. But how are you managing financially?"

Manny told me about how hard it was to make ends meet. I asked what kind of work he could do while still doing community service at Afya.

"I want to use my car as a car service," he said. He had clearly been giving this some thought, "I want to start you know, being a driver. I could do that. I think I could start to make money that way."

He adjusted his hours and days at Afya so he could do both his community service and some paid work. We built a schedule so that he could serve his sentence and rebuild a life that made sense and fit. He was thrilled.

Manny finished his community service and left Afya to drive full time. We were all happy to see him embark on a new chapter of his life.

A few years later, my daughter Sally started her freshman year at the University of Michigan in Ann Arbor, majoring in dance. When she told me about her first performance, I immediately booked a flight to Detroit. I had to see her dance!

The day before her performance, I headed to LaGuardia, excited for my trip, only to find out that my flight was canceled – that ALL flights out of the eastern United States were canceled. Amtrak was sold out. There were no cars to rent at LaGuardia or anywhere else for that matter. I was stuck – but there was no way that I was going to miss my youngest child's first dance performance at Michigan.

I could not stay stuck – who could help me?

Manny! I got right on the phone and dialed Manny.

"Hi Manny," I said, "I need your help, I need to go somewhere far today."

"Ok, Ok," Manny said. "Danielle my dear, where do you need to go?"

"Michigan," I told him.

"MI-CHIIIIII-GANNNNNN?????!!!!!"

I filled him in on the whole story and asked him to take a moment to think about the time and the cost, because it was a long trip – more than six-hundred miles and at least ten hours of driving. If everything worked out, he would stay

with me and my daughter in the two-bedroom Airbnb I had rented. I hung up so that Manny could think about his answer.

He called me back in 5 minutes. "Anything for you," Manny said. "I will be there in 30 minutes. I just have to go home and switch cars. We'll take my wife's mini-van."

While I waited for Manny, I attempted to get a refund for my flight from the airline at the ticketing booth by my gate. I noticed a distressed woman in a wheelchair with an oxygen tank attached accompanied by her daughter. The daughter was advocating for her mother, explaining to the ticketing agent that her mother had to be in Detroit by midnight and that her oxygen supply would only last that long. Both mother and daughter were desperate.

I listened to their entire conversation, trying to mind my own business, until I couldn't anymore. That's it, I thought, this is ridiculous. They should come with me.

"I have a car driving me to Michigan," I told them, "If the two of you want to join me, you will be home way before midnight."

"Are you serious?" the daughter asked.

"Yes, I am," I told her.

They both smiled – a mix of delight and disbelief.

When Manny pulled up in front of the terminal in his minivan, I helped load the luggage while the daughter pushed her mother's wheelchair.

"Manny!" I said, "Meet our new friends! They have to get to Detroit by midnight, so they're joining us for the ride."

"Ok," Manny smiled. "Welcome my friends! Nice to meet you."

I hugged him and whispered a massive thank you.

For the next 10 hours, we all got to know each other and became friends. The daughter told us all about being a dancer on *So You Think You Can Dance*, and Manny shared his spiritual beliefs and our story of coming together.

We arrived in Detroit just before 11 pm, and delivered our new friends safely to their destination. Manny and I pulled up to Sally's dorm right before midnight. She hugged Manny tightly for making the trip happen and for sharing his beautiful heart generously with us.

We all went to the Airbnb, opened a bottle of wine, ate the cheese we bought at a gas station stop in Ohio, and Manny taught us the recipe for his favorite chicken from the Dominican Republic.

After dinner everyone crashed. Early the next morning, Manny knocked on our door to say farewell and to begin his trip back. I paid Manny and gave him the biggest hug; deep inside I also quietly thanked the amazing judge from that long-ago dinner for making this entire story possible.

Return To Tanzania

BLACK SHOES

Tanzania, 2016

When Clement arrived at my house the evening before our flight together to Tanzania, we had only spoken on the phone, and never once met in person. This wild plan, that I fly to Tanzania with a complete stranger, was my sister Claudia's idea. She had called to tell me that her dear friend Clement was at a turning point in his life, just as I once had been. Claudia loved Clement – he was a voice of reason and wonderfully funny – but he was in transition, and she said he needed some of my juju. Claudia suggested that I take Clement with me on a trip to Africa, that it would be good medicine for him. Claudia knew that I wanted to get back to Tanzania, and she offered to send Clement with me and sponsor our trip.

When we talked on the phone before our trip, I told Clement he had to pack a suit for big meetings with important officials and simultaneously be prepared to go into the bush. I needed Clement to accompany me to the meetings in Dar Es Salaam. I wanted to create a way to send supplies to Tanzania consistently and become a reliable medical supply partner. I explained to Clement that our trip wouldn't be all business, that when I am on the ground, after the important meetings are over, I go into the bush, make connections, see the animals, and spiritually recharge. I breathe in the air and just *be.*

Clement took all of this in stride. During our phone conversations before the trip, he was eager and curious and totally gung-ho – no hesitation whatsoever. I would soon learn that this was his outlook: he leaps into life's adventures with both feet and never looks back.

Clement and I boarded the plane together for the flight to Amsterdam, the first leg of our trip, and while I was crowded into a tiny uncomfortable seat, Clement lucked out and got a row all to himself. He stretched out with his eye mask on and slept comfortably for the entire flight. I remember watching him and thinking, "This is so unfair. Why do you get the 8-hour nap?? You're going to be perky and shiny, and I am going to be exhausted upon arrival."

When we arrived in Amsterdam, he was in fact well-rested, perky, and shiny, while I was half-dead with exhaustion. I always bring snacks when I'm traveling because airport food sucks. As we sat in the airport in Amsterdam, I peeled the clementines I had brought from home. When it was time to go, I scooped up all my clementine peels, and threw them away in the trash – along with my bright orange ATM card.

When I realized later that my credit card was gone, Clement watched me in disbelief, waiting for me to freak out. "It'll be fine," I told him, "I'll figure it out – I'll use your credit card for now." Clement laughed at how relaxed I seemed about tossing my credit card in the trash in the middle of this trip halfway around the world, and that moment sealed our connection. Clement appreciated that I really didn't give a shit about anything that didn't matter, and that I knew we would figure something out. From that point on we laughed and confided in each other and each trusted the judgment of the other implicitly.

Once we were on the ground in Tanzania, Clement and I met up with our driver Ahmed, who we quickly nicknamed "Guidelines." The moment we met Ahmed, he pulled out a long list of written rules. He sat us down, and said, "I must read you the guidelines before we begin driving." I took one look at the pages stapled together, and started to laugh. The list of guidelines was excessive, and I just don't *do* excessive guidelines. Ahmed tried to read us the rules, and as he read, "If you see an animal, don't get out of the vehicle to pet it," Clement and I just cracked up. Ahmed glared at us.

"I totally get it," I interrupted, "We won't do anything stupid. We promise. Let's go."

Ahmed stood, with stapled papers in hand, and obliged.

From that point forward, every time I asked a question he would respond "We'll have to check the guidelines!" or "I don't know if that's allowed in the guidelines." I'm not a rule follower, and we quickly made a joke of his insistence that I follow his extensive and ridiculous guidelines.

Every time I would call out, "Guidelines, where are you?" or ask "Guidelines, how did you sleep last night?" a big smile would stretch across his face.

One day, I noticed that the hotel had packed far too much food into the car for us for the day. "Guidelines," I said, pointing to a group of kids playing soccer in a nearby field, "Can we please pull up to those children and give them all of this leftover food and water?"

"You want to do what?," he asked.

At home in New York, this is my family's customary practice. We leave a restaurant, have leftovers packed up and find someone who might be hungry on the street and offer whatever we can. The Moshi area, where we were staying in Tanzania, is a center for tourism, the gateway to Kilimanjaro, and a center for coffee plantations and production. All that being said, Tanzania is still a place where the poverty rate is high, and many people could use extra food.

Guidelines drove us over to the field and we all handed bags and boxes of food to the children. I asked Guidelines to let the children figure out sharing (my Swahili is terrible) and they carried bags of food away, giggling and grateful.

Guidelines took us to our important meetings, and as we traveled around, our little group formed a beautiful friendship. Clement put his phone into the cupholder in our little van and started introducing Guidelines to David Bowie and Bob Marley. The two of them sang along together as we rambled around, playing music everywhere we went.

At our meetings, I learned that Clement was an invaluable asset. Clement had a way of noticing every subtlety of an interaction, and with his brilliant MBA-trained mind, he advised and encouraged me. After every meeting, he would sit down with me and transcribe the entire meeting into detailed notes. He was able to enter the chaos of the information and organize it expertly.

Clement began asking questions after every meeting – big questions about the inequities in access to health care and the distribution of life-saving supplies.

Hewanted to know *why* things were the way they were. How was the money allocated, he wanted to know, and why?

As we were getting ready to leave Moshi, Guidelines had to stop for gas. The smell of burnt charcoal filled the air and the streets were full of women wrapped in brightly colored fabrics, carrying fruit in baskets on their heads and babies on their backs. Music played while people sell essentials on the dirt road off wooden crates for tables.

As we pulled into the one gas station in Moshi, I knew we were sitting ducks. Because of its proximity to Kilimanjaro, Moshi has a huge pool of transient customers. As we sat in the van, 20 men immediately rushed around us, each of them trying to sell us the same items. The men shouted their offers through our open windows – all of them trying to sell the same cheap made-in-China trinkets.

I couldn't stop myself. "You guys, I appreciate your eagerness to make a sale, but I'm not going to buy anything. I would like to talk and offer some ideas – would that be ok?"

They all seemed confused. This wasn't how things normally go.

"You guys need to work as a team to come up with a better and coordinated plan to sell goods to tourists. Everyone running to one customer, selling the same items, is too hard and not productive. Tourists see these same supplies everywhere here for sale. Maybe some artists in the village can make some items that are unique, and you can sell those? People want to buy handmade special items for their loved ones at home."

The men got quiet, nodded, and gathered closer.

We talked about the way their whole enterprise was set up. I asked if it worked, how much money they made, and how much they wanted to make. We imagined creating an outdoor market square area together, where they could merge, join forces to sell work that local artisans might create. It could become a place to stop, a destination for tourists coming to the majestic mountain.

I didn't buy anything, but we had a real conversation through the tiny jeep window.

In areas where few income producing options exist, it's very hard to imagine what *could* be, especially when the basics of survival are so challenging. Our talk opened a door to possibility. The resources were already there, as they knew the local weavers and artisans.

I noticed a teenager in the crowd, younger than all the other men. I called him over to the van window.

"Hello," I said, "How old are you?"

"14."

"If you're 14," I asked, "Isn't this a school day? You're not in school"

The young man dropped his head and looked at the ground as he answered.

"I can't go to school because I don't have black shoes."

"I don't understand," I said.

"My parents don't have the money to buy me black shoes," he told me. "I have to wear them to be able to enter school. Every student must wear black shoes."

I turned to Guidelines for confirmation. He nodded and said, "It's true."

"You realize how incredibly strong your English is?" I asked.

"I really like learning languages and studying," he answered, smiling. "I practice my English when I sell."

All I could think about was the possibilities for this child, and the ways those possibilities would be limited if he couldn't go to school.

"How much do black shoes cost here?" I asked Guidelines.

"Five US dollars," he told me.

The average salary in Tanzania is $173 USD per month – an amount that barely covers housing, let alone food or clothing for a family, never mind school fees and additional costs, like black shoes for growing children.

"If you had money to buy black shoes, where would you go right now to get them?" I asked.

He pointed to a clothing market up the street. There, 100 yards away, was a mountain of black shoes.

"If I give you five dollars, would you go get those shoes now?" I asked.

"You would give me money to go buy shoes?" he asked, his eyes welling up with tears.

"Yes," I said, "I believe in you and your future and going to school is going to make that future happen." I handed him Tanzanian Shillings.

"Listen," I said, handing him the money, "When your parents see you come home later with black shoes, ready to return to school tomorrow, please just tell them the truth. You met someone while selling today who was blown away by your ability to speak English, your interest in learning, and wanted to help you get back to school. She gave you money specifically for shoes. Go back to school and stay because it is your ticket for more."

He nodded, hopped on his bicycle, holding the money tight in his hand and rode with speed and determination up the hill.

I wish I had been able to help every single person gathered around that van in Moshi, but I don't have delusions of grandeur. At the core of my beliefs at Afya is one person at a time counts – one person at a time matters.

We left the gas station and we all stayed very quiet. Clement hadn't spoken. He was taking it all in and giving me space to have my own interactions. But Guidelines spoke up.

"That kid is never going to forget this moment," he told me. "For the rest of his life, he will remember the day that a stranger saw something so special in him that they invested in his future. He's going to tell people this story until he's an old man." As we left Moshi, our van was filled with a myriad of emotions – anger, sadness, a lack of justice, but gratitude as well, all at once.

GRIEF FILLS THE AIR

Tanzania, 2016

Clement headed off to climb Mount Kilimanjaro, and I set off to complete my last remaining task in Dar Es Salaam before I headed out to visit clinics in the bush: delivering four orange duffel bags filled with primary and urgent care medical supplies to a local health center.

Whenever I travel, I bring bags from Afya's Luggage for Life program. The program is simple: Afya provides travelers with a bag of much-needed medical supplies, and travelers deliver the bags at their destination to a local health clinic in need. We send bags with families on vacation, business travelers, pretty much anyone willing to check some extra luggage.

Sometimes the bags are tailor-made for a specific clinic, sometimes we deliver generally useful supplies to a clinic we find once we're on the ground. In this case, I didn't have a particular clinic in mind, but I was confident I would find one when I arrived.

I went to the hotel lobby with 200 pounds of supplies and asked the man at the front desk to help me find a health clinic nearby and a driver to take me there and back. The lovely man at the front desk, more accustomed to inquiries like "Where should I eat tonight?," took in my unusual request and immediately called over several of his colleagues, and they all began to brainstorm eagerly and enthusiastically in Swahili.

This impromptu group became instantly invested and engaged in our mission because they understood the importance and impact of these supplies. They sought care at clinics with empty shelves, and they knew the supplies in the big orange duffel bags were going to help their brothers and sisters. Fifteen minutes later, I was getting into a taxi as the bellman gave the driver very detailed and specific instructions in Swahili. A few minutes into the ride, the driver looked in the rearview mirror, locked eyes with mine and said "Miss, thank you. For my people, thank you."

As we wound our way down a very dark dirt path set deep in the woods, I saw a glimmer of light ahead. The clinic, lit by only the moon and stars, was right ahead of us. We parked the car and made our way to the entrance. There was a fire burning outside, and a broken-down wheelchair on the path. Patients waited outside, wrapped in fabrics to stay warm. As we got closer, I heard screams and then saw her, a young woman in throes of grief – held in the arms of her family, wailing.

I watched under the dark moonlit sky as this young woman was carried away from the clinic, flailing and screaming. Her pain was palpable; these were the cries of grief: pure unedited loss and pain.

The taxi driver helped me to carry the bags inside, and he and I tracked down the single exhausted nurse on duty. We hefted the bags onto a long table in one of the empty cinder block rooms. She pulled open the zippered bags and her eyes widened in shock.

"What do you want for this?" she asked, in perfect English.

"Nothing," I told her, "My name is Danielle, and I brought these medical supplies from New York. This is a present – a gift to you as a nurse, so you can treat your patients here more easily."

She looked at the supplies in the bags and took a deep breath.

"If you had been here two hours earlier, I could have saved that woman's mother – the woman you saw screaming, being carried out – her mother died here tonight."

The taxi driver looked at me with deep pain in his eyes.

"I am so sorry," I said, looking from the taxi driver to the nurse, "These supplies are here now, and I hope they will help you to help others."

As I climbed back into the taxi, I reminded myself that one person counts. Our Luggage for Life program operates on a small scale; it's a few duffel bags of supplies, not a packed private jet or a shipping container. When people say "That's a lot of work for only a few people to benefit" I immediately think about the woman flailing and screaming. She counts, her mother counts, everyone counts.

LET'S DO THAT AGAIN! THE PHANTOM WAREHOUSE AND THE FAKE WEDDING RING

Unnamed Location, 2016

I attended a meeting at a military base in Africa. I'm not going to say where, because I never want to burn any bridges. I assumed everyone in attendance was clear on the purpose of the meeting: we were there to discuss on-site storage and warehousing at the military base for future shipments of medical supplies. I entered the military meeting room and at the head of the table sat a highly decorated leader. The room was filled with seated men in uniform with weapons in hand.

It was intimidating to say the least.

I entered the meeting with a male colleague and within moments of greeting us, the leader asked to see my left hand. Confused, I offered it, and he immediately acknowledged my empty ring finger.

"You are not married?" He said, "Good, you will have dinner with me tonight!"

All eyes were on me.

I was shocked and I needed a moment to regroup. I wished desperately that I had a do-over button – I couldn't see an elegant way out of this awkward moment. After a beat, I walked out of the room, took a deep breath and re-entered.

"Let's do this again," I said to the general. "Let me introduce myself. My name is Danielle and I represent the Afya Foundation," I said, as I made direct and steady eye contact. " We are here to discuss the storage of donated medical supplies for your country."

He became uncomfortable, dropped his gaze, and quickly apologized. Now the real conversation could begin. The military had accidentally blown up their warehouse and had high hopes that Afya would help them to build another. I flat-out said that we don't build warehouses but that we fill them with our supplies. This was not what the general wanted to hear. He threw his hands up in the air and loudly ordered for lunch to be served.

We were done – nothing was going to be accomplished. We ate an awkward lunch in silence, and then I prepared to leave.

Before I could leave, the general invited me to the commissary and offered as much coffee as I could fit in my bag. I understood that this was his peace offering, and I was grateful for the gift.

When I returned home to New York, I went straight to Target and purchased a fake wedding ring for under $15.

I took back control by purchasing a fake wedding ring – I took an element out of play that did not serve me and did not serve my work. Of course, I don't believe that my marital status should have any bearing on my ability to do this work, but my intention was to help the often ignored. If appearing married helped towards that goal, then I was in. I now wear my $15 fake wedding ring often – it's proven to be worth its weight in gold.

L'CHI L'CHA

Syria, 2017

In 2017, Syria was in crisis and the citizens of Aleppo endured daily bombings and terror. I watched the enormity of the massacre from afar along with the rest of the world. We had been in Lesvos only two years earlier responding to the arrival of refugees fleeing Syria, and now the people who had remained in Syria needed our help. It was too painful to keep saying *Isn't it awful what's happening in Syria*… Afya had to help – and fast.

Need is never static for vulnerable populations and the landscape is ever changing. Our model must remain fluid: sometimes we follow the path of refugees and show up wherever they land. Sometimes we send help to people who could not flee and remain in their country. We stay flexible, and look for partners who can make it possible for us to be useful at multiple touch points.

It was a time of unpredictability and I wanted to help those providing medical care to continue to do so safely. I had no connections in Syria, but I had a goal, and I was determined to figure out how to help. Everywhere I went I asked people if they had any connections to Syria, any connections whatsoever that might help Afya to deliver and distribute medical supplies on the ground.

I can be a dog with a bone when it comes to finding a way in these situations. In my work I've found that if you ask, and keep asking, and ask again, the answers will come. In the middle of paying a shiva call, I found myself chatting with Dexter Filkins, a writer for *The New Yorker* who covers the Middle East. I told him what I was trying to do, and he connected me to the White Helmets.

The White Helmets are a volunteer group of Syrian civilians who go bravely into bombed-out buildings and carry the injured out to safety and medical care. The problem was that in Syria all the *hospitals* were bombed-out shells, and there was no medical care to be had. There was no place to take the injured or burned.

I wanted to help the White Helmets, but I couldn't figure out how. I kept trying, and was eventually put in touch with the Israeli Defense Forces (IDF), who were bringing medically and critically ill Syrian citizens across the border to hospitals in Israel, where they could receive medical care. There was no way to get medical supplies into Syria, where the infrastructure was destroyed. The IDF did

not need our help bringing injured Syrians across the border, but I knew that the NGOs who were providing medical services on the ground in Syria would need supplies and help.

The IDF connected Afya with one of these NGOs, who requested support for a labor and delivery unit they were secretly constructing. Along with the Multi-Faith Alliance for Syrian Refugees, we started arranging a container shipment.

No one organization can do this mammoth work alone. It's about partnerships and working with people or organizations who can help to fill in the different pieces of the puzzle. One organization cannot do everything, and when they try to, it dilutes the impact. We each have a slice of the pie, something we do well, and I believe that's where our focus and contribution belong. My focus with Afya was to make sure all the supplies we packed were needed and useful, in good working order, and safely delivered. We listened carefully to the needs of practitioners on the ground and that dictated our packing lists.

Afya cannot send a massive container halfway across the world without funding. Rabbi Joy Levitt, at the time the CEO of the Marlene Meyerson JCC Manhattan, brought a group of remarkable women together to fund this project. On the day we packed the 40-foot container, Joy came to the warehouse to bless everything inside: hospital beds, incubators, ultrasound machines, and lots of medical consumable supplies. Dressed in a warm heavy coat, hat and scarf, standing outside on a freezing winter day at our loading dock, she quietly and soulfully sang Debbie Friedmans *L'chi Lach,* which means "go forth." We all gathered as she sang:

L'chi lach, to a land that I will show you

Leich l'cha, to a place you do not know

L'chi lach, on your journey I will bless you

And (you shall be a blessing) l'chi lach

As the doors of the container were sealed shut, I felt the deep connectedness of the world. We had done something about the terror we had witnessed, and a group of women in New York had worked hard to help pregnant women in Syria safely welcome new life.

Weeks later, the container arrived in Israel, where the IDF coordinated its transfer to an NGO in Southern Syria. Late one night, under a moonlit sky at the border, staff from the Syrian NGO appeared in big open trucks and the contain-

er filled with 24,000 pounds of medical equipment and supplies was unpacked onto these trucks for transport to the labor and delivery suite that was being built. Healthcare clinics and hospitals were being bombed, so it was crucial to keep the location a secret. A grapevine of Syrian women would spread the word – they would learn of the labor and delivery suite and tell their sisters about this secret and safe place to give birth. Once opened, the labor and delivery suite was a roaring success. In its first three weeks of operation alone 39 babies were delivered safely.

A year later, I was at a synagogue leading a large group medical supply sorting event where a group of IDF soldiers had been invited to speak about their unique experiences. I also presented and spoke about our work with the IDF, the Syria Container project, and about the supplies we had sent to the labor and delivery suite. At the end of the event, an IDF soldier came up to me and said, "I was the person in charge of that handoff at the border. I was the one who oversaw making sure that the container was unpacked and loaded safely onto the trucks – this was my project… I have pictures in my phone to show you."

She showed me a series of photos of IDF soldiers unloading our supplies in the middle of the night, ensuring their safe transfer to the labor and delivery suite. As I looked at them I heard the song in my head and thought back to the freezing day on the loading dock and all that had brought me there.

L'chi lach, to a land that I will show you
Leich l'cha, to a place you do not know
L'chi lach, on your journey I will bless you

Hurricane Maria

Puerto Rico, 2017

In the fall of 2017, Hurricane Maria demolished Puerto Rico and the US Virgin Islands. Everything was broken. There was no power, no water, no access to food and medicine. Roads became mudslides, and the forests were destroyed. Though no one knew it at the time, it would be nearly a year before electricity was restored to the eighty percent of Puerto Rico who lost power during the storm.

Maria was the deadliest disaster on US soil in a century, and in New York, we felt the impact. So many people in our local community hail from Puerto Rico, for so many New Yorkers, Puerto Rico is home.

I knew that Afya was about to launch a disaster response on the scale of those we had done in under-resourced nations across the globe, but this time, in the United States. In the days after Maria, nothing made any sense. Why wasn't our government helping these citizens? What were they waiting for? We all noticed the lack of national leadership and support.

One thing was for sure: Afya wasn't going to wait around for an answer.

HELP COMES TOGETHER

Within 24 hours, Afya started receiving calls: pleas for help, as well as offers of aid.

One of the first calls I received was from Marion Fischer, long-term friend, nurse-midwife and Founder/Director of Serenity Point Yoga and Wellness in Vieques, an island close to Puerto Rico. She was working with a group called "Vieques Strong" which had funding and a private plane that could leave New York for Vieques immediately.

"I have a list of supplies they need," she said "Can you pack the plane?"

"Yes, get me the list now," I told her.

In Puerto Rico, quickly, we were connected to Dr. Michelle Carlo and Dr. Francisco Arraiza, who is lovingly referred to as Paco. Michelle, a pediatrician, and Paco, a radiologist, are a dynamic duo, a married couple of real superheroes. They were both born in Puerto Rico, and together with two other colleges in San Juan, they started Medicos Por PR, a consortium of practitioners committed to improving care throughout the island.

Michelle directed distribution and identified needs. She was concerned with the spread of conjunctivitis and scabies in the shelters where many families were staying after their homes were destroyed. People who survived the initial disaster were now vulnerable to illness and disease.

The floodgates were open, and requests for help started coming in fast. Fortunately, offers of help arrived too: amazing Lee Perlman led the charge, communicating with every hospital system, donating massive amounts of supplies to Afya. Generators, wound care supplies, glucometers with test strips/lancets and so much more were being delivered to our loading dock daily.

AIRPLANES

After we packed the plane Marion and Vieques Strong made possible, I sat on the floor of the airplane hangar, and thought about how we would continue to send supplies to Puerto Rico now that our first shipment was done. I have always done my best thinking while sitting on the ground.

Marion planted the seed when she came to me with that first plane: we had to get all our supplies to Puerto Rico by air. There was no way to get a sea freight container to Puerto Rico. How, without power, would the cranes lift the containers off the boats and onto land? Where would the massive trucks necessary to move the containers find gas to get the supplies to their destinations? Everything

on the island was broken. The only option that made any sense was delivery by air. I set off on a mission to borrow more planes.

ASK AND RECEIVE

The need in Puerto Rico was enormous. There was nothing to work with, no working infrastructure. Our biggest challenge was how to respond and get supplies there as quickly as possible. I began asking anyone and everyone I knew if they knew of anyone who could donate the use of a plane.

Rabbi Shira Milgrom invited me to speak to Congregation Kol Ami of Westchester. She felt this was a great way for her community to hear about our work, to connect to ways they could help Afya.

Our biggest challenge now was how we were going to respond and get supplies there as quickly as possible. The need at hospitals, community centers and more was enormous. There was nothing to work with.

My sister Marnie lives in Westchester County, and when she heard about my plan to speak at Kol Ami on the Jewish Holiday, Yom Kippur, she was skeptical that my words would be effective.

"People are fasting," she said, "You're going to speak to people when they're hungry and tired. Holding the congregation's attention is not going to be easy Danielle."

Marnie came to the synagogue on Yom Kippur and sat in the sanctuary to offer her support and solidarity, and then the unexpected happened.

I stood at the Bema, looking out at the congregation.

"I need everyone's help. Please start thinking really big for me right now. There are people in horrible shape in Puerto Rico and the only way we're going to be able to connect the life-saving supplies we have in our warehouse to their urgent needs is through donated private planes. There's no other way to deliver support."

Congregants started asking questions, offering ideas, making connections, and thinking out loud with me in the sanctuary. I took out a pad and pen and started taking notes. I saw my sister Marnie shaking her head in disbelief. For the next hour, she wore a huge smile.

She was surprised by the engaged response, even on a day when people were fasting. People respond when they're needed.

As I stepped down from the bema, a woman approached.

"I work for a very generous CEO," she said, "He has access to a plane, let me connect you."

My talk at the synagogue that day led to 2 flights to Puerto Rico and 2 flights to the USVI. Immediately.

The final piece of the puzzle was about to fall into place. I heard from Mark Medin, the Executive Vice President of UJA-Federation of New York (UJA): he wanted to partner with Afya. It was the first time we worked together, and it wouldn't be the last.

I told him I had a warehouse full of supplies ready to go, and he told me he knew some incredible donors who might offer their planes for transport.

It was a perfect match – I really liked Mark from the start.

We brought our packed Luggage for Life bags to Westchester County Airport to meet the first UJA donated plane. Off-duty Yonkers fire fighters joined us to help load thousands of pounds of orange duffel bags onto the conveyor belt. Afya is well-known in Yonkers, and when the fire fighters wanted to help in a big and impactful way, they knew where to turn.

As the fire fighters loaded the orange bags onto the conveyor belt, I watched as a man wiped a tear from his eye with the sleeve of his sweatshirt. We caught each other's eyes and smiled. Everyone on the tarmac knew the impact these bags were about to have.

That was the first of 29 flights to the area, and 86,000 pounds of life-saving medical supplies. From that flight forward, Mark and I were on most of the flights, accompanied by other members of our teams. We flew from New York to San Juan or St Thomas and back in a single day. Waking up at 5am and meeting a plane in Teterboro, Long Island, or Westchester became our new normal. We were in the air every week, often a few times a week, for months. I started to bring bottles of red wine with me for the ride home – opening them as wheels went up. We would catch our breath, drink wine, and have a chance to process together everything we had seen, to share what we felt and what we wanted to do next.

PRECIOUS CARGO

Late one night, close to midnight, a stretch limousine pulled up to the warehouse and a uniformed chauffeur in full regalia emerged.

"Greetings," he said, "I am here to pick up the passenger for the drive to Teterboro Airport."

This, I realized, was the car that had been sent by a donor to drive a load of boxes of medical supplies from the warehouse to the airplane hangar for transport to Puerto Rico in the morning.

"Oh no sir," I told him, "You are here to pick up boxes of medical supplies."

"I'm transporting..... boxes?," he said, confused.

"Yes," I said, "You are transporting boxes of essential medical supplies that will save lives in Puerto Rico."

He popped the trunk, took off his hat, and helped us load his unexpected precious cargo.

ALLL HANDS ON DECK

Each time we arrived in San Juan, Michelle and Paco from Medico Por PR would meet us on the tarmac. In St. Thomas, we were met by a team of medical practitioners helping us with distribution and some FBI agents who were aiding the disaster response on the island. We had our distribution teams set up and they were amazing.

Lee was constant in his support. He is one of the few people on this planet who always picks up his phone by the third ring. I imagine that when my name shows up unexpectedly on his phone, he knows I'm going to ask him for something big.

A few flights into our Puerto Rico response, I was, in fact, calling to ask for his help.

"What do you need?" Lee asked.

"Lee, we need more hands on deck to help us sort – we need teams who know medical supplies and folks who can lift and create pallets."

That was all I needed to say. Lee connected us to the Presidents of New York State Nursing Association (NYSNA) and United Healthcare Workers East (1199 SEIU). The nurses volunteered in huge numbers to help us pull and pack inventory that matched our lists of requests and 1199SEIU healthcare workers took over palletizing all the inventory for air cargo transport. There is no one like Lee.

THE FIREFIGHTER'S WEDDING

I was at the warehouse one day when Jason Caraballo, a Yonkers Firefighter, arrived to deliver thousands of pounds of donated supplies.

"I wish I could pack my father in one of these bags and get him back home to New York from Puerto Rico," Jason told us.

It turned out that Jason was getting married in a week, and his father, José, who also happened to be his best man, was stuck in Puerto Rico. Just weeks earlier, José had traveled to the island to see his ailing father. Then, Maria hit, and he had no way home. Roads were destroyed, he had no way to charge his phone, no way to get a flight home for his son's wedding.

I called Mark and told him the firefighter's story.

"If we can help, we will," Mark told me. It would have been so easy for Mark to tell me it would be impossible to attempt to bring this man home on top of everything we were already doing. Mark's first impulse was, "Yes, let's try." I love that.

When we boarded the next day's flight, Mark had news for me.

"Two of the passengers scheduled to fly with us can't make it. If the firefighter's father can be at the tarmac in San Juan when we leave for New York, he can come home with us"

I was frantic and overjoyed. Immediately, Jason was called.

"No matter what. Your dad has to make this flight back with us!"

Jumping through endless and very literal road blocks, running out of gas, no cell signal- despite it all José accomplished the impossible and made it to the airport.

"Are you UJA and Afya?" he asked.

"Looks like you are going to be the best man at your son's wedding after all!" Mark hugged him, "Welcome aboard"

We all cried. There were a lot of tears during this relief effort.

José told us his entire story on the plane, while we offered him lots of food and red wine. The moment he stepped off the plane, his son, his wife and entire family were there running towards him with balloons and hugs.

HOMECOMING

We flew back and forth to San Juan so often that I was able to meet incredible people, a beautiful network of support that stretched from New York to Puerto Rico. Nathan was a New York-based hairdresser originally from Puerto Rico. He was desperate to get home to the island for just a few hours, simply to see his mother in person, to hold her. His father had died weeks earlier, and they needed each other.

Nathan boarded our flight carrying flowers for his mother, and we took off for San Juan. He told us his story, and we were all deeply moved. This was the same day Trump was scheduled to arrive in Puerto Rico to hand out paper towels. The President's arrival caused our flight to be diverted to another airport. The teams waiting for our medical supplies had to scramble to find gas, which was in short supply, so that they could drive to meet us. Nathan's mother, who was waiting at San Juan, also had to make her way to our new destination at the last minute. By the time her car pulled into the airport lot, Nathan only had fifteen minutes left on the ground before we had to fly back to New York. He tore across the lot to her and they held each other tight, sobbing.

THE IMPROMPTU REHAB CLINIC

I found that when I was in the field in Puerto Rico, it was impossible to resist the temptation of returning to my OT clinical roots, especially during this time of dire need. During one visit, we distributed supplies to a senior center that served the entire community. I asked the amazing Dr. Carlo to translate an announcement.

"Anyone who is having a hard time moving, walking... anyone who is struggling with pain, please come see me over here… in the corner."

Immediately, all over the room elders eagerly raised their hands for help, or made their way to the corner of the community center.

One elder, a thin woman recovering from bronchitis, was so grateful for our help that she gave every woman on our team bracelets from her wrist. She wanted to offer something in return for the attention and care that we were offering.

I sat with this woman and asked her to walk with her cane for me. The cane, far too tall, threw her whole body off balance causing her to wobble. Her back, she told me, was killing her. She needed a shorter cane with a new bottom, an easy fix. We made sure she would receive one that day. I also gave the person accompanying this elder a case of ensure to boost her caloric intake. Before we left, she grabbed my hands, and locked eyes with me. We needed no words.

WINGS OF RESCUE FLIGHTS TO VIEQUES

A few weeks later, my friend, Kathy Grummon, connected me to her friend Christopher Matson, who lived and worked in Vieques. Years ago, he led CRM Interiors, an interior design firm in NYC. Now, he lived in Vieques and prior to the storm, was the founder and manager of The Jungle Room, a beautiful restaurant on the island. After Maria decimated the island, he lent his innate leadership skills to organizing aid on the island.

I reached out to Christopher and asked him what he needed. He sent me a list of medical and humanitarian supplies, and shared a crucial lead: there were empty flights from San Juan to Vieques. The ASPCA was moving animals from Vieques to San Juan by plane in partnership with Wings of Rescue, an organization that rescues pets from natural disasters. Christopher had learned that return flights from San Juan to Vieques were empty. We already had donated planes flying from New York to San Juan, and now we had a cargo route to Vieques! He connected us to Cape Air and we began our aid deliveries from San Juan to Vieques.

Before the first flight to Vieques, I called Kathy.

"Think with me. I want to send Christopher food he can easily cook so he can care for those distributing aid with him. She helped me think about non-per-

ishable items like great pasta, delicious jarred sauces, and more. In addition to the urgently needed items Christopher had requested, he received bags of food and good vodka for cocktails. We were delighted that we were able to help him prepare a feast for the helpers – to offer them community and a loving space, a respite from the hard work they had been doing for weeks to help the people around them.

Cynthia Odell had taught us well about caring for the caregivers.

THE ELDER CARE TASK FORCE

I've been passionate about caring for elders for as long as I can remember. I took my first steps on this path all the way back in high school during Sue Silver's course on aging. Since then, I've seen many nursing homes, good and bad, but the worst I have ever seen was in Puerto Rico, after Hurricane Maria.

The Department of Justice asked Afya to become part of the island's Elderly Task Force, a group charged with assessing the needs of elders, who were among the most vulnerable populations on the island. Our approach was straightforward. Accompanied by attorneys from the Governors and US Attorney's offices, we hand delivered supplies to nursing homes, which gave us the chance to enter and observe the facilities and the quality of care.

We toured many nursing homes on the island – some were an absolute gift, with invested and loving staff who provided dignified care to their residents. One nursing home, however, was the worst I have ever seen. I was with Mark Medin and a team of volunteers and supporters from UJA. We arrived at the home with boxes and boxes of basic supplies to deliver, but when we walked in, I immediately noticed that it was far too quiet. We had members of the US Attorney's office and investigators from the Governor's Office traveling with us. They wanted to see what we were seeing and asked to be notified if we saw a medical concern, negligence or abuse.

No one greeted us when we entered. A bad sign.

"I don't like this," I whispered to Mark, "Something is really wrong here."

It felt like the elders were abandoned in a hot building with no one around to provide care. The generator had either been stolen, or had never existed in

the first place. It was hot as hell inside, and there was no water in sight. I walked down a hallway, looking into each room as I passed.

One elder was lying on her bed curled into a ball with a torn diaper close by. The diaper looked like it had been worn for days, not changed frequently as it should have been. I saw a man who was bone-thin and sat on the edge of his bed, eyes vacant, holding a dixie cup of mashed potatoes for dinner.

"This is going to be bad," I told the legal team.

I walked into one room and found a woman who was bright eyed, talkative, engaging, and grateful for our attention and conversation.

We talked for a while, all of us circling around her bed. One of the folks on the UJA team whispered to me to look at her left foot. I looked and saw that there was a dark spot at the bottom of her bed. I peeled back the sheet. Gangrene was growing up her leg, and her ankle was extremely swollen. There is no reason for gangrene to progress like that, what I was looking at was the result of neglect, abandonment, and abuse.

Someone was responsible for overseeing the care at this facility, and we needed to know who.

One of the major challenges here was that I couldn't speak Spanish and she *only* spoke Spanish. Paco and Michelle never left our side and translated soulfully. We asked the patient for the doctor's name, and she refused.

"He is nice," she told us, "He is a good doctor."

She read the room correctly, she knew he was in trouble, and she wanted to protect him.

I wasn't sure if she could even see her ankle with gangrene. I put my head on her pillow, next to hers, to see if she could see it and she lovingly tapped my head and offered a generous smile. My love of elders seems to find and take hold of me in remarkable moments. I asked her if she could see her foot and if she knew it was infected.

She studied my face carefully.

"God will save me and protect me," she said, patting my arm.

I knew in that instant how to find the doctor who was neglecting these patients.

"God is saving and protecting you," I said, "God sent us here to find you. Now we need your help to do what we were sent here to do."

She smiled and nodded in agreement. We finally spoke the same language. She told us the name of her doctor. The attorneys documented it all and pursued the Physician, and this sparkling woman was taken immediately to an emergency room for care and treatment. Her leg was no longer hidden under a sheet, and neither was she.

HELLO IN THERE

On yet another nursing home visit, I noticed a tiny, beautiful elder sitting alone. Weighing maybe 75 pounds, she was perched on the corner of the couch. I kneeled and spoke calmly and quietly to her. She, in turn, reached for my hands and clasped my face in her palms. I understood, from her searching touch on my face, that she was blind.

She was trying to find me and create an image to match my voice. I asked a translator to work closely beside me.

"How are you?" I asked.

There was a long pause before she responded.

"Lonely," she said, finally.

The room was full of elders, all sitting silently – together and all alone at the same time.

"If you sit here on the couch every day," I told her, "Someone will always be close. Take your right hand and feel for the person next to you – someone is usually just seconds away."

She took a chance and with her thin arm reached for connection and found it instantly. Her neighbor, also in her 80's, responded by giggling, whispering to her in Spanish and taking the blind elder's thin searching hands in hers.

I gave the woman a bottle of water and taught her how to open and close it with only her sense of touch to guide her. We practiced over and over until she could open the bottle on her own, then we nestled bottles of water into the couch next to her where she could easily reach them.

I left that nursing home aching with sadness, trying to hold on to that moment of connection, the two elders on the couch finding each other.

Mara Burros Sandler, a friend and past board member, was traveling with us and saw a man at a nursing home, restrained in a wheelchair, chained to the fence, screaming and pleading for help. This abuse was a catastrophic scene to witness. Mara immediately went into action. She sat with him, put her hand on his, and was present. She then began asking questions about him, his care, and how she could help him. We reported the nursing home to authorities. On the flight home and for weeks after, she askedß about him.

In the end, we delivered supplies to 7,000 elders at 400 sites of care. We found a way to help, and though I remind myself to stay in that sliver of light, I'll carry the stories of the elders in Puerto Rico with me forever.

WHAT DO YOU NEED?

After Hurricane Maria, I flew with Mark Medin to St. Thomas. We were there to deliver supplies to the one remaining hospital on the island, and to visit a synagogue that had become a hub of community support on the island

The hospital – Schneider Regional Medical Center, had been nearly completely destroyed, suffering major structural damage during the storm. The remaining medical team treated people in tents outside the hospital while they waited for the government to rebuild the hospital. Patients were treated in a makeshift triage tent. The hospital's dedicated and smart medical team had few tools available to practice their trade, and they did the best they could with what they had.

As we approached the hospital, I noticed some heavily armed men in uniform sitting on a wall outside the hospital, and I decided to approach them directly.

"What's the need for so many guns and ammunition?" I asked them, "What's happening here?"

The armed men talked to me about the visceral desperation on the island and the crime that had followed the hurricane. At night, when ambulances were called for medical emergencies, people with machetes blocked their travel and threatened to kill the drivers. Desperate people were holding up ambulances,

stealing medical supplies to sell for cash. Heavily armed men rode along for every ambulance call with their rifles pitched and ready, held out of open windows as a warning. This, they told me, was the only way the ambulances could safely deliver patients in crisis to the medical tents.

Once we had safely delivered medical supplies to the hospital, we set out to visit the Hebrew Congregation of St. Thomas. They were leading the charge to distribute supplies and I wanted to hear more about the current needs of the community and how we might help. As we entered, I was struck by the soft white sand that covered the ground. I learned that the sand hadn't blown into the building, but that it was intentional, and dated back to the time of the inquisition when Jewish people used sand to quiet the sounds of their prayer.

I took off my shoes. I wanted to be barefoot on that sand, to feel history colliding with the present on the ground beneath me.

Our team gathered with the congregation staff around a table. There we met Aggie, a local congregant who was running aid distribution. Very tan and tired, she told us how she visited people who still lived in buildings destroyed by the hurricane. The front of one building, an entire façade, was missing – and yet people chose to stay, because they had nowhere to go. This was especially true for frail elders, the sick and injured. Without power for elevators, the only way out was to be carried down many flights of stairs.

I knew that even if the residents had been able to safely evacuate their homes, there was no guarantee of safety on the island. I thought back to the armed guards at the hospital, and the ambulances held up by men with machetes. I understood why people stayed.

Aggie visited the people in these buildings daily and they loved her. She delivered medication, food, and medical supplies – the people she visited needed glucometers for diabetes, diapers for babies and so much more. She knew everyone in these damaged buildings and said it was her responsibility to be there and care for them. She was truly a hero, but I could tell that she was tired. I could feel her deep exhaustion, it radiated from her being.

"Aggie," I asked, "With all of this incredible work, how are you holding up? You have taken on an enormous amount of responsibility here."

"It makes me feel good to help," Aggie said. "It organizes my day. It organizes my life. When I'm there and I'm taking care of people, I get relief from what I'm

feeling…from the pain I feel." Aggie was deflecting, trying to hold herself together, but I could see that a door was opening.

"Would you tell me more about the reality of it – and the pain that you carry?" I asked her gently.

The room was still and quiet.

Aggie opened up – telling us that the roof of her home and her small rental property had been destroyed. She relied on the income from her rental property for sustenance, and without it, she didn't know how she would live. No one knew when housing repair assistance would arrive from the government, and she didn't have the money to pay for repairs up-front and wait for reimbursement.

Aggie started to cry, and we held hands.

"It's really, really hard to be there for everyone when your basic needs are unmet," I told her. "You're working so hard all day to help others and coming home to a house with no roof."

Aggie kept crying. I just wanted her to know that I saw her and acknowledge how difficult her situation was. I hugged Aggie, and over her shoulder I locked eyes with Mark.

"We have to help her," I mouthed silently.

Without hesitation he mouthed back: "We will."

Mark and the generous donors at UJA made sure that Aggie's roof was replaced. Aggie could have an income again, and a safe place to come home to. I'm reminded time and again that we must remember to check in with the helpers.

DIGNITY

Our site visits taught us what our partners on the island needed to ensure that their elders could live with dignity. We learned that mobility supplies and adult diapers are expensive and often difficult to access, so those items are always included in our shipments.

During a site visit with Millie, my remarkable assistant from Puerto Rico, we saw an older frail man being bathed outdoors. He was being sprayed by a garden hose while sitting naked on a folding chair in their yard. He had no privacy from his neighbors.

Millie translated for me, and I learned that the people caring for this man felt they had no other way to keep him seated and safe while showering. They needed a tub seat, an adjustable hand-held shower sprayer. These were simple items that could offer this man the dignity he deserved, but they were unaffordable there. We started sending multiple containers full of supplies that would support families in caring for frail loved ones.

Afya has continued our work with elders on the island since Hurricane Maria, working closely with Accion Social, the largest social service agency on the island. Because of the mass exodus from the island, many large school campuses were abandoned, and social service agencies were given permission to use them as needed. Perfect! We would have storage for the end-of-life supplies we were sending to the island. We could send lots of supplies, that they could share with other providers island wide, storage would not be an issue now. Agencies and elders, all over the island would benefit. We would strengthen the capacity of Accion Social first.

We are committed to the long run. Since Hurricane Maria, we have shipped supplies valued at over 4 million dollars to partners on the island.

HAMILTON

Puerto Rico, 2019

In January 2019, Lin-Manuel Miranda brought his hit Broadway show "Hamilton" to Puerto Rico to fundraise for the arts, and raise awareness of the plight of the island, which was still struggling more than 2 years after Hurricane Maria and needed far more help to recover.

Travelers heading to the island to see the show wanted to find ways to help. Luckily, I had met Sara Elisa Miller, Director of Philanthropy and Special Projects for Lin-Manuel Miranda and his family, at a Clinton Global Initiatives meeting (best networking opportunities imaginable!). She and I had clicked immediately; we spoke the same soulful and gutsy language.

With Sara's brilliance and help, Afya offered travelers heading to Puerto Rico for the show an opportunity to make a significant difference. Thousands

of pounds of supplies were packed in Luggage for Life bags. Atlantic Records, Congressional leaders, Shonda Rimes, Zola Mash and so many more incredible people requested bags and made miracles happen. One bag can make an enormous difference in the life of one person.

The Luggage for Life Program partnership with Hamilton was announced with a picture of Lin-Manuel Miranda and his father Luis, carrying our orange duffel bags to Puerto Rico. The response was incredible! Accion Social greeted every traveler at their hotel and picked up bags from bellhops throughout the city.

I had the opportunity to see one of the performances with Mara Sandler. We watched with tears streaming down our faces as Lin-Manuel Miranda stepped onto that stage and waved the Puerto Rican flag. The entire audience on their feet, cheering, crying, and clapping for Puerto Rico.

PROFAMILIAS

Puerto Rico, 2022

In the spring of 2022, I took a vacation to Vieques with Kathy Grummon, my friend who accompanied me to Haiti years ago when our kids were teenagers.

I called Sara at the Miranda Family Foundation to reconnect and told her I would be traveling through San Juan, and that I could deliver Luggage of Life bags full of supplies. Sara immediately put me in touch with the Director of ProFamilias, a remarkable women's health organization in Puerto Rico doing fantastic holistic work.

In the blink of an eye, I had a long list of supplies ProFamilias needed, and we got to work packing big orange duffel bags. I cannot imagine traveling anywhere, apart from cities in Europe, and not bringing bags of medical supplies with me to donate. Checking and carrying bags is the least I can do to thank those living on the land I am about to explore and enjoy.

Giselle Lanauze, Profamilias' Co-Executive Director, met me at the airport and I found her holding a big "Thank you Afya!" sign. We loaded up a luggage carrier with orange duffel bags and she went back to the clinic to stock her shelves.

Just months after Kathy and I returned from Vieques, we began to hear more about a lack of general medical supplies at women's health clinics in Puerto Rico. We wanted to help with the supplies needed to deliver care to women: prenatal care, postnatal care, preventative care, all of it, but we struggled to find the right partner.

We decided to start with ProFamilias.

With the help of JetBlue, we sent my amazing assistant Millie to Puerto Rico to deliver 50 Luggage for Life bags of requested supplies. The clinic staff met her in vans: the supplies were going to be used immediately.

Afya's partnership with ProFamilias is now up and running. Steadily, we work to send supplies. In addition, we will pack private planes with the equipment and supplies needed to support care of women on the island. The private planes will ensure safe transport and delivery of delicate equipment, like ultrasounds and EKG machines.

The possibilities here are just beginning. We imagine ProFamilias serving as a central site where midwives can access the supplies they need to deliver babies in rural areas of the island and others can access needed items for their work in women's health. ProFamilias can become a central supplier for community providers islandwide.

When you take care of one woman's health, you change the story of generations to follow. We're just getting started.

The Water is Wide

Flint, Michigan, 2018

"Wait, wait, Miss, am I hearing you correctly??? Do you realize what you are saying?

"You want to donate 500 pallets of water to us in Flint? Miss, is this real?"

"YES! We want it! We need it!"

In April 2018, the state of Michigan announced it would no longer need to distribute bottled water to the residents of Flint. Officially, the water was deemed safe, but the people of Flint didn't trust this proclamation, nor did doctors who were continuing to see high lead counts in the bloodwork of their patients. The Flint water disaster was a serious health crisis: the water supply had been contaminated with lead, and far too few protective measures were in place to keep residents safe. The people of Flint were right to be skeptical.

On the very same day the people of Flint received word that they would no longer be receiving safe, clean water, Afya received a call from the New York City Office of Emergency Management (OEM). They had 500 pallets of water close to expiration that they wanted to donate. Afya has a great relationship with OEM. They stockpile a significant collection of disaster response supplies, and any time they have surplus or supplies near expiration they get in touch. I knew of the continued needs for water in Flint and wanted this donation of water. I knew we could put it to use immediately.

Felicia Culotta, a long-time friend and the "empress" of customer service at Afya (as she refers to herself) found the list of churches that had been water

distribution sites in Flint. We had all seen footage on the news of people waiting on mile-long lines to receive safe water, and we knew we had to find partners on the ground in Flint, and fast. We had water, but we needed to find facilities with the capability to receive and distribute it.

Felicia started cold calling distribution sites in Flint. One of the churches answered her call, and accustomed to requests for water, told her "Oh, Miss, I'm so sorry. We're out of water. I wish I could help you. I know, this is such a hard time for everyone here"

"Oh, no, no… I'm actually calling because I *have* water. Our foundation in New York has 30,000 cases of boxed water and we're looking for partners to give it to."

There was silence on the line.

"How much water is this?" the woman stammered.

"It's about 25 tractor-trailers of safe drinking water," Felicia told her.

The woman on the phone, at a church in Flint, started screaming with joy and disbelief.

"Deacon Bill, Deacon Bill! You must come right now! This woman has lots of water for us," Felicia could hear the woman shouting.

Deacon Bill came to the phone and Felicia repeated the story for him. With a voice shaking in shock and gratitude, he asked how quickly the water could arrive – they needed it desperately and had none left. No one was buying the proclamation that the tap water was now safe.

Felicia was beside herself. She got off the phone and wiped away big grateful tears. She was feeling the power of showing up and helping people access exactly what they need during a time of crisis. We had a church to receive the water – now all we needed was funding to truck the water from New York to Michigan. This transport was going to be costly, but it was going to be worth it. I needed to figure out a way to build a community here fast, a group of people had to come together to financially support this effort.

The potential connections became visible. This project had the potential to build community here in New York: one church could lend a helping hand to another. I immediately reached out to a dear friend and colleague, Pete Jones, a Reverend at the Hitchcock Presbyterian Community Church in Scarsdale, NY. He is a gifted spiritual leader and his community is one deeply rooted in service

to others. Over the years, we've worked together on a number of projects sorting supplies with volunteers at his church. Right from the start, I had huge respect for Pete.

"I need your help," I told Pete, "I need your community's help. We need to get the word out and fundraise for this urgent delivery. We need one community to support the health of another." "I'm in," Reverend Pete said, "It would be our honor to help. Thank you for asking." I absolutely love when that's the response.

Reverend Pete created a GoFundMe page and shared it with his entire community. He asked me to join the community and speak about our project at a Sunday Mass. Felicia and I listened carefully to his sermon, where he artistically wove the essentials of life and water into modern day living and application. He built an exquisite bridge between the stories of the bible and the call for humanity to see and help one another. His words took my breath away. Felicia and I had tears in our eyes, and then it was my turn to speak.

I spoke from my heart about how honored we were to be invited to be a part of their community. I explained the way that Afya helps build the bridge between supplies and needs, and how we could build that bridge now for the people in Flint. It was unfathomable that people in the United States have to worry about safe drinking water, but here we are.

The community was remarkable and generous. We quickly raised the funding needed to get the convoy of trucks packed and on their way.

We worked with two churches in Flint: Trinity Baptist and Court Street Church. They were the first two to say "We are in, no questions asked, in, we want the water!" They were our recipients and they made it easy to help.

We were now able to send trucks to OEM in New York City to be loaded up with water for Flint. This wasn't the first time we needed to hire a trucking company – the first time had been for a project we did with Partners in Health: they wanted to train HIV positive women to learn the trade of culinary arts in Rwanda, and needed ovens. I cold-called Kohler and asked them to donate ovens, and then scrambled to find a trucking company to transport these ovens. Now we have a trucking company we work with who provides excellent pricing – every time a new challenge comes along, we have an opportunity to expand our capacity and our capabilities, so that when, for example, we need trucks to get water to Flint, we know who to call.

The trailers filled with 800,000 pounds of water headed to Flint, and word got out. Both churches had massive distribution lines when the water arrived.

The water existed; it was just in the wrong place. Because of this coming together for good, tens of thousands in Flint Michigan had safe water to drink.

HAND GO, HAND COME

Bahamas, 2019

Immediately after Hurricane Dorian struck the Bahamas in September of 2019, I traveled with a team to Nassau. Amy and Scott Jaffee, a generous philanthropic couple who I met through UJA, offered use of a private plane to help us transport supplies to the island.

Dorian was the worst natural disaster to hit the Bahamas in recorded history, and the damage was catastrophic. Buildings were destroyed or swept out to sea, and more than 70,000 people were left homeless.

The team was joined by Ari Levy, the National Sales Manager for Naot Footwear in the US. They donated different styles of shoes and sandals for us to distribute. Along with the shoes we packed, every pound of the plane's 3000-pound load capacity was filled with supplies.

On our plane we also had Mark Medin, and we were heading back into an after-storm together. The moment we arrived in the Bahamas, we made a delivery to the Ministry of Health and then traveled to the site of a large shelter to deliver the shoes and supplies. A school's gymnasium had been transformed into a makeshift shelter for more than a thousand people.

When we arrived at the shelter, we were informed by armed police guards that we could not enter the shelter with our supplies OR distribute any supplies outside of the shelter. The guards were convinced that unless they tightly controlled the distribution, a riot would ensue. They told us that anything we wanted to distribute had to be delivered to the warehouse across the highway, and they would manage everything from there.

During times of crisis, I have noticed that unnecessary rules are often put into action to create order. The impulse is to control the chaos, but I believe that

useless rules further complicate things for those in need of help. There should be no red tape, no unnecessary hurdles for people to access help, especially in times of extreme distress.

The faces of the people in the shelter conveyed raw angst – I could see that everyone was terrified. Everywhere around me I heard the beautiful and familiar Creole language of Haiti – many Haitians had fled to the Bahamas after the earthquake in 2010. Now they found themselves fleeing again, leaving everything behind, without a place to call home. Every person in this shelter needed to start their lives again from scratch. These people needed everything, starting with the basics.

It was scorching hot outside. The families in the shelter needed access to safe water to drink and a bar of soap. Many of the mothers carrying babies were barefoot. How were they going to walk on the hot pavement across the highway to the distribution center? Even more problematic, apparently the distribution center was handing out pre-filled plastic bags of supplies. No one was asking the simple but powerful question: "What do you need?" This kind of treatment makes me crazy. Aside from being an enormous waste of supplies and resources, this approach dehumanizes people at the worst possible moment. When we don't treat people as individuals, don't acknowledge or address their unique needs, we further victimize them in a time of great vulnerability. We squander an opportunity to foster a sense of agency and dignity.

I continued to ask questions, and the guard grew more and more furious with me. He didn't have any rational answers for my questions, and his temper was escalating – this was going nowhere.

I took a deep breath. I took a step back. I turned to talk to my team.

"Here," I said, "Right here. This is where we are going to do the shoe give-away."

I was going to hand out these shoes no matter what – the ground outside of the shelter would be just fine.

Our team arranged the bright Afya-orange duffel bags of shoes by size, as the guard kept yelling at us. I decided that the risk of this guard arresting an American team distributing free supplies was slim, and I took my chances.

No matter what that guard said, or how loudly he shouted, I wasn't going to give up on my plan to help. I became relentless and highly focused, for very good

reason. You can't walk barefoot on boiling hot sidewalks without shoes, and these families had a long road ahead.

Immediately, a line started to form: a quiet, orderly line of young mothers, waiting patiently for shoes. The guard backed away, shaking his head. We had our impromptu shoe store up and running, and we gave away hundreds of pairs of shoes – and because we took the time to speak patiently with each person, we were able to make sure that we were giving away shoes that fit. We also gave away hygiene kits of essential items, and paper and crayons for children. A big group of kids immediately gathered under an awning and started drawing, smiling, and showing each other their work.

As we left, a woman tentatively approached and asked me for one of the empty orange Aya "Luggage for Life" duffel bags that had transported our supplies. I discovered that she, and many others, needed a bag. They had no way to carry all the things they needed to acquire to begin again. We quickly handed out all our empty bags.

Afya delivered 70,000 pounds of requested supplies to the Bahamas, valued at half a million dollars, in addition to the shoes we gave out that day.

MOMENTS THAT MAKE NO SENSE

New York, 2019

I entered the Afya warehouse and saw a woman who sat quietly at a table with stacks of paper around her. I hate to see a volunteer with big stacks of paper – at Afya we want to make volunteering as simple as possible. No big application, no pile of forms to sign. You sign a waiver and you're in.

"Hi, I'm Danielle," I said. She looked incredibly sad. "Welcome to Afya, I'm glad you are here. It's a special place that offers relief and hope,"

She looked up and thanked me but didn't say anything else. I wanted to know more. What was her story? What was with the stack of paperwork?

I was heading into supervision with the OT students and figured I would ask them for details.

"Who knows something about the woman at the front surrounded by stacks of paper?" I asked the OT students.

"She's my client," one of the students answered, "And I need help. Two weeks ago, her young son was murdered in their apartment building. She receives benefits, but she'll lose them if she doesn't find a job – or log volunteer hours. That's why she's here – the paperwork is all for her to receive her benefits."

"You've got to be kidding," I said. I couldn't believe what I was hearing.

This mother, in the acute phase of grief, rage, and confusion was forced to come to us to volunteer-so she could afford rent and food. There are requirements for receiving aid, and no grace periods for grieving mothers.

I encouraged the student to let the client know that she could come to Afya and do whatever she wanted or felt like doing. She decides what she needs, I told the student, not us.

I asked the student if she felt ready to take on this client and explained that healing and moving forward would be a complicated many-layered process for her: difficult if not impossible. My student told me she wanted to try, so we discussed ways she could use herself to be supportive and present. The OT student sat down with the mother, and over the forms spread on the table, they started to talk. She started talking openly about her grief, and the OT asked if she would consider going to therapy for support.

"No," she said immediately, "A therapist won't understand what this feels like. I only want to talk to people who know this pain."

The student then suggested support groups for parents whose children were murdered. There, she might find her people and the support she needed. The mother was open to the idea, and grateful to the OT for giving her a list of support groups.

Later in supervision, I talked to the students about an experience I had years earlier. I had worked in a clinic alongside a nurse whose husband was murdered during a robbery.

Weeks later, I sat next to the nurse, catching up on notes in charts.

"I know that everyone is being very careful with you, trying not to upset you, not asking about your husband, because they know how devastating this is. I feel like it's really strange for me not to bring him up – because I think that you must think about him all the time. Tell me if I'm wrong, but I'm not introducing

a painful topic, if I bring him up, am I? I'm simply talking to you about who you are already thinking about, is this correct"

"Always," she responded.

"Would you like me to bring him up in conversation?" I asked.

"YES!" she said.

She talked about how she felt that he only lived on inside her thoughts, and how talking about him with another person would help.

We owe family members and survivors of violence space to keep their person alive in memory and story – we owe that to anyone who is grieving. It might feel uncomfortable to ask, to bring up the person who is gone, but facing our own discomfort is the least we can do for people who have experienced loss.

At Afya, we meet people where they are, we ask and we listen to what they need. This mother, I told the OT students, did not need to be coaxed into sorting boxes. She was not ready, that was not where she was. We would meet her where she was, and if that meant she would sit in our warehouse in silence, if all we could provide was a safe space, so be it.

COVID

New York, 2020

On February 13th of 2020, Afya sent a shipment of PPE to Wuhan. The site we were working with had reported 500 cases of infected health professionals, and they were desperate for masks, gloves, and gowns – all the equipment they needed to protect their doctors and nurses was already in short supply. We had pallets upon pallets of these supplies ready to ship in our warehouse.

As we prepared to pack the plane, I remember speaking with an influential colleague in the New York City supply chain. "I'm worried that I'm not anticipating accurately," I told him. "If it's in China, and it's starting to show up in Italy, then what does this mean for New York? Should I start stockpiling here and keep half of these N95 masks for local needs?" We had lots of N95s at that time in the warehouse. He reassured me that it made sense to donate because, after all, "there was no way it was coming here, to America, to New York."

My colleague wasn't worried, but as I hung up the phone, something just didn't sit right. My gut was telling me that things were not going to be okay.

The first reported case in New York City would come just two weeks later, on March 1st, though we now know that by that time, over 10,000 New Yorkers had already contracted the virus. By March 11th, the World Health Organization had declared COVID a global pandemic, the NBA had canceled the rest of their season, and New York City Public schools had closed.

The entire planet was unprepared for what was to come, and I was in New York, where we were about to become the nation's COVID epicenter.

It takes a lot for me to feel frightened, but COVID deeply scared me. I was comfortable leading through the devastation that follows natural and man- made disasters and disease, but pandemics are my kryptonite. I have not fully made peace with everything I saw in Haiti during the cholera epidemic or what I heard about the Ebola outbreak in Sierra Leone, so when the COVID pandemic hit, it opened an old wound.

I felt this deep fear, but fortunately my mental baseline does not tolerate worrying. Worrying leads you nowhere, so when I feel afraid, I dig in and try to find solutions. During my twenties, I was my own inner cognitive behavioral therapist. When a stressful thought appeared, I would repeatedly ask myself "How is *worrying* going to help me here? Will thinking and obsessing lead to any positive outcome?" After years of this therapeutic inner dialogue, I no longer circle the worry-drain when stressful thoughts appear.

In March of 2020, I tried to control everything I could to keep the danger of the virus away from my family, friends, staff, and hospital workers. I asked my adult children to move home with me; I wanted them back in the nest where I could keep them safe. I became militant about prevention and was *on fire* about doing something significant to help.

The first major undertaking was submitting an official request to get Afya approved for essential worker status from the New York State Governor's office. Without this status, we would have been unable to work or deliver any supplies to sites in need. New York State Leadership has worked with us since our response to Hurricane Maria in 2017, and fortunately we got our status quickly. With our essential worker status in place, our team started mapping an initial plan of action.

Never could we have imagined becoming a major source of supplies for New York. Afya's model is based on sending surplus medical supplies *from* New York to underserved and compromised health systems across the world. Everything was upside down: we were now going to deliver PPE to hospitals that just weeks earlier had been sending us donations.

Our nimble, flexible, and intentionally rogue approach helped us to step forward and commit to helping fast. Whatever it took to help those who for so many years helped us, we were going to do it. Afya's work has always been deeply meaningful, but this time it was personal – we knew the recipients of these supplies personally.

We started by putting out the word to our hospital donors, offering help. They were desperate. Emergency rooms throughout New York City were inundated with critically ill and dying patients, and the staff was doing everything they could to treat this new and completely unknown virus, all while re-wearing masks, gowns and shields. The best we could do for our health professionals was to keep them protected, but there just wasn't enough PPE. The domestic supply chain was belly up, and the federal government wasn't adequately stepping in to help.

Only our warehouse staff members and the director of volunteers were permitted in the warehouse; everyone else worked remotely. During one of our first Zoom calls, I asked my team to become a think-tank of resourcefulness and solutions about ways that we could better support New York with PPE. Where could we access more donated supplies? Who should we be communicating with and reaching out to? Where could we source more supplies to deliver? Who or where are the industries that might have masks and gloves sitting unused during the COVID lockdowns?

The team started brainstorming and we became popcorn in the microwave… ideas bursting this way and that. The team shouted in excitement: Plastic surgery teams! Elective surgery clinics! Cosmetic dentists! Construction workers! Auto mechanics! Nail and hair salons! The list went on. Everyone had a list of folks to contact, and we spread out to work on our big, gorgeous web of resources.

We did the best we could with Zoom calls, but I knew that in order to adequately respond to the unprecedented challenge of a pandemic on Afya's home front, I would need to meet with my staff in person. David Bourns, our COO, had a large open deck at his house, so for months we gathered there, each at our own table. When he moved, my back deck became the solution. We could sit far apart from each other, outdoor heaters blasting through the winter cold. Our back deck meetings evolved into meetings around the fire pit in my backyard, swaddled in coats, hats, boots, and blankets. I kept warm liquids coming, and David taught me how to make a really good fire. I learned how much good can be generated around a warm, inviting fire. Every week I had enough wood delivered to the end of my driveway to fuel our outdoor fire pit staff meetings. We found a way to be together safely, offer support, and do what we do best – group think. Erica Quiroz, our CAO, innovated processes and helped us to think and move fast as a team.

We needed the help of volunteers, but in this case we needed experienced health care workers to match available PPE to the needs of various facilities and providers. We spoke with the President of the New York State Nursing Association and in the blink of an eye, their retired nurses started showing up at our warehouse masked, gloved and ready to go. They saved Afya, and in doing so, were able to save their own, helping protect the nurses working on the frontlines in New York City. Many of those nurses remained with us well past the days of acute COVID crisis and became an integral part of our sorting leadership and efforts.

Right around this time, seemingly out of nowhere, a group of students from China reached out to us with an offer to send thousands of certified N95 masks as donations. We couldn't believe it and were so grateful. We asked the students to have the masks delivered straight to the loading docks of major hospitals in NYC. We knew the masks would be put to use the moment they arrived and didn't want any delay.

I received an email from a music promoter in Tennessee with a fantastic offer – he wanted to create a "Hero Box Challenge" to have musical artists come together and spread the word about ways to help health care workers in NY. The goal was to encourage people all over the country to find items in drawers at home that could be put to use immediately in New York – like hand sanitizer, masks and gloves. This was in perfect step with the essence of Afya, and I jumped at the chance to join the project.

The Hero Box Challenge launched, and boxes began arriving at our warehouse. People all over the country wanted to help the Big Apple, and Hero Boxes were a clear and easy way to act. Families emptied their drawers at home and sent us boxes of masks, wipes and more.

The staff at the warehouse soon felt like they were part of a larger community, and good wishes from afar kept us afloat amidst the tragedy. Boxes of supplies came in accompanied by notes, which we read and then saved in a big folder. The notes could be elaborate, but often were simple and direct: "We love you, New York, hoping these can help, wishing you all well from Kansas." When the staff needed a pick-me-up, they opened the folder and found another note to read.

By the end of March, just a few weeks into the lockdown in New York, we had delivered 17,000 pounds of PPE, including 50,000 masks. By the end of

April, we had delivered another 10,000 pounds of PPE including 90,000 more masks. We went from zero to sixty in no time.

THE HOME FRONT

While the warehouse soldiered on, I ran my command center from home. We were inundated: requests for help were pouring in along with offers of donations of supplies. We didn't have a system in place to manage this new volume of requests, so I asked my middle child, Caroline, if she wanted a part-time job as my intake person, coordinating requests and offers.

Caroline and I would park ourselves at the dining room table and work in tandem. She's a brilliant artist and an incredibly capable and resilient person, but in her new role she heard a lot – perhaps too much for her first round at this type of work. The desperation in the air at the start of the pandemic was overwhelming for all of us, but my team and I have had years of practice. This was the first time Caroline fielded requests from people in need of help, and these were desperate pleas.

There were emails and calls, all full of indescribable despair. There were nights when I sat at our dinner table and told my children that I felt like I was in a strange version of *Sophie's Choice*. Emails were coming in from children who had heard me talk during school assemblies, begging me to save their parents. "I saw you speak at my school. I need your help. My mommy/daddy works in the ICU and I don't want them to die. Do you have an N95 mask you could mail to me?"

Parents of Afya's high school interns who had gone on to medical school were calling and asking for masks to protect their children—people we all knew and loved. We knew that healthcare workers were caring for others at enormous risk to their own lives; they were exposed to massive viral loads day after day, and so were extremely vulnerable to the virus.

After a few weeks of listening with care and thoughtfulness, a call came in that tipped the scales – it was simply too much for Caroline.

"Hello, this is Caroline speaking," she said. I sat across the table, working away as she answered the phone.

On the other end of the line, there was only sobbing.

"Are you ok?" Caroline asked.

"No I'm not," the caller said, through sobs. "My daughter is a nurse at a hospital out here in Long Island… she and her colleagues have no PPE. I am so scared I am going to lose her. I don't want my daughter to die." The caller continued to cry.

We delivered PPE to that mother the next day and she got it straight into her daughter's hands. Her daughter had enough PPE to protect herself and to share with her team.

Caroline was able to help that caller, but this was too much. After that phone call, Caroline climbed into bed, and didn't emerge for four days, all the while asking me if she was so tired because she had COVID. I knew there was no way she had the virus as I had kept my children at home since the very beginning so there had been no exposure to the virus. I knew that she had collapsed from the weight of all the stories of helplessness – the sense of fear with no way out.

Everyone needed to find a way to cope. Working to help deliver life-saving PPE definitely helped relieve some of the weight, but I think that seeing folks in person, being present with them would have helped Caroline a great deal, but we were all so isolated and remote.

During the times when all hell breaks loose, we must find our moments of control and pleasure, and engage in them steadily – it's how we get to be at the helm in our lives again. Once Caroline emerged, she and her younger sister Sally decided to paint the garage and turn it into an art studio. Music and heaters filled the garage and Sally even started creating amazing "LooPlush" pillows during COVID. Meanwhile, their brother worked on film projects and scripts from his room or the orange hammock in the backyard.

At the end of each day, I prepared an elaborate dinner with lots of red wine, which I ordered by the case and stored in my mud room. Evenings were sane and enjoyable, and we made sure to have candles lit, or sit under the heaters outside, to invite a deep breath and a moment of ease. There was storytelling and music, and light in the darkness. I was in charge of our dinner and wine selections – that was my helm, my control and my pleasure.

We took lots of walks in the forest nearby, and I believe that those walks saved us. When one of us would hit a wall or have one of those moments of wondering how much longer the pandemic could stretch on, someone else would say,

"Come on, lets walk in the woods," and everything would feel better on the other side of the walk.

One early morning, one of those strange early days in March at the beginning of the pandemic, I laced up my orange sneakers and headed to the woods a block away from our house, just as the sun was rising. I was alone, my favorite playlist of East African music in my ears.

I stood under a big billowing tree and screamed at the top of my lungs, and I didn't stop until I felt emptied. I knew what we had in store for us: a year or more of isolation, distance, fear, and death. I screamed for the people on the front line and the pain they were about to know and carry. I screamed for the life we were all going to have to put on pause indefinitely.

PROTECTING PROTESTERS

When the death of George Floyd brought thousands of people to the streets during the pandemic, we offered support to those marching, protesting, and doing the work. Afya reached out to organizers and asked what they needed.

"We need masks," they told us, "We have to keep our community safe."

We responded immediately, supplying community organizers in Westchester and New York City with hundreds of masks.

THE UNDERDOGS

Once we had our feet under us after those first few weeks, we began to focus our sights on the needs of community healthcare. They might seem at first like the underdogs, small in comparison to gigantic city hospitals, but there is a massive network of Federally Qualified Healthcare Centers (FQHCs) in New York City, and they provide their communities with essential care. This vast array of support in New York City could keep people out of the hospital and away from the overcrowded ERs we heard about on the news, but only if they had what they needed to stay safe and care for their patients.

FQHCs are health and social service champions for the underserved, but had severely limited resources and no funding to purchase PPE. Lee Perlman

knew how essential the community providers were. He called me and said, "Help the community providers and agencies, they need you!" It was bang-on advice and we threw ourselves at the problem.

A colleague connected me to The Community Health Care Association of New York State (CHCANYS) – a membership organization supporting New York's Community Health Centers, which are all-in-one centers, providing primary, preventative and support service regardless of immigration status, insurance coverage, or ability to pay. CHCANYS told me that the FQHCs were in desperate need of our help, and we turned our focus directly to their needs.

We partnered with Harlem United and learned that they needed PPE, just as the hospitals did, but also ancillary medical supplies like oxygen tubing and nasal cannulas. They also asked if we could supply them with oxygen concentrators, so that they could treat patients on-site and keep them out of the overcrowded hospitals.

One request Harlem United sent was absolutely brilliant, demonstrating the way holistic thinking can anticipate and solve problems at their root level. They requested walking devices like canes, crutches, walkers and wheelchairs, thinking that if they could reduce falls by making sure people had the equipment they needed to move safely, they could reduce emergency room visits and therefore limit exposure to COVID. This could also potentially lighten the burden on overtaxed emergency rooms. I loved how they thought about being proactive and reducing the risk for their patients. Anything they discovered a need for, we supplied.

One day we learned that in a densely populated neighborhood of Brooklyn, 80% of the staff in two community FQHC's had COVID. Who was treating the patients in these risk areas? The staff had to be protected from COVID, or there would be no healthcare in these communities – they would be forced into larger-scale care settings where the risk of exposure was far greater.

Around that time I received an email from a warehouse in Virginia offering Afya a donation of pallets of expired N95 masks that they had discovered in their inventory. They told me they knew it was a long shot, but thought it worth the ask. I called a FQHC and told them it was their decision to make.

"I have an offer that you absolutely can decline," I said, "Thousands of N95 masks, 3 years past expiration date, are available and currently in Virginia. They could ship immediately."

"Yes we want them," they said.

Anything was better than nothing.

But Afya didn't stop at FQHCs. Essential services were completely under-supported, leaving their communities at risk. We helped home visiting nurses, rehab providers, ambulance corps, homeless shelters, domestic abuse shelters, residential settings – so many places in our communities that had become more vulnerable than ever. One time we learned that a major food pantry was unable to operate because they didn't have adequate PPE to protect their staff. We delivered PPE immediately.

Another day we heard that health centers in Staten Island couldn't open their dental services because they didn't have face shields and masks to protect their staff. We got right on it and our truck delivered face shields to all of the centers providing dental care and the services reopened immediately.

ELDERS AND INDIGENOUS POPULATIONS

I saw how the pandemic was affecting elders and I knew we had to help. Working with the Temasek Foundation and GNYHA, we sent 500,000 KN95 masks to the nursing homes of New York, to protect the professionals who care for our frail elders. We also sent containers of PPE and supplies to Puerto Rico's health centers, where elders were isolated and vulnerable.

The impact of COVID on indigenous communities was devastating. In Navajo Nation, elders were having to isolate in small quarantine huts without adequate bedding or walking aids. Elders waiting for care outside makeshift clinics had no chairs or waiting areas to rest. We worked with CORE (Community Organized Relief Effort), formerly JPHRO, who we worked with in Haiti, sending seven shipments of supplies matching the community's specific needs – many items supported living and aging with dignity, and protection for the staff who helped these indigenous elders.

We never took our eyes off Africa. We received a request that we fulfilled: 500,000 bars of soap for handwashing to indigenous communities in Namibia

and Botswana. A bar of soap, something we all have plenty of in our cabinets, made a huge difference in this time, when washing hands was an essential part of preventing the transmission of a deadly illness.

GOING ROGUE

One of the challenges of our work during the pandemic was that the bureaucracy, red tape and paperwork didn't allow for fast and agile responses to unprecedented problems. We found that if we wanted to donate to a community health center, the paperwork was extensive, and slow. It seemed ridiculous, given the risk of exposure, to delay delivering PPE to follow rules that were established at a time when a global pandemic and failing supply chain wasn't an issue.

If we had supplies to deliver to providers who need them, we didn't fill out paperwork or complete submission forms online. We showed up at a site with supplies the staff had requested. We put boxes of masks into the hands of the nurses and doctors on the front line. We were focused on protecting lives, not on intake processes or donation procedures.

A nurse who had come to Afya to bring medical supplies to Haiti after the earthquake reached out to us at this time. She was working at a major hospital in Brooklyn, and this rock star nurse who did triage in Haiti was terrified. "I'm desperate, we have nothing, Our team has nothing, people on our team are dying." I had never heard this tone in her voice before.

This was when our rogue approach really solidified for me. When I heard the fear in the nurse's voice, I knew that if we had the supplies, we would get them into her hands, so that she could do her work and be safe. She needed to know that we had her covered, that her request wouldn't be lost in a maze of paperwork. On principle our truck driver only delivered supplies into the hands of the providers. The ER staff, COVID ICU staff, even the security guards would come out and run PPE inside for high-risk teams.

HOW TO SPEND ONE MILLION DOLLARS

As COVID raged on, the need for supplies was so great that we realized we were going to have to buy supplies to protect the frontline. Our focus has never been to raise money to purchase supplies. We have always been the conduit to put donated or rescued supplies into the hands of people who need them, so this was new territory for us.

I started fundraising, so that we could help these health centers and agencies. Two amazing men came forward – men I called "the Js," Jake and Josh. Both were at a point of career transition, and they became the conduits that connected Afya to what we needed – vetting the overly complicated PPE procurement market. The number of snake oil salesmen who appeared during this crisis was mind blowing. Just as organizations offering support with PPE popped up instantly, so did folks who were corrupt and selfish, taking advantage of the crisis to sell poorly-constructed or counterfeit PPE. One night, my phone blew up – a salesman was calling and calling and wouldn't stop. When I finally answered he told me that if I didn't place an order for 100,000 masks that moment, I would lose my chance.

"That's okay," I said, "I'll pass. Don't ever call me again."

It was hard enough to get procurement right without interlopers making things more complicated and more corrupt. Josh and Jake protected us. They expertly guided our decisions, and we were able to successfully purchase over one million dollars' worth of certified PPE. We had some fantastic funders at our table and they helped us make magic happen fast. They included the Robin Hood Foundation, UJA-Federation of New York, The CDC Foundation, The Weinberg Foundation, Applebaum Foundation, Wilf Family Foundations, Regeneron, Bloomberg and more.

I'm always excited to connect with other organizations because I've learned over the years that our partnerships become integral parts of our story in ways we had never expected. We first worked with Regeneron, a leading biotech company headquartered in Westchester County in 2017, when we were introduced by Volunteer New York. Each year Regeneron holds a "Day of Doing Good" and we became one of the sites where Regeneron employees would volunteer.

On a sunny fall day, more than 150 Regeneron employees came to Afya to sort supplies. Afya offered a welcoming environment to genuinely and practically

help the lives of others, and the employees were eager for the experience. The employees who volunteered at the warehouse loved the experience and knew the value of each item they touched and the change it could deliver. That was our start.

Regeneron became an important partner, but I had no idea of the scope of what we could accomplish together until COVID hit New York. One early morning, I received a call from Potoula Stavropoulos, the Senior Director of Social Impact, Corporate Communications & Citizenship at Regeneron. One of the workforce training sites for neurodivergent interns that they were supporting had no PPE. The workforce clients were cleaning buildings and public areas without any protection whatsoever. We delivered boxes of PPE to the site the same day.

Potoula and I began speaking regularly, worrying out loud together. There was no pomp and circumstance, no unauthentic posturing in these conversations, no make-believe, just honesty. From the start, we laid it all out for each other. I shared the catastrophic needs in our community, and she met me right where I was. Very concerned about the safety of local health care and community-based service providers, she wanted to hear more. Once the hospitals and the nursing homes found workable PPE supply chain solutions, we shifted some of our focus to those providing care in the community.

Potoula listened carefully, and she understood the need. Regeneron employees started "making" PPE from home. They sewed fabric masks, crafted face shields from office products and sewed patterned procedure gowns from operating room drapes. They became a team of remote PPE makers. Then a lab at Regeneron called and offered a significant amount of PPE to Afya – since some scientists were not on site, the PPE on the shelves became available. We filled our truck at their loading dock and delivered all the PPE that same day to people who needed it desperately.

Even as scientists at Regeneron were racing to develop treatments for COVID, they saw the importance of helping their community in every way they could. As our relationship grew, our creativity started to percolate and we found a multitude of ways to intersect.

When Regeneron's George D. Yancopoulos and Christos Kyratsous were named Inventors of the Year by the NY Intellectual Property Law Association, they donated their monetary award to Afya. Months later, thanks to contacts at Regeneron, we were referred to a team of young, dedicated, smart entrepreneurs

in California at Pandemic Relief Supply (PRS) Once the company had a network of trustworthy and reliable suppliers, they began supplying PPE products to providers in need. They received all the imports, managing logistics and quality control. We asked and they delivered, donating thousands of masks to partner Homeless Shelters in New York City.

Today, Afya and Regeneron mobilize together during times of crisis. Employees make financial donations, collect needed supplies and often come to the warehouse to volunteer with their families. To date, over 1,000 Regeneron employees have volunteered with Afya totaling over 3,600 hours of service. They supported our ability to be a safety net for NY as we delivered over 200,000 pounds of supplies to 136 community-based sites and 23 title 1 school nurses in New York during the pandemic.

Regeneron thoughtfully invests in Afya's work and we are a grateful grantee – but our relationship is not limited to those labels. We imagine solutions together and pursue them with tenacity and compassion. The most powerful impact is possible when funding, supply and time intersect for good. Regeneron does all, and so much more.

HOME-SPUN SOLUTIONS

We connected with a large social service agency that was working with the unhoused population of New York City, and asked about their plans for PPE for their staff. They told me that they had made a significant request to Niagara Falls, to see if they could purchase the rain ponchos used on the Maid of the Mist tour boats. I was shocked. These courageous workers, showing up for those at greatest risk, were going to be "protected" by a tourist souvenir poncho – that was the best we could do for them? There were so many moments like this during that horrible year, times when disparities in access were revealed. We all saw the photos in the newspapers of health care workers protected by garbage bags at city hospitals – striking visual proof of the disparities in health care in our country. I knew Afya had to take this on.

At every juncture, we were aware that we had to think way outside of the box to come up with solutions. For homeless shelters, we wanted to deliver reusable fabric masks to those staying there, providing an ongoing solution for mask use

that offered an advantage over single-use disposable masks. Ellyn Greenspan, a friend and amazing seamstress and designer, started making Afya-orange fabric masks for us. Others came forward to make masks and we became the grateful recipient of thousands of reusable fabric masks. Students at home made face shields from school supplies they had at home – page protectors and more.

Then there was the problem of the disposable gowns. Disposable gowns are expensive – five to eleven dollars per gown – and they are used once and thrown away. There had to be a better, more cost-effective solution.

One day I was at the warehouse, standing at a sorting table, and reached for blue operating room drapes. We have tens of thousands of these, neatly folded in boxes. At that moment, I realized that they were the same fabric as the protective gowns. There was our solution: we just needed a pattern and then these drapes could be reconstructed as gowns.

Some of the amazing retired nurses who had been volunteering with us from the New York State Nursing Association were expert seamstresses as well and they took this challenge on. They came up with a pattern that would protect their nursing brothers and sisters on the frontline. Volunteers started offering their help to sew gowns at home, so we mailed out boxes of drapes along with the pattern. 10,000 drapes were sent to a seamstress group in Port au Prince where they converted the drapes to gowns and sold them to the local hospital. Ingenuity has its own immeasurable ripple.

During the worst pandemic in our lifetime, Afya asked, listened carefully and showed up. We delivered four million PPE items including over two million masks. We changed, we adapted, and we moved fast, but we never took our eyes off our mission. We survived at the epicenter of the pandemic by helping others.

WAS I TOO TOUGH?

New York, 2020

During COVID, our volunteer program at the warehouse came to an abrupt halt. Normally, volunteers of all ages and abilities stand close to each other sorting and matching thousands of pounds of medical supplies for packing. They are

invested in making lives better for people they will never know. These volunteers come to Afya and instantly feel like they are part of a community. The room is filled with determination, conversation, sharing, compassion, and laughter. At the top of every hour, everything comes to a full stop and a dance break ensues. Motown blasts and the room is bubbling over with happiness. There's a lot of love and a living pulse in the warehouse, and I believe this energy prepares the supplies for shipment and accompanies them on their long journey.

We went from this beautiful dynamic to very restricted in-person access. Very few staff members were allowed to enter the warehouse, and if they did, they had to be covered in PPE and temperature checked. We had to find a new way to keep our volunteers engaged and part of our community.

Mary Grace, the then Director of Volunteers, brainstormed with me daily about how we could keep the experience of sorting alive even if it couldn't take place at Afya. We were especially aware of the needs of volunteers who came to us through treatment programs. Now, these volunteers who once danced joyfully with us were isolated, lonely and no longer had an opportunity to help in their daily lives. They also had limited opportunities to sustain the skills they had acquired and practiced at Afya.

We were committed to re-imagining sorting and came up with a solution everyone seemed to appreciate. We named it "Boxes for Life." We put hundreds of pounds of medical supplies that needed to be sorted into boxes and delivered them to treatment programs and individual's homes. A "how to sort boxes for life" video was created and everyone watched it prior to sorting. Each box came with bags, labels and markers. When boxes were ready for pick up, we collected them outside and swapped them with more boxes that needed sorting. So many were able to help and appreciated the opportunity to be safely engaged again.

We wanted the Graduate OT students interning at Afya to lead these remote groups and facilitate engagement. They also worked one-on-one with individuals with disabilities living at home who were sorting with the help of their personal care aide or family member. We wanted to catalyze environments that had become too isolated and mundane into spaces where altruism could enter and they would feel it.

One day, I wanted to see how the students were doing on Zoom and how the entire process was working. With my camera turned off and the mute button on, I logged on to observe. I am a firm believer in giving students lots of space

to learn through their own doing. Nothing good comes from micromanaging. It creates a fear of making mistakes and undermines a team's willingness to innovate and take risks. But when observing the group's Zoom supervision, I saw that there was room for improvement. We needed to come together to understand what was happening, dive into discomfort with the students and determine what needed to change and how to change it so they could use themselves more therapeutically.

I decided to be very honest with the students. The implicit message was "I am invested in your professional development and the power of meaning for the volunteers, and you can both benefit all at once." I learned some lessons from these Zoom observations, and I've found them useful and instructive in many areas of work, and in my own life that I shared with the students:

1. *Invite others to join in your purpose: No one wants to do anything just to do it or because they were told to. That doesn't feel good. The purpose needs to be the anchor of the invitation from the start. Share the purpose and "why" and you get buy-in (including your own). Welcome others to the purpose by inviting them to make a difference with you. Bring them warmly into the community.*
2. *Use yourself to brighten the room. Our best tool is ourselves. When clients are lethargic, I become big and excited. When they are in need of peace, I use the quiet version of self to build community and purpose. We can change the energy in a room with a simple shift in self.*
3. *Use yourself to model behavior. Genuinely thank people. Don't aim for perfection, aim for engagement. Ask others to think out loud and contribute. And, always, always have a sense of humor.*

We all know the moments when we hold back and are hesitant to share. In those moments we might want to pay attention to the inner voice calling "speak up!" At the end of the meeting with the students, they thanked me for the meeting and specific feedback. I debriefed with Mary Grace and asked "was I too tough?" She responded "No, that was great. It was a great discussion. And we all needed that."

The next Zoom session opened with the OT students showing a brief power point they created to anchor the work around saving lives abroad. They asked the counselors to move the computer around the room so they could check in with

each client 1-on-1. Music now filled the Zoom room and when the group came to a close, it was wrapped with a discussion around how it feels to help people you will never know.

One volunteer summed things up well: “this makes me happy.”

Giving From Prison

New York, 2019

Back before the pandemic hit I had an idea for a new program that I didn't have a chance to get up and running, because Covid ground everything to a halt.

Just before Covid, we found we had a problem. Hundreds of thousands of pounds of supplies were coming in, more than ever, and we needed far more hands to help us sort supplies. This was a good problem to have, but a problem, nonetheless. Without lots of volunteers, unsorted supplies would sit in our warehouse, unable to be dispatched to sites around the world, and that would be unacceptable. We had to get creative with our outreach efforts.

My Occupational Therapy inner voice prompted me to ask questions of context and possibility – I asked myself who has time – literal hours to give – and where are there environments where time can be put to use and catalyzed for good? Specifying and categorizing the components of inquiry helps me to find solutions, leading me to ask myself a question like "Where are there people who have spare time?" versus the closed loop of "How can I get more volunteers?"

I stayed true to this process. Where do people have idle time that could be transformed? And it came to me – prisons and homeless shelters. We secured approval to start a sorting supply program at the Westchester County Jail with incarcerated women and young individuals impacted by the Justice system. We would deliver supplies (with no sharps included) and the Correction Officers would arrange the supplies on tables for sorting.

Along with my OT student interns, I entered both units in the jail – the unit for women and the unit for young men – and provided a thorough overview. We asked for their help, and we invited them to become part of our community so we could band together to help others. Not surprisingly, every hand went up, volunteering to help. The women even asked, "Can we start right now?"

One young man approached me at the end of the talk and said "I am getting out of here in a few months, if I start helping you guys now, can I come and volunteer with you when I am out? I live close to your warehouse in Yonkers, I think it would be a good thing for me." Of course I told him that he could. I knew in my heart that this new relationship was a perfect form of symbiosis.

Of course, Covid stopped the program in its tracks. For years, I kept a little flame lit for the prison program, waiting for the day I could bring the program to life. When Covid receded, and it felt we were all returning to some semblance of normal, I knew that I wanted to revive the giving from prison program immediately.

Today we are working with the Westchester County Jail on programs for women and young men, and establishing a transitional employment training program, so that people who are leaving prison can receive hands-on experience in our warehouse that will prepare them for paying jobs as they re-enter the community.

Many of our volunteers have never been invited to help nor thanked for helping. This simple message of appreciation starts to change the story they have in their heads about themselves – the story that says "I'm no good," or "I'm not good enough" – into a better story. Once that shift starts, all bets are off, and life can start to change.

PIVOT

Fort Dix, 2021

When the Taliban returned to power in Afghanistan in 2021, my first thought was for the Afghan women. I wanted to find a way to protect women's access to healthcare, to show up for women in a land that would now be governed by

terrorists. I immediately began calling everyone and anyone I could think of who could help us supply women's health clinics on the ground in Afghanistan.

Every phone call was a dead end. No one knew what the new regime would do, if we would be able to send anything into Afghanistan at all, or if we did, if everything would be immediately seized by the Taliban. In Afghanistan, no one could promise me that our supplies would ever reach the people who needed them. I realized that our normal model was not going to work – we were not going to be able to ship supplies to women's health clinics in Afghanistan, and I had to stop banging my head against the wall, looking for answers that didn't exist. Afya had to pivot.

Afya's strength lies in our ability to get supplies into the hands of the people who need them on the ground. But in Afghanistan at that moment, the focus was all about getting people out. The Afghani citizens who had cooperated with the US or had worked at the US Embassy were prioritized for evacuation. Their safety, and the safety of their families was in peril. So we turned our attention to helping the frail and injured people who had been evacuated and were being temporarily sheltered by the US Department of State at Joint Base McGuire-Dix-Lakehurst in New Jersey.

We were introduced to an amazing fierce woman at USAID who had worked for years at the US Embassy in Kabul. For her, the situation was personal. She took the lead, while we partnered with Upwardly Global, an organization that helps refugees with training and work selection. Our long-term partner UJA funded our efforts to help Afghanis with disabilities housed at the base. Westchester Jewish Immigration worked closely with us on the collection of items requested for the refugees at Fort Dix, and we quickly became an effective team.

Initially we did the best we could to work with the medical teams on site to assess their supply needs, but there's nothing better than seeing the situation firsthand, so we asked if Afya's team could be included on a site visit. So much of what I saw when we visited Fort Dix was striking. There, in New Jersey, the lives of Afghanis who had lived through years of war and terror and had fled their country became very real for me.

An incredible volunteer had recognized the potential to create a beauty parlor for the Afghani women on the base. Beauty and haircare is important to Afghani women (as it is in cultures all over the world). The volunteer collected do-

nated chairs and supplies and built a place where the traumatized women could safely convene and connect.

We were invited to sit with a group of women in the room. They brought us tea and cookies. "At home," one woman told us, "I am a judge, an attorney… I can never go back. I'm hoping that I'm going to be able to practice law here."

When we help people who have survived a terrible situation, so much of our focus is on what they have lost, and what they lack. I had no idea whether she would be able to continue, but felt compelled to tell her how remarkable she already was. "You have no idea yet how big the courage is that each of you have carried here with you, and the resilience that you're about to bring to the next chapter in your life." The women in front of me left Afghanistan with nothing, and had only their resolve and courage to carry them into the future. It felt important to name that courage out loud, to contribute to a story that was about their strength, about everything they did have.

I had already noticed several very pregnant women on the base. I learned that one of the top OBGYNs from Kabul was there as well, and I immediately thought she could be an incredible asset.

"Could she do rounds with the MD on the base?" I asked, "She could volunteer as an assistant. She could translate for the doctors, and her presence would be comforting and reassuring for these pregnant women."

"No," the answer came quickly, "She's not licensed or insured here."

Throughout that day at Fort Dix, the answer NO came quickly and repeatedly in response to creative innovation. I was incredibly frustrated, but very grateful for the nimble, even rogue way Afya operates. We do the right thing and show up at the right moment with exactly what's needed. There's no red tape or bureaucracy.

Finally, we were escorted across a field, where children with mobility issues sat in wheelchairs. I saw a five-year old girl in an extra-wide wheelchair, one meant for an obese adult. She couldn't reach the wheels, which meant she would be unable to self-propel.

Even though I knew the answer I would receive, I couldn't stop myself.

"Who is managing the assignment of mobility devices to guests in need? Can I bring a group of therapists here to assess and fit every person who could benefit from mobility devices?" So many people on the base were recently disa-

bled, wounded by Taliban gunshots. Afya had sent mobility devices, but without a rehab team to help fit a person with the proper device, people like this young girl wouldn't be able to move independently.

The base was asking for hundreds of mobility devices (crutches, wheelchairs and more) and we delivered truckloads to the base. Still, a plan for matching need to supplies seemed illusive.

My suggestions went nowhere, but I kept trying.

We were then escorted to the warehouse on the base where our donated supplies were stored before they were shared with the guests. Team Rubicon, a veteran-led organization that responds to disasters worldwide, was leading the intake and distribution at the warehouse.

I was so impressed by the director of the warehouse that I asked him if he wanted a job at Afya. I came to find out that the feeling was mutual.

"You are Afya?" he asked.

"Yes!" I said.

"We love how you guys send supplies," he told me "It's so organized and clear. When it arrives, we can put it to use right away in the villages and we don't need to organize it at all. You guys have done that for us."

Each area of the base was divided into villages and every "guest" was treated with respect and dignity. At each village store, guests could access the items they needed for free. There was clothing, food, over-the-counter medicine, and more.

He mentioned that our hygiene kits were the guests' favorite and told me that guests asked for them regularly. There is something deeply reassuring about the simple comforts (soap, toothbrush, deodorant). The Bloomberg Corporation had donated hygiene kits to Afya, and their employees assembled each one. I couldn't wait to call Nina, my thoughtful colleague in Corporate Philanthropy-Americas at Bloomberg, to share the praise with her. It was a tender and simple home run for humanity.

As we walked outside, I noticed a female officer bringing art supplies to a group of children on the grass. It was a beautiful moment to witness. On the sidewalks they took chalk and started to draw, and everyone began to smile as they colored. I noticed more children in adult wheelchairs and asked the translator to join me.

The set up needed some tweaking. How could the supplies be positioned so the kids could reach and use them easily? It was a good moment. The mothers watched carefully and put these recommendations to use fast. The officer leading this activity put down big white sheets and paints - she wanted them to decorate the wall in the cafeteria so it could become a warm and welcoming place. Children were drawing Afghani and American flags. It was a moment of universality, creating and finding comfort.

"This is amazing," I told the officer who had initiated the mural project, "You are incredibly committed. What is your personal connection to Afghanistan?" I had a hunch that this work was personal for her.

"I served in Afghanistan, and I think a big part of my heart will forever be there. I will always connect to these people in a special and unique way," she said.

She pointed to a mother walking nearby with her young child close.

"You see that little girl," she said, "She was in a building that had been bombed and people died instantly around her. Now when she walks with her mother, sometimes her trauma is triggered and her knees buckle and she falls to the ground."

As our day was ending, we walked and chatted with our new USAID friend. Suddenly, she gasped, and went running toward a man with young daughters. She seemed to be taken completely by surprise, and as she hugged the man they all cried. She explained later that he had worked at the US Embassy; She had not known until that moment whether he had gotten out safely.

We all cried as we headed back to the parking lot. I realized that all the people I met at Fort Dix, all the soldiers and all the guests, were accompanying each other on the road back from tragedy.

All day long we heard officers saying, "Better every day."

War in Ukraine

New York, 2022

As the war in Ukraine began, Afya was flooded with requests from doctors on the ground. I read their requests for amputation surgical kits and chemical protection respirators, and I was very sad. I found myself looking at items I never want to see on a medical supply list, and I was reminded of the Ebola crisis in West Africa and the cholera epidemic in Haiti, when we were asked for thousands of body bags. These lists tell a story, and the story coming out of Ukraine was devastating.

During the fifteen years of Afya's life, I have learned time and again that action is the antidote to trauma. When we are flooded with emotion, the way to keep from drowning is to find a way to act. What Afya offers people is an opportunity to show up: to use their voice, ingenuity, resourcefulness, their physical labor and their money to enact massive good. There's no recipe for this, no single path to becoming an agent of change. We welcome people in the door and put our faith in their agency.

Within days of the war breaking out we received calls from the community engagement team at Mastercard asking what their employees could do to help. Fast forward: a year later there were over fifteen major supply sorting events with employees - they sorted 25,000 pounds and received Afya's first Super-Sorter Award.

A Ukrainian couple visited the warehouse. They had been ballroom dance champions back home and now own a Fred Astaire dance studio in Sleepy Hol-

low, where they had sponsored a fundraiser and raised money from their community. They told me about family in Ukraine, especially their frail mother in her 90s, and a flood of tears and stories followed. They had come to Afya to deliver a check, but I knew that handing over an envelope wasn't going to be enough. I needed to show them the light that was finding its way into the darkness and let them see the work their money was making possible.

I brought them into the warehouse for a tour. They witnessed an enormous room filled with volunteers listening to music, feverishly working to help the country they loved, and their beloved family back home. A bit of hope cracked through their desperation. I also introduced them to Valentyna, our volunteer from Ukraine, who was packing medical and surgical bags for 20 New York rabbis who would be heading to Lviv. Valentyna and the ballroom dancers spoke to each other in the language of home, and each found solace in their collective need to help. Sharing their grief and taking action helped to soothe their trauma.

Later that day, we hosted a large sort with over 60 teens from the Moise Safra Center in New York City. The teens sorted medical supplies, prepared life-saving packages to be sent to Ukraine. The teens were activated. As I walked through the room, I heard passionate conversations about what they could do, how they could help, what their contribution could potentially be. It was remarkable.

Just as we were about to finish packing the Luggage for Life duffel bags of medical supplies for the twenty New York rabbis to bring to Ukraine, Valentyna became ill. She couldn't come to the warehouse to complete the packing. We were in a crunch and needed help, but I knew exactly who to call. I had met the Vickers family years ago at a UJA event and we had an instant connection – they had a warm and welcoming way of accepting everyone into their fold, and I loved them for it. The entire family works in real estate in New York, though Diane has training in nursing and social work. She felt Afya's mission deeply.

I brought them to our warehouse in Yonkers for a tour.

"You don't have a sink in the work area," Stanley said, "You need a work area and a sink to wash dishes… and what's with the bathrooms?"

I smiled – the bathrooms were, of course, truly awful.

"It's not a financial priority right now," I told him, "Yes we definitely need a sink and new bathrooms, but it can wait."

A week later, completely unannounced, Stanley's lead handyman walked in the door.

"Stanley sent me," he announced, "I am going to help you build a work area that has a sink… and it looks like your bathrooms need some work." My team and I stood there in shock.

That was the beginning of our relationship with the Vickers. They don't need much in the way of explanation – they see and they generously act with no fanfare and no fluff. As the handyman worked on the new sink, I remember calling Stanley to thank him. He told me he was happy to help.

"We'll figure out what else we can do next," he said. Weeks later, Diane and Stanley offered us free storage in the basement of one of their buildings on the Upper East Side. "You need extra storage space, so use ours," they told me.

A year later our relationship with the Vickers had become a full multi-generational family affair when their son Michael reached out because his son Alec was getting ready for his bar mitzvah and needed a project to work on. Alec and I met often – he was committed and totally invested in everything we were doing. Years later, right before COVID, their other son Adam reached out. His daughter, Ava, was having her bat mitzvah and wanted to invite friends to their home to help sort. As it turned out, Ava's Bat Mitzvah celebration was our last in person event before COVID shut down all in-person sorting for years. It felt fitting that the last time we would be able to gather would be with the Vickers.

During COVID, Michael, who is a big Phish fan, reached out to Waterwheel, the band's not-for-profit foundation, and nominated Afya for their weekly dinner and a movie fundraiser. They chose Afya, and raised over $20,000 that night.

It was no surprise then that when I found myself in a crunch to pack those Luggage for Life bags for the rabbis to take to Ukraine, my first call was to Diane Vickers. I explained the entire situation to her and said, "Diane, you were an ER nurse, you can do this. I need you and Stanley today for *hours* to help us pack the rabbis."

They dropped everything and came to the warehouse. Little did I know at the time that Diane and Stanley are dear friends with Rabbis Menachem Creditor and Jonathan Blake, two of the twenty rabbis who were traveling to Ukraine. I had no idea when I called them that they would be packing bags for these rabbis

they loved. Diane led the Afya team with clinical precision, finding supplies and getting the bags in order. Thanks to the Vickers family, we sent the rabbis to Ukraine with front-line medical supplies expertly organized in our bright orange Afya duffel bags.

Afya has begun to shift our focus to the restoration of function for the people of Ukraine. We're inspired by Mrs. Zelensky's commitment to rebuilding and providing rehabilitation medicine to thousands of people nationwide, and we're going to continue to do everything we can do to help, to show up, in whatever way we can.

Recently, Rabbi Menachem Creditor, from UJA, drove to our warehouse in a car filled with supplies. "These belonged to my Safta (grandmother)," he told me. She had died a year ago, and the tears that suddenly rolled down his face and the intensity of his feelings had taken him by surprise.

I completely understood. In many ways, giving away the supplies that held someone you loved can become an open gateway to grief, and release deep feelings of loss and sadness. The act of donating offers us an opportunity for a gentle retelling of the story of the loss. But when we pass on a loved one's walker or wheelchair to another person who needs it, we amend the story of our loss with the beauty of giving, and a story that ended in sadness can now end in light. Giving to those we will never know is the highest level of giving of all – in this way, giving becomes sacred. Rabbi Creditor and I both sat quietly on the edge of his open car trunk, with tears rolling down our faces. The supplies he donated will travel to Ukraine and do so much good there.

Lee Perlman, the amazing lightning-rod for good, connected us to Dr. Robert Montgomery, the Chair of the Department of Surgery and Director of the NYU Langone Transplant Institute. Dr. Montgomery has been working with a team in Lviv performing transplant surgeries. He needed help getting product to his team in Kyiv, and we were able to help him get 1000 pounds of surgical supplies, valued at $400,000 into the country. To date, Afya has curated and delivered more than eighty shipments of medical supplies valued at more than $5.5 million to Ukraine. More than 3,500 volunteers came to the warehouse since the first days of the war to sort those supplies, contributing the necessary hands on work to the relief effort.

South Africa

Cape Town, 2023

Three years after COVID, I finally returned to Africa. I had been away for too long, but it had been unsafe to travel. With Heather Clark, our Chief of Programs, I headed to Cape Town to conduct a site visit with Ikamva Labantu, one of our amazing partners. The group is a truly inspiring organization committed to human rights throughout the townships in South Africa. They're community-led, supporting grassroots projects with advocacy and resources, and a perfect match for Afya's mission.

We cleared customs with our many orange duffel bags packed with medical supplies. Up early the next morning, we were going to hit the ground running. The breakfast buffet was a riot of color. A tray of sliced open passion fruit, granola tinted with turmeric – the scents and textures made me instantly happy. The chef noticed.

"You look delighted!" the chef said.

I was, I told her, and then I asked her for the granola recipe. She ran into the kitchen, thrilled by the request, and returned with a printed copy.

We greeted our driver Matthews with a big hug. We had driven with him on our last site visit to Cape Town, many years ago. I was so happy to see him again and have time to catch up while we drove to Ikamva's headquarters in the township. Soon we entered a large, gated structure, a manifestation of the vision of Ikamva's extraordinary and loving founder, Helen Lieberman.

We met first with the Registered Nurse and Occupational Therapist Ikamva had hired to conduct home visits for elders in the townships. These positions had been created in direct response to the supplies we were sending. Ikamva had recognized that they needed trained clinicians to assess needs, distribute supplies, and teach people how to use them safely. This is one of many reasons I love working with Ikamva. I know the supplies we send will be put to the best possible use, with great thoughtfulness and care.

One change can catalyze another and create a perpetual chain of good. I saw this chain in action so clearly in South Africa. The new access to wheelchairs, walkers, and primary care medical supplies meant new practitioners who could bring new skills to the amazing work already happening in the community.

HOME VISITS

Heather and I set out with Ikamva's clinicians and community health workers for a full day visiting elders in the townships. The first visit was impossibly hard. We entered an elder's home, and it was so small that there wasn't room to walk from bed to couch, or couch to kitchen. You would literally have to climb the furniture to move about. The elder matriarch was severely arthritic, and moving was very difficult. Her home was too narrow to navigate with a walker. She was effectively confined to her bed, trapped in this tiny space.

I was concerned. She had no way to get outside – to feel the sun on her face, to see friends and community for support. Fortunately, most of Ikamva's staff spoke fluent English in addition to Xhosa, so we could all jump right into a brainstorming session and think out loud together. We tried to figure out what we could do with what we had in hand. When she complained about her neck hurting, I had an idea.

"Can we give her the neck pillow you used on the flight here?" I asked Heather.

"Of course we can!" Heather said.

Until more of our supplies arrived, I wanted to create an interim plan to make things better. When the elder was asked what she missed most, she told us that she missed going to church. I hear this answer often. Isolated elders miss community. The elders miss singing, dancing, drumming, and the energy and life

that fills a church. Their spiritual stronghold is no longer available to them at a time when they need it most.

Figuring out how to help people get to church safely was a challenge. Sand is everywhere in the townships – many people have sand floors, and it's nearly impossible to walk on sand with walkers, crutches and canes. I asked the family to come outside with me and taught the daughter how to pull – not push – her mother in the wheelchair across the sand and to the road safely. This would offer them some mobility and an opportunity to get out of the house safely.

Then we met a woman whose home was constructed from sheets of tin that were eroding and splitting. She had been injured in a car accident and required major hip surgery. She was able to walk with forearm crutches, but the floor of her home was sand as well, and she shared with us that her eyesight was failing.

Her loss of vision could be cataracts, I thought, but with little medical or surgical help accessible, an intervention wasn't likely. I couldn't solve the problem of the tiny room, the sand, the failing vision. I had to focus on what I could do, the strengths that existed that I could bolster. I sat with her and our translator helped me to talk her through creating a mental map of her home in her memory, so that she could sustain her independence as her vision failed over time. I wanted her to be able to take advantage of the remaining vision she had to prepare for the future.

Being human is more than just physically functioning – getting up, going to the bathroom, eating, and going back to bed is not enough. Part of what Afya does is not only to help people's bodies with access to walkers and wheelchairs, but to encourage meaning as a result of this access.

At our next visit, the family matriarch sat on the couch, an adult diaper under her dress, looking at the floor. Through a Xhosa translator I asked her gently about the diaper. She told me that though she didn't like wearing it, she had no way to safely get to the bathroom when she was home alone. I thought about the thousands of walking devices donated to Afya by bereaved families each year. If she had a walker, she could safely and independently use the bathroom, and she would not have to wear adult diapers.

Her entire family had gathered in the tiny home. I learned that ten people lived together there in just two rooms. The family was eager for information, and

I encouraged them to ask questions. The translator went back and forth between us.

"Is it safe for her to eat meat?" the matriarch's son asked. The question surprised me, but I quickly learned that meat had been hard to find there and expensive. Recently, they were able to access some at a reasonable price and wanted her to be able to eat it, but she hadn't had meat in a long time, and they didn't want to make her sick or hurt her teeth. The matriarch smiled during this conversation, clearly indicating that she wanted to eat meat again. I encouraged them to buy meat and share it generously with her.

What struck me here was how hard it is for people who are living in poverty to access information about their health and the health of their family. These answers shouldn't be so hard to find.

The family told me that the matriarch was no longer able to leave the house. I asked this beautiful elder what she missed most about leaving the house, and she responded, "going to church." I asked her to tell me more about what she loved at church. She looked up at me and talked about how time stands still when she is there, just listening to the music, and how it transported her to another time.

"Why can't she go to church?" I asked, "What are the obstacles?"

They told me that the church was blocks away and they didn't have a wheelchair. The streets were made of dirt, narrow and uneven. Taking her to church was unsafe.

There was a large TV in the main room where we were all gathered. One of her children had saved and saved so he could purchase the television for her.

"What does she watch on TV?" I asked.

"Not much," her son told me, "We don't turn it on very often."

It was time to bring the church to the TV. I asked him if he knew how to play a recording from his phone on the TV. If he could go to church and film the music, dancing, and drumming, then she could enjoy it all when he returned home.

We told the family that as soon as we were back in New York we were going to make sure that they received everything she needed to get to the bathroom safely and on her own. We would get a walker and a wheelchair from New York to Cape Town, and they were going to get music and prayer from her beloved church onto her big TV.

As we were leaving, I turned to the son and asked "Is streaming church on the TV from your phone really doable?"

"Of course," he said, "If the mountain will not come to Muhammad, then Muhammad will go to the mountain."

I told him his mother was very lucky to have him in her life.

"No, No, No," he responded, "I'm the lucky one to have her in mine."

Prior to the trip, Ikamva's visiting nurse was clear with us about the wound care supplies they needed. She talked about long waits at the local clinic only for the elders to discover that the clinic did not to have the materials they needed when they finally met with a clinician. She told us stories about elders vomiting before going to the clinic, anxiously anticipating the difficulties ahead.

"I wish I had supplies to just treat these elders at home," she said, "One thing I wish I had was a glucometer and lots of wound care supplies. You know, there were people we saw during the home visits with you who had decubitus ulcers from lying in bed all day. With the right supplies, I could help treat them at home. They wouldn't need to travel to the clinic ever again."

That lit a fire for us.

"Yes," I said, "We can help you bring this to life." With the right flow of supplies, all she imagined could be real.

When we arrived we brought all our duffel bags of medical supplies to the home visiting nurse at Ikamva. Her face lit up! As she started to unpack, she giggled with joy, knowing she could now treat elders in their own homes.

NO SOLUTIONS

But sometimes there is no solution. Sometimes, no matter how good our intentions, how hard we might try, we come across a problem we cannot solve, something outside of the scope of our abilities. In most cases, I don't give up easily when I can't find a solution right away. Most scenarios have one that's hidden, and you just need to allow yourself time to imagine, without constriction. Sometimes, however, it's apparent that there is no solution, and that's tough. The problems I was hearing about in the townships in South Africa, some of them had no solutions, and all I could do was listen.

Our next stop was a training session with a room full of community health workers, These workers visit elders at home in the townships. They are advocates, caretakers, solution seekers, and a link for home-bound elders to the bigger world of Ikamva's goodness. These folks are deeply invested in caring for their elders and have expansive compassionate hearts.

I was asked to meet with them and offer a training session. I felt strongly that this should not be a typical academic power-point presentation, though that was what everyone in the room clearly expected. In my scrubs and orange Afya t-shirt I opened with a request. "I want to hear from each of you about the toughest cases you are treating. Tell me where you feel you need some help or guidance in the management of care and I will do the best I can to offer some helpful suggestions."

Every person in the room spoke about incredibly tough situations. They shared stories of being mugged on home visits, adult children stealing from their elders, selling everything from hot plates to furniture. Stories of elder abuse were pervasive. I heard stories about parents left in a bed with no one coming to feed them, patients with severe bed sores that spread to their backs and legs – a clear sign of neglect, even though there were many people living in the home with them.

These were the survivors of apartheid. They deserved so much more than this. The team in front of me wanted to deliver the kind of care and the kind of life these elders deserved.

I kept asking about the role of law and how the law protected elders, and I quickly learned that the pathways weren't always clear. We talked about the management of behavioral issues-confusion, depression, and anxiety, discussing what to say and what not to say. Most elders died at home, so we talked about being present for the sacred passage of dying, and how to involve family members who were loving and providing care.

They wanted to be able to bring basic supplies and assessment tools with them so they could provide better care for the elders they served, but the danger they would face made that impossible – the backpacks would be stolen immediately. I learned then that many didn't even carry their phones with them when they were conducting home visits. I was blown away by the courage of this incredible group, but here was a problem that I couldn't solve. I couldn't solve the impact of poverty in the Townships and the scars of apartheid.

"I'm sorry," I told them, "That's awful." It wasn't pity, just a deep acknowledgement of the difficulty of the work. There was no pretty bow to put on it – no way to make it not awful. I had to sit with the uncomfortable truth that I could not help, and then we had to move on.

Someone asked about helping elders with very swollen legs, and I lowered myself to the floor to demonstrate how to wedge cushions or pillows to elevate the legs. When I was in Haiti with my son Sam and he asked me how I handled seeing all that I saw, I told him to just find the small way that he could help, and to stay in that tiny sliver of light.

I kept the conversation going, letting the room and their questions lead the discussion. It was hard to hear the many challenges they were facing with so few resources available to change what was wrong with the current system of care. I had to focus on the sliver of light, and the way that the supplies Afya could send would help in gorgeous ways.

SYNCHRONICITY

New York, 2022

It was a late Sunday afternoon in winter, and I started receiving multiple SOS texts from Jordana, a donor and friend who I admire. *I need to talk to you about a piece of medical equipment and I don't know if you have it, but it could be life saving for my child's friend's grandmother.*

I quickly called her back and heard the full story. Her son, Charlie had a dear friend whose grandmother was in the hospital with COVID. Her veins were collapsing, and without the equipment needed to locate a working vein, she had become critical. The machine on her hospital floor was broken and the hospital couldn't locate another.

The friends and family posted a GoFundMe, pleading for donations so they could purchase the needed piece of equipment at a cost of $8,000. I know this sounds unimaginable, a family crowdfunding for hospital equipment, but during COVID so much was broken, literally and symbolically. Charlie heard all about

the situation from his dear friend and was really concerned. When he asked his mother what they could do to help, she reached out to me.

When I hung up the phone, I immediately called Alex, our biomedical engineer, apologizing for interrupting his Sunday, and asked if we had the necessary equipment available and ready to go.

"We don't," Alex told me, "But we have something that is just as good. We have a Venoscope."

I asked if he had already checked it for safety and functionality, which we do with every single piece of equipment we deliver. Since the Venoscope wasn't slated for delivery, I was concerned that the machine might not be ready.

"You know what's funny? I checked the Venoscope a few weeks ago because it was requested for a shipment to a hospital in Lebanon after the explosion in Beirut, but then it wasn't needed after all. It just needs a new switch – it'll cost two dollars to get it working."

I called Jordana, to tell her we were in luck, to tell the family that we had what they needed, and that the hospital would have a Venoscope later the same day.

In a snowstorm, Alex came into the warehouse to fix the switch and Charlie and his father David drove to the warehouse, picked up the scope and headed to Brooklyn to deliver the item.

This piece of equipment saved the grandmother's life. A resourceful 18-year-old chose not to be a bystander but to go out of his way to help a friend – and in doing so, he saved a life – at least one. With that Venoscope – a piece of donated equipment that had been sitting in our warehouse, the hospital could save and change many more lives.

I was amazed that we had a Venoscope in the warehouse, but not surprised. Time after time I've seen this sort of synchronicity – stars aligning, extraordinary coincidences. I've learned not to question these moments, and to simply trust that things are unfolding exactly the way they should.

Back in 2008, when we were operating out of a 2,000 square foot warehouse and every inch of space mattered, our driver unexpectedly came back from a pickup with an enormous hospital bed. He told me that when he arrived for his pickup at our hospital donor, he was greeted by hospital staff at the loading dock. A VIP had been hospitalized and had bought a special bed for his hospital stay.

The bed, worth at least $50,000, was now sitting in a hallway. It wasn't part of the original plan for that pickup, but the driver took the bed.

The driver arrived with a bed that weighed as much as a building, and I was annoyed. Who was ever going to use this bed? The sites we were supporting abroad had no use for power-driven hospital beds. They barely had enough power to run the lights and equipment in their operating rooms. For days, every time I walked by the bed, I was aggravated. It took up prime real estate and had questionable utility.

Then I received a request, forwarded by a friend. A group of young teens were involved in a horrible car accident and only one survived. The lone survivor, a 14-year-old boy, had spent a year recovering at a local children's hospital. He had required the crafting of a new protective skull and intensive rehabilitation. His amazing mother, who never left his side, sent out a plea on craigslist for specific help: she needed a bed.

She needed *this* bed.

I emailed the mother, and she called within seconds. She was sobbing, sharing every painful detail of the past year. Her son was getting ready to be discharged to a long-term care facility. She wanted him to come home, but the only way she could care for him was if she had a high-tech bed ready for him, but her insurance had denied coverage.

I was so moved by her love, courage, and tenacity. "If you need a high-tech heavy-duty bed to get your son home, I've got one for you," I told her. "It's yours. Merry Christmas Annie"

The bed was delivered Christmas Eve, just as her son was arriving home.

Synchronicity at work, and not for the last time.

A year later, a physician who was born and raised in Cape Verde (a Portuguese Island located off the coast of West Africa) called us from Cuba. She was wrapping up her residency in renal medicine and end stage kidney disease management, and she needed dialysis machines.

"I want to return home and work in Cape Verde," she told me, "But I can't do my work if I don't have the equipment I need to deliver care." As it turned out, just that week a hospital had donated three dialysis units, and all were in good working condition. It was the first time we ever received dialysis machines, and we had no idea when or if we would be able to use them.

"Looks like you are going home to Cape Verde," I told her.

These experiences with synchronicity have rewired my brain. I've learned to give everything time and have faith in outcomes. I trust that I'm in the middle of a story that's still unfolding, and I wait patiently to see how it will end.

JUGGLING

New York, 2020

"I love to juggle," Kevin told me, "I really, really love to juggle."

Kevin, who is neurodivergent, came to Afya after trying many treatment programs that hadn't given him what he needed. He struggled with things a lot of neurodivergent people often struggle with, like sustaining a conversation and maintaining eye contact, but he did not struggle with juggling.

Identifying and leveraging strengths is a guiding principle for me thanks to the work of Kristie Patten, Counselor to the President at NYU, who is an international thought leader and pioneer of a strength-centered approach in OT. Inspired by the principles Kristie teaches, I invited Kevin to give a juggling performance whenever he came to a volunteer shift.

The other volunteers loved them and Kevin was able to ground himself in a place of real confidence. We entrenched Kevin at Afya and gave him the space and experiences that allowed him to become everything he wanted to become. Rather than sit with a group of other volunteers, struggling to practice social skills, Kevin could have real, genuine connections that flowed from a passion of his.

Volunteers who are neurodivergent do very well at Afya – the tasks are manageable, repetitive and can be scaled in complexity. When tasks required cooperation or social engagement, the meaning inherent in the work motivated Kevin to adapt to the challenge. Within his first weeks at Afya, Kevin's mother saw the magic that was happening for him, and she decided to end all Kevin's other interventions, allowing him to be all-in at Afya. Kevin's assigned OT student started working with him on his dreams of becoming a professional juggler. In the past he had landed juggling gigs, but told us he couldn't sustain it as a career because

he struggled with outreach and marketing. For years he had attended out-patient programs that focused on his challenges, working only on what were seen as Kevin's deficiencies – greeting people or conversing with an audience.

Kristie Patten's work taught me that focusing on mitigating Kevin's deficiencies would be far less impactful than fostering his strengths, and letting growth flow from there. I also learned to question the assumptions people had about Kevin's life and what was possible for him. What if being a great juggler didn't require being great at marketing? Kevin didn't want a job in marketing – he wanted to juggle! Lots of people have aspects of their work they delegate to others – the way you might hire an accountant if you're a doctor who's no good at doing taxes. The question became: could we find other solutions and adaptations?

One time we had a party and Kevin came to the gathering dressed in his royal blue suit, ready to juggle. Everyone was mesmerized, and Kevin came alive. His mother approached me after his performance. "He talks about juggling often," she said, "What can I do with that? I'm unsure where he can perform."

"Tell him to put on his suit, gather his supplies, and drive to a park, a street corner anywhere!" I told her, "Just let him at it. Anywhere he can stand and juggle, that's a performance. The moment he mentions juggling, activate and go somewhere so he can perform. It doesn't have to be perfect or organized or official, he can perform wherever there are people who might stop and watch."

His amazing mother took action. Together they put on juggling performances at parks and on sidewalks whenever the impulse struck. Kevin's joy and the response he received from others was so beautiful that his mother immediately enthusiastically embraced this new spontaneous approach.

Over time we saw enormous growth in Kevin.. He learned how to email and wait for a response, how to greet people and give genuine compliments. He got a great haircut, and started putting care into the clothes he wore every day. He even started a YouTube channel to promote his work as a juggler. These days, Kevin is performing at birthday parties, Autism Speaks events, and the Royal Hanneford and Omnium Circuses. I cannot wait to see where Kevin and his royal blue suit travel next.

I LOVE MY JOB

New York, 2016

These days I call Jimmy my go-to guy at the warehouse. When he started as a volunteer in 2016, he had one wish – to have a real full-time job. He has achieved that dream and more, and he's a constant source of joy and inspiration to everyone at Afya. He'll teach an impromptu Shakira dance class to anyone at the warehouse or bring flowers for the OTs, expressing his joy and gratitude at every opportunity.

"The future is bright orange," Jimmy loves to say, a phrase that is his favorite, and mine.

Jimmy has worked tirelessly with his OTs over the years to address the root causes of the obstacles that kept him from achieving his dream of having a full-time paying job. It's been no small feat, but I think that Jimmy's strength has come in large part from the joy he gets from helping other people across the globe.

When he came to us, Jimmy struggled with a number of challenges, and he had a tough situation at home. With the help of his OT, he improved his reading skills, learned to steer the pallet jack, and to be completely proficient and capable in every aspect of his volunteer work in the warehouse. Because OT's work holistically, Jimmy has also learned some valuable skills he needs in his life outside the warehouse – like how to manage his own money and to save for the future. Jimmy learned to cook so he could care for his brother when it's just the two of them, throwing on a white chef's hat and apron to practice recipes with his OT.

When we hired Jimmy as a part-time employee, he told us his Christmas wish had come true. He was on his way to achieving his dreams, and taking on new challenges all the time. He won the Special Olympics New York State Athlete of the year, and I drove upstate with my friend Felicia Culotta, Afya's Empress of customer service, to cheer him on.

That doesn't mean that everyone volunteering at Afya experiences smooth sailing. Not long after Jimmy achieved that honor, a challenging situation in his life became overwhelming, and he had to take some time away from the warehouse to get back on his feet. A few months later, Jimmy came to talk to me,

afraid that he had blown it and that we had lost our faith in him and his place at Afya.

I told him the truth: There's no way I'll ever lose faith in Jimmy. Tough stuff happens to everyone and we all occasionally get knocked off-course. Jimmy took the time that he needed, and when he returned, we slowly added more hours to his work week until he became a full-time employee with benefits. All the while, he's had one of our OT students working alongside him. What they work on changes all the time, but one thing is constant: Jimmy gets more capable and more resilient at every turn, stunning us all with his gorgeous capacity to do good for others.

These days he comes to work dressed in head-to-toe orange – shoelaces, sweaters, hats – the color that, for me and Jimmy, will always symbolize resilience and hope.

Conclusion

When I started Afya I had an idea, but I did not have a plan. Afya has always been highly responsive and adaptable and intensely impactful; the work speaks for itself. For the first fifteen years, we were figuring it out as we went, without the funding or bandwidth for a full strategic planning process. For a long time, I hated being asked, "What's your strategic plan?" because I simply did not have the funding or the bandwidth for a full strategic planning process.

Fortunately, five years ago I won the proverbial lottery and the most amazing mentor walked into my life. Afya participated in a program with Alumni of Harvard Business School to receive pro-bono support and advice. The team lead on our project was Jonathan Bloom, a highly gifted observer and thinker, and a leader with incredible insight.

The first time I witnessed Jonathan's brilliance was at our conference table, amidst stacks of medical supplies, surrounded by the beautiful mess of Afya's daily operations. I watched him lead a conversation with finesse and precision, listening carefully to everyone around the table, organizing our jumble of thoughts and questions into a meaningful and productive conversation.

Watching Jonathan lead meetings was a masterclass. He would invite participation, making sure that each person had a moment to contribute, and close with a thoughtful recap of everything we had accomplished. Everything was action-based, roles were clear and assignments were completed. Watching him lead and direct the team showed me the kind of leader I wanted to become. At the close of the project, Jonathan asked to remain involved.

"I'd like to continue to help in any way that you think I could be of service," he said. Now we speak twice a week. Jonathan always reasons out loud so that I can learn the critical reasoning that leads to every decision. But what's particularly great about Jonathan is he meets me where I am, just the way Afya meets people where they are. He doesn't bring me to the grindstone where all creativity comes to a halt, but allows me to think and work outside the lines, to brainstorm creatively and honestly. I can bring him something really big, and his first response is to validate me and my ideas. He affirms, he bolsters, and brings me to the seat of action pretty quickly.

With Jonathan's help, we are embarking on a new incredible journey, imagining a future for Afya that is big and ambitious. In the past few years, Afya has grown enormously, and our ability to innovate and lead large scale projects has been successful in no small part because of Jonathan's guidance.

Today we're too big as an organization to operate without a strategic plan, and thanks to Jonathan, we are ready to be less reactive and more strategically proactive. Jonathan has helped me develop a clear vision for Afya's future. The model for Afya that I imagined years ago focused on strengthening existing healthcare systems worldwide, a sustained response to what is essentially an ongoing daily crisis in under-resourced healthcare settings. We have done massive work in disaster response – work I never imagined doing when I created Afya. We will always respond to acute crises, but I want to reaffirm our commitment to the slow and steady work of righting the global and local inequity in access to life-saving resources.

Today, Afya is about to turn 16. In 2008, Afya functioned out of my home's garage; today we operate in a 50,000 square foot warehouse. I used to enlist my children and their friends to sort and pack – today we have a staff of 30+. In our first fifteen years we shipped 12.3 million pounds of supplies, valued at more than $58,000,000, to 80 nations and 23 US states.

I imagine myself all those years ago, in a tent in the Serengeti, listening to a physician mourn the lives she could not save. I could not have imagined where I would be now - and from where I sit, I cannot see what the next fifteen years will bring, but I am certain of one thing: the future is a bright, hopeful, joyous orange.

An Invitation

"The only choice we have is to begin. And the only place to begin is where we are. Simply begin. But begin."

– Seth Godin, *The Practice*

This is an invitation: begin.

The capacity to act on behalf of others lives in each of us. You can start by seeing a need, and doing something about it. You might not know exactly what that something should be, but I promise you it doesn't matter. Something is better than nothing, so do something. It might be the wrong thing, and that's alright. You'll only learn if you try. We can only tolerate the suffering of others if we choose separation over connection. Start by choosing connection, and then take action.

You don't need this invitation from me or from anyone else: you can simply begin. That being said, if our work at Afya sings to you, this is your official invitation to join us. You have a unique gift to offer, and we are honored to welcome you.

If you are called elsewhere, go forth. Maybe the unique gift you have to offer the world doesn't fit in any existing box, maybe you are about to start something big. That's wonderful. Creating something new, starts small, right where you are, right now.

Begin.

POLE POLE NDIO MWENDO: TANZANIAN PROVERB (SLOWLY IS THE WAY)

I have walked the journey to this book slowly, step by step, and have been accompanied by incredible people walking steadily and lovingly beside me.

My children, Sam, Caroline and Sally have generously shared their mother for 16 years and counting. They've all had a front-row seat to this journey, and they have always understood the power and importance of this work. In the background of each of these stories, they are all living their young lives, facing the triumphs and struggles of their own journeys, willing nonetheless to share my attention with thousands of strangers. They supported me as I chipped away at this book, on trips to the beach under a towel with my computer, while watching movies together on our couch, writing feverishly in the car on post-it notes at stop lights. Without fail, their refrain in difficult moments was, "You've got this. Keep going. We love you!" Their love, flexibility and wit steadily nurture my soul. I love the three of you, the great restorers of my heart, with all of me. I am forever lucky to be your mother.

My patient parents walked my first walk with me, showing me the organic art of caring, showing up and doing the right thing. Not once did they push me to conform, with the exception of reinforcing the importance of going to school. They had the courage to let me fly and figure it out as I went, and encouraged me to march to my own drumbeat and to believe in its rhythm. Everything I've learned they knew long before I did, and still they had the wisdom to help me find my own way.

Neil, the man I love to love, thank you for every word of encouragement. Thank you for listening carefully and patiently as I brainstorm out loud, navigating my way through tangled webs of intersecting thoughts. Your ability to hear, integrate and observe calms and restores me. Thank you for all the times you stepped aside with a loving smile, and said "go write". I am bone-deep grateful for us.

Haley, our stories collided for good years ago. Thank you for generously sharing your beautiful writing and editing, inquiry, curiosity and humor. Your depth of understanding the person in front of you and merging to express everything

organically is mind blowing. Your writing magnified mine. Thank you to our G's for bringing us back together!

Seth, for the years of persistence, for hanging in there with me, insisting that I write this book in my own words and tell this story. I am so grateful for your vision and encouragement. Your faith fueled my process and this book.

The Afya Team and all Afyans are what make our community extraordinary: bountiful, loving, generous, compassionate, and brilliant. You are the makers of every story we tell, and our ripple reaches far beyond my comprehension.

I'm grateful for all the working professionals in the field, who sacrifice so much to help the people who need it most. And to every person in pain who trusted us enough to engage, to tell their stories, to share part of their lives with us. People around the world face systemic problems that come from class, from caste, from bureaucracies that can't seem to make a difference. While we can't fix it all, we can begin by connecting, by seeing each other and most of all, by showing up.

To know that we have impacted lives with our work is an honor and a privilege.

"Pole Pole," slowly is the way to arrive fully.

These are their stories.

These are our stories.