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“Medical science has proven time and again that when the resources are provided, great progress in the treatment, cure and prevention of disease can occur.”

— MICHAEL J. FOX
I am pleased to share with you the latest edition of Perspectives in Philanthropy, our journal that features stories of generosity from valued clients, private philanthropists and nonprofit institutions. The theme of this issue is “Medical Philanthropy and Global Healthcare” and includes a broad array of articles that highlight clients who’ve turned personal tragedy into committed action.

One article tells the story of Hunter Kelly, the son of NFL star Jim Kelly and his wife, Jill. Hunter was born with Krabbe’s Disease, a condition that is treatable if detected during the first weeks of life. When Hunter was born in 1997, newborns in New York State were not screened for this disease. After facing numerous and painful challenges, Hunter passed away soon after his eighth birthday. Through the efforts of the Hunter’s Hope Foundation, a nonprofit set up by the Kellys, New York State now screens against Krabbe’s Disease.

Another nonprofit highlighted is Charna’s Kids Club. Nearly fifteen years ago Arlene and Larry Radbells’ beloved 28-year old daughter, Charna,
was diagnosed with colon cancer. She succumbed to the disease 8 years later. In Charna’s memory, the Radbells established Charna’s Kids Club at Morgan Stanley Children’s Hospital. The program helps care for the physical and mental well-being of a patient’s entire family, particularly the school-aged brothers and sisters of chronically ill patients.

We’ve added a section that spotlights clients who have received special recognition for their work in philanthropy. In this issue we’re featuring BP Agrawal and Margery Pabst.

Since the field of medical philanthropy and global health care is so large and exciting, we have decided to devote two issues to the topic. This issue focuses mainly on the personal motivation of our clients who have chosen to dedicate themselves to this work. The second issue, coming out in early 2011, will focus on the technical aspects of how to practice medical philanthropy well and make sustainable impact. The upcoming issue will also feature remarkable nonprofits that are making a real difference in their fields.

As always, we look forward to hearing any of your comments about this issue and ideas for future ones.

JAMES TRACY
Chief Operating Officer of Distribution and Development, Wealth Management in the U.S., Morgan Stanley Smith Barney

This edition is dedicated to our beloved friend and colleague, Frank Pozzuto. Frank passed away very unexpectedly at the age of 42 from a head injury, leaving behind his wife, Marilyn, and two young children, Emily and Christopher.

Simple Tests Can Save Countless Lives

BY MELANIE SCHNOLL BEGUN AND STEVEN ROSANDICH

Hunter Kelly was born on Valentine’s Day in 1997. It was an auspicious day. Hunter’s father, Jim Kelly, the former NFL football quarterback for the Buffalo Bills, was born on Valentine’s Day in 1960.

Hunter’s birth had been routine and nothing unusual showed up when Hunter went through the battery of newborn screening tests that New York State required at the time. For the first couple of weeks of life, Hunter exhibited all of the signs of a healthy and vibrant baby boy.

However, by the end of the first month, Hunter became increasingly irritable. He began having screaming fits and his tiny arms and legs would stiffen suddenly. As weeks went by, it became increasingly difficult for Hunter to swallow and eventually he began experiencing mild seizures.

When Hunter was four months old, Jim and Jill Kelly received heartbreaking news: Hunter had Krabbe Disease, a rare condition that affects about 1 in 100,000 individuals in the United States. Krabbe Disease is one of a group of genetic disorders known as “leukodystrophies” which affect the central and peripheral nervous systems. Patients with Krabbe Disease have a defect of the GALC gene which causes them not to produce enough galactocerebroside beta-galactosidase, an essential enzyme for the production of myelin. Myelin is the material that surrounds and protects nerves. Without healthy myelin, brain cells die and nerves in the brain and other body areas do not work properly. Krabbe Disease most often affects infants, with onset usually occurring before the age of six months. Symptoms include irritability, unexplained fever, limb stiffness, seizures, vomiting, slowing of mental and motor development, spasticity, deafness and blindness. Most infants with early onset cases of Krabbe Disease die before age 2.

Jim and Jill Kelly were told that Hunter would be lucky if he lived to see his second birthday. But Hunter, in heroic fashion, facing numerous obstacles and painful challenges, lived to see eight birthdays. To his family’s great joy, he was present to see his father inducted into the Pro Football Hall of Fame in 2002.

Hunter’s case is even more poignant because if his disease had been identified “Did you know that a simple heel prick through a newborn screening test could have saved my grandson, Hunter’s life? Well, it’s true.”

Jacque Waggoner, Grandmother and CEO of Hunter’s Hope Foundation

As always, we look forward to hearing any of your comments about this issue and ideas for future ones.
just a few months sooner, he might be alive today. Hunter could have received umbilical cord blood stem cells from unrelated donors. When this treatment is administered before the onset of symptoms, patients have a good chance of developing with little neurological impairment. According to Jacque Waggoner, “…Each year in the United States thousands of children die and many more thousands become permanently disabled because their parents and doctors did not know they had one of over 55 treatable diseases.

These diseases can be identified through the existing Newborn Screening Program—one heel prick in the hospital after birth. Many states do not screen for all of these diseases, but they could. This knowledge can save children’s lives.”

Another case of proper treatment not being administered quickly enough happened to Matthew Chorey of Grand Island, New York. When Matthew was born, New York State did not screen for glutaric acidemia, an inherited disease which leaves patients without two enzymes that break down protein. When glutaric acidemia remains untreated, protein can accumulate and damage the basal ganglia of the brain, which controls muscle movement. Today, Matthew cannot talk, walk and has little control of his arms.

The situation is very different for Matthew’s little sister, Emma. She, like her brother, has glutaric acidemia as well. However, in Emma’s case, a simple blood test detected the condition when she was nine days old. Matthew’s illness wasn’t discovered until he was nine months old. Since Emma was put immediately on a low-protein diet, she has developed like any normal little girl and she has a good chance of leading a healthy life.

Jim and Jill Kelly established Hunter’s Hope Foundation in 1997. The organization’s mission is to identify treatments, and ultimately a cure, for Krabbe Disease and other leukodystrophies. Given that treatment is most effective before symptoms appear, education and advocacy for universal newborn screening is a top priority of the Foundation.

Hunter’s Hope Foundation’s primary focus is to encourage and support families who are affected by Krabbe Disease and other leukodystrophies. Through its Family Care program, the Foundation provides resources to families in need. In addition, the Foundation supports the Hunter James Kelly Research Institute that is located in downtown Buffalo, New York. Finally, the Foundation supports Hunter’s Homes, located in Durham, NC, that are available to families while their children are being treated for Krabbe Disease and other leukodystrophies at Duke University.

Formed in 1973, NFL Charities is a nonprofit organization that enables NFL teams and their players to contribute collectively to charitable causes on a national level. Since its inception, NFL Charities has approved more than $120 million in grants to more than 642 different organizations and donates more than $10 million in grants annually to support causes such as sports-related medical research, youth health and education initiatives, among others. The organization contributes $1 million every year toward the charitable work of current and former NFL players.

“The tireless advocacy work of the Kelly family and Hunter’s Hope is on track to enhance the newborn screenings performed every day as a matter of course in hospitals around the country in order to divert manageable conditions from becoming fatal. NFL Charities is proud to list itself among long-time supporters of Hunter’s Hope Foundation.” —Lynda Hamilton, Manager of NFL Charities

Most babies appear healthy at birth, full of life and possibility. Yet they could be hiding a rare or potentially devastating disease. By screening every baby at birth, serious mental and physical disabilities—and even death—can be prevented. And, by making the requirement universal in every state, families are far less likely to suffer unnecessarily.

Jill Kelly has written a book recounting the life, joy and faith their family discovered during Hunter's time on earth. Without a Word: How a Boy's Unspoken Love Changed Everything (September 2010, FaithWords) is Jill Kelly’s story of how her son’s love was so powerful, it not only overcame his disease but the broken dreams that tore apart their family, and brought the Kellys to a place of life, joy and faith.

For more information about Hunter’s Hope Foundation, visit www.huntershope.org.

**MELANIE SCHNOLL BEGUN**
Managing Director, Morgan Stanley Smith Barney

**STEVEN ROSANDICH**
Vice President, Morgan Stanley Smith Barney

**SUPPLEMENTAL NEWBORN SCREENING.**
If you or someone you know is expecting a baby, please consider Supplemental Newborn Screening to ensure that your baby is screened at birth for all possible diseases. To find out where you can get Supplemental Newborn Screening, please visit www.huntershope.org, Newborn Screening, Supplemental NBS.
James Michael “Mikey” Czech was born on January 6, 1997. The younger of two children, Mikey was a happy, athletic, intelligent, caring, perpetually optimistic young man with boundless enthusiasm. He loved to run fast, work hard, listen to the Doobie Brothers, play his favorite sports of baseball and tennis and was a huge New York Yankee and Roger Federer fan. Mikey was a loving brother and son whose laugh was contagious and who had a huge smile that lit up a room and captured your heart.

On January 6, 2008, his 11th birthday, life as our family knew it, ceased to exist. Our only son was diagnosed with a diffuse intrinsic pontine glioma (DIPG), one of the most aggressive and deadly forms of brain tumors diagnosed in children between the ages of three and 16. DIPGs are inoperable, incurable and, until recently, unable to be biopsied. Approximately 80% of patients diagnosed with DIPGs die within one year of diagnosis; nearly 100% die within five years of diagnosis. Conventional treatment consists of general radiation and chemotherapy. Alternative treatments include various clinical trials (approximately 250 over the past 30 years) which, to date, have proven to be no more effective than conventional treatment.

On January 24th, 2008, after seeking advice from five different medical institutions, Mikey was enrolled in a Phase II clinical trial of Motexafin Gadolinium. He concurrently completed six weeks of Intensity Modulated Radiation Therapy (IMRT). Mikey's treatment ended on March 6th, 2008. Throughout his treatment, Mikey never complained. He wanted to be a normal kid, playing baseball and football and planning parties for his friends. He simply wanted to be “Mikey.”

On April 17th, 2008, the first post-treatment MRI indicated that Mikey’s tumor had shrunk by 70%. Mikey's second post-treatment MRI on July 17th, 2008, indicated that Mikey’s tumor had shrunk another 15% for a total of 85%. We were very hopeful, especially since Mikey was feeling better and was able to do everything he had done before he was diagnosed. He was in good spirits and we thought we had the tumor under control. He had a wonderful four months after his treatment ended. Unfortunately, on August 1st, 2008, cysts began to form in the area once inhabited by the cancerous tumors, placing pressure on Mikey’s cranial nerves. He started to feel numb on his right side, couldn’t walk and was starting to have problems swallowing.

On September 7th, 2008, our beloved Mikey lost his battle and died unexpectedly at his home from complications associated with his brainstem tumor. He will forever be loved and missed by his friends all over the world, his family and by the community he loved so much.

Mikey was an inspiration to everyone who met him and who learned of his fight with cancer. The community embraced him because of the strength and courage he exhibited during his struggle. He was often referred to as an “Old Soul” because he possessed wisdom far beyond his 11 years. During the duration of his illness, Mikey never gave up hope. He was a perpetual optimist and a fighter. His motto was that he would “Never, Never, Never Give Up!”

His family and friends are committed to continuing Mikey’s inspiring legacy by establishing the Mikey Czech Foundation. The goal of the foundation is to establish the world’s leading neuro-oncology translational research lab and to help cure pediatric brain tumors, particularly DIPGs. By working side by side, we will find a cure.

For more information about the Mikey Czech Foundation, visit the website at www.mikeyczech.org.

STEPHEN J. CZECH AND JENNIFER L. CZECH
Co-Chairmen & Co-Founders of The Mikey Czech Foundation
In Search of a Miracle for an Incurable Kidney Disease

BY STEVE GRIFFITH

Matthew Levine had always been a happy, playful and fun-loving boy. Now, he is trying to understand the struggles of everyday life. The problem is an incurable kidney disease called FSGS.

Matthew was diagnosed with Focal Segmental Glomerulosclerosis (FSGS) when he was 2 ½ years old and he continues to battle a barrage of medicines and severe body pains everyday.

In response, both of Matthew’s parents, Dana and Michael, have channeled their considerable energy into the NephCure Foundation, which funds research into the disease. A member of the NephCure Board of Directors and owner of L&L Painting Co. of Hicksville, NY, Michael says, “My son is scared and we are all working so hard to try and find answers to this devastating disease.”

For a period in 2006, Matthew woke up in the mornings with swollen eyes. His pediatrician ordered a blood test and urine analysis. The results showed a high level of protein in the urine, and his parents were told to pull Matthew out of school immediately. The only information available quickly was the shocking message that he may have kidney failure. After undergoing a painful biopsy, the diagnosis was clear. Matthew Levine had contracted a little known but devastating disease, FSGS.

The litany of Matthew’s daily trials is horrific. His cholesterol sometimes reads as high as 375 (normal is under 200). He constantly has high blood pressure and is regularly anemic. Every day he has to take 10–12 different pills and medications to address various complications. Among them are a chemotherapy-type drug and an immunosuppressant, which may make him susceptible to certain blood cancers in the long term or short term. “His kidneys are a ticking time bomb,” Michael adds. “Dealing with this disease is like walking on glass in the dark. You never know what’s coming next. FSGS not only destroys kidneys. It destroys the lives and the families in its path.”

Matthew has tried many drugs; however, he has never been in remission during his bout with the disease. His parents continue to pray every day that a cure will be discovered and that their little boy will be healthy again.

FSGS causes Nephrotic Syndrome (loss of protein that is needed to fight off infections) and is the second-leading cause of kidney failure in children. It is more prevalent than Cystic Fibrosis. Every year there are some 8,000 new cases diagnosed in the Nephrotic Syndrome disease group, and the disease is five times more prevalent in the African American community.

The only treatments are toxic drugs with unspeakable side effects or steroids that kids should not have to take. Even after a kidney transplant, FSGS attacks...
the new kidney some 50 percent of the time. As many as four kidney transplants have failed in some patients. Kidney failure means dialysis (End-Stage Renal Disease), which carries an annual societal cost of $3 billion.

Chronic Kidney Disease (CKD) sufferers in various stages of FSGS number in the tens of thousands. In total, 26 million Americans suffer from CKD, FSGS being one of the most common forms.

Motivated to help his son and excited to learn that there was an existing organization—the NephCure Foundation—that shared his mission, Levine set forth on a course of action that will not stop until a cure is found.

He is one of the prime movers in the NephCure Foundation’s annual fundraising event called Countdown To A Cure, which takes place every November at Citi Field and raises over $500,000 annually for research. He meets with celebrities and captains of industry on a regular basis in hopes of finding the formula that will bring this disease to the forefront so that the big money needed can be raised. This past September, he engineered an arrangement with the New York Mets to have a NephCure Night at Citi Field.

He then worked with the NephCure Foundation to expand the program by honoring former New York Mets catcher Ed Hearn, a member of the 1986 World Championship Team, who has been fighting FSGS since he retired shortly after that season. The result was a bonanza of exposure for the NephCure Foundation in front of 35,000 fans and millions of television viewers. It was a night to remember for Ed Hearn and for Matthew, who hung out with the former major leaguer.

At another event earlier this year, former NBA basketball star and NephCure Foundation Ambassador Alonzo Mourning met the Levine family at a golf outing in Westchester County. Like Matthew, Alonzo Mourning suffers from FSGS, but is doing well since a kidney transplant in 2003. (See photo of Alonzo Mourning and Matthew, along with Matthew’s parents, Dana and Michael, and sister, Sidney.)

Thanks to the Levines, many other committed families and the work of the NephCure Foundation, Matthew and other patients do have hope.

Though tangible research into the disease is less than 10 years old, the National Institutes of Health is now in partnership with the NephCure Foundation and the University of Michigan creating a patient registry and conducting clinical studies to advance knowledge about the causes of the disease in pursuit of better treatments and a cure.

Through its website (www.nephcure.org) and scores of fundraising and educational events around the country, the NephCure Foundation is a dynamic resource for patient families with news, research updates and social networking. The NephCure Foundation operates at the high end of efficiency standards for nonprofits, with 86 cents out of every dollar allocated towards research and education.

Together, the Levines, their fellow dedicated families and volunteers and The NephCure Foundation will make a difference for kids like Mathew and other FSGS sufferers, who are waiting for some answers.

Steve Griffith works in public relations for the NephCure Foundation.
We are proud to announce that Morgan Stanley Smith Barney client, Dr. BP Agrawal, received the $100,000 Lemelson-MIT Award for Sustainability. This award honors inventors whose products or processes impact issues of global relevance, as well as issues that impact local communities in terms of meeting basic health needs and building sustainable livelihoods for the world’s poorest populations.

Dr. Agrawal was recognized for Aakash Ganga or “River from the Sky,” a community-driven rainwater harvesting system that alleviates the chronic shortage of drinking water in India. Aakash Ganga channels rooftop rainwater from every house in a community, through gutters and pipes, to a network of multi-tier underground reservoirs.

Dr. Agrawal was also recognized for developing a kiosk-based clinic that improves the lives of villagers in rural India. The clinics, run by high school educated young women, are inexpensive and have the ability to alleviate the shortage of trained medical staff. These health workers improve standardized treatment protocols for common ailments and preventable diseases such as diarrhea, anemia, ear infection, malaria and TB.

These novel inventions were developed by Sustainable Innovations, a nonprofit founded by Dr. Agrawal that focuses on building self-sustaining social enterprises.

Margery Pabst, a Florida Morgan Stanley Smith Barney client, and her coauthor, Rita Goldhammer, won the 2010 Caregiver Friendly Award for their book, “Enrich Your Caregiving Journey.” The book offers emotional and practical help for caregivers in their daily challenges of taking care of others as well as themselves. Margery Pabst and Rita Goldhammer feature stories of three families and the issues the families and caregivers face when the unexpected happens. The book offers practical tips on how to be effective in both the role of taking care of others and the role of taking care of yourself.

Margery Pabst is the founder and president of the Pabst Charitable Foundation for the Arts.
Letter to My Daughter, Sarah Jane

BY PATRICK DONOHUE

June 10, 2010
Dear Sarah Jane,

I went to sleep five years ago this very night with incredible optimism. You had arrived into this world five days earlier, happy and healthy; your mother and I were filled with joy. My degrees from Rutgers College, Fordham Law School and New York University Business School had been put to good use in my work as a political consultant helping to elect governors, senators and presidents; I was preparing to launch the next stage of my life.

But that night, unimaginably, the baby nurse we had hired to help us care for you violently shook you, breaking four of your tiny ribs, both collarbones and causing a severe brain injury. It took a week for the doctors to learn what had happened. I recall watching the hospital staff poke and prod your tiny arms and feet to establish an IV. Your mouth was wide open and tears were streaming down your face. I heard yourDivademanding!

From our Advisory Board I learned that the advice and care we were getting from the medical community for you was based on anecdotal information, and at best, evidenced off of adult research.

I was amazed that even today our understanding of the brain is probably about 5% of what we will eventually know. As I discussed my new knowledge with your doctors, therapists and researchers, it became clear there was no single repository of knowledge about the brain. Brilliant people all over the world were working in similar areas without knowing what others were doing, somewhat like the fractured computer science field of the 1950s and 1960s. I fast-forwarded 50 years and asked, “Where are the breakthroughs occurring today in those areas?” The answer was using Open Source Principles: the idea of shared knowledge and collaboration.

Excitedly, I set out on a worldwide search to find out who was using these Open Source Principles in the field of pediatric neurosciences. I learned that no one was, so in October 2007 I became the first person in medical history to put all of someone’s medical records (yours) online in an open source format. Selfishly, I thought I might connect with a scientist or therapist who would find exactly what might help you.

This quickly led to my creating the Sarah Jane Brain Foundation and the response was amazing! We received positive feedback from scientists in many nations, so we quickly involved other families. Their stories brought me to a new realization: EVERY single family was stuck reinventing the wheel in all aspects of tending to their child. Plus, 85% of what all families went through was the same. However, the care was arbitrary from state to state, random in each school district and a complete crapshoot from one doctor’s office to the next.

The New York City Police detectives and the Manhattan District Attorney’s office investigated and prosecuted the monster who shook you. She pled guilty and is serving 10 years in prison. When the news broke about her crime, you were featured in New York papers and broadcast worldwide via television. We received thousands of prayers and well wishes from people as far away as Japan and Greece. Sadly, 85% of marriages that experience such a trauma collapse from the strain; your mom and I were no exception. Even though we divorced and I have sole custody of you, your mommy has never stopped loving you and wanting what’s best for you.

After your hospital stay, you were enrolled in the Early Intervention Program for your intensive therapy needs. To this day compassionate therapists come into our home each week and work with you as if you were their own child. We built a medical team whose mantra is not to create false expectations, yet remain hopeful. During that first year as we struggled with your care, many relatives and friends gave us moral and financial support to keep us afloat. Your Aunt Cindy took a reduced work schedule to spend two days a week taking care of you and has been by your side ever since. Your Aunt Mary and your cousin Shannon travelled from New Jersey several days each week while we searched for a full-time nanny. We were blessed to find your Vicky who loves you as her own but doesn’t always give in to your Diva demands!

Meanwhile, I read a lot about the brain. I was amazed that even today our understanding of the brain is probably about 5% of what we will eventually know. As I discussed my new knowledge with your doctors, therapists and researchers, it became clear that there was no single repository of knowledge about the brain. Brilliant people all over the world were working in similar areas without knowing what others were doing, somewhat like the fractured computer science field of the 1950s and 1960s. I fast-forwarded 50 years and asked, “Where are the breakthroughs occurring today in those areas?” The answer was using Open Source Principles: the idea of shared knowledge and collaboration.

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Next we put together an Advisory Board of experts who could help us “standardize the wheel.” From them we discovered they had little success in getting political support or funding for the pediatric community, even though pediatric traumatic brain injuries are the #1 cause of death and disability for American children and young adults. (There are over 3 million new brain injuries occurring EVERY year!) From my years as a political consultant, I knew that political ears listen and respond to victims and families of victims. Yet the trauma of brain injury is such a blow to the family that it is rare to find anyone with the wherewithal to become an advocate; you’d have to be somewhat certifiable to step out of your own personal chaos and take on everyone else’s chaos! Yet this is exactly what we have taken on at the Sarah Jane Brain Foundation.

From our Advisory Board I learned that the advice and care we were getting from the medical community for you was based on anecdotal information, and at best, evidenced off of adult research. There has been no long-term study on children suffering from traumatic brain injury! According to the CDC, there are 35,000–40,000 new cases of HIV/AIDS in the United States annually with over $3 billion allocated annually in the federal research budget. There are an estimated 565,000–1 million cumulative cases of autism in the country with the federal government allocating $1 billion last year in federal research. With over 5+ million cases of NEW brain injuries EACH year, the average federal research budget for the entire brain injury community is a mere $80 million annually.

So, we set out to create a Pediatric Traumatic Brain Injury Plan which was to be focused and funded around children, young adults and their families. Our Advisory Board asked to include kids with brain tumors, strokes, meningitis and other nontraumatic causes of brain injuries since their care is 95% similar, so our plan evolved into a Pediatric Acquired Brain Injury Plan (PABI Plan). Our task was simple (though not easy): to develop the best PABI Plan possible for the millions of American families without taking anything else into consideration. Even though we did not know where the money would come from, we began working on the first-ever National PABI Plan. During this time I met Jennifer Dickens, whose son, Christopher, had been shaken as an infant, causing severe brain damage and almost killing him. We quickly established an unmistakable bond and I fell in love with her. Jennifer joined the Sarah Jane Brain Foundation as our Communications Director, and all four of us live together under the same roof.

More than 75 experts came to New York City on January 8–10, 2009, to finish the first draft of the National Pediatric Acquired Brain Injury Plan which develops a seamless, standardized, evidence-based system of care universally accessible for every PABI family in America regardless of where they live! The PABI Plan was organized into seven Categories of Care: 1) Prevention, 2) Acute Phase, 3) Reintegration Phase, 4) Adult transition Phase, 5) “Mild” TBI, 6) Rural/Telehealth and 7) the Virtual Center of Excellence. Within the PABI Plan, each Category had its current status summarized along with problems and proposed solutions as well as the translational data needed to ensure the solutions were evidence-based.

We announced the PABI Plan within the first letter ever sent to President Barack Obama at 12:01 p.m. on his Inauguration Day, January 20, 2009. That spring we launched a nationwide public awareness campaign with the “American PABI Heroes Tour.” We drove over 11,000 miles in two weeks and held either a musical competition and/or a professional panel discussion in 13 major U.S.
Run Towards the Problem... Your Rewards Are Much Greater!

By Shari and Garen Staglin

When our son, Brandon, was diagnosed with schizophrenia in 1990, we were devastated to learn that our “superstar” child had a severe mental illness. At that time, mental illness was something we knew almost nothing about, let alone how to help him get better. Worse, we knew that his life would likely never be the same.

We were fortunate that, with our determination and resources, we were able to get him the right diagnosis, doctor and medications. With the help of his psychiatrist, and his incredible will and intellect, he returned after one semester off from Dartmouth and graduated on time with honors. Today, he works in our family business, Staglin Family Vineyard, as our Director of Marketing and Web Development and is happily married.

Brandon’s illness not only changed his life, but it changed ours as well. As we stood by him and helped him emerge from his illness as a whole person again, we faced questions of our own. Should we just bury this “incident” and hope for the best? Or, should we run towards the problem and try to do something to help change the way mental health matters are treated in this country? We took the latter path and have never looked back.

We set our sights on the twin goals of supporting the most promising scientific research and breaking down the cultural stigma around mental illness that in itself is a barrier to recovery. We soon learned that we were facing a daunting challenge.

But we also learned that we could make a difference. Since 1995, many publications and authorities have said that we have helped “change the landscape” on behalf of national mental health research. We say this not to pat ourselves on the back, but to illustrate what can be accomplished through the dedicated efforts of a few individuals who have both the resources and determination to confront an intractable problem.

Each year, we host a Music Festival for Mental Health at our vineyard in Napa Valley. Together with generous chefs, wineries, top-bill musicians and scientists, we raise significant funds and awareness for the cause. Thanks to its donors and follow-on grant support from the National Institute for Mental Health, the Music Festival has raised $94 million so far and funded projects that have helped thousands of people.

Patrick Donohue
Father of Sarah Jane Donohue and the Founder of The Sarah Jane Brain Foundation
Not long ago, serious diseases of the brain were thought to be incurable and that the best we could hope for was to somehow manage them as we do other chronic conditions. But because of the progress directly linked to our funding, we actually now are able to use the word “cure” as our goal and are confident that in our lifetimes we have a real chance to dramatically alter the course of these illnesses. What greater legacy could one hope for than to have played a part in finding cures for conditions that wreak havoc on so many lives?

With the on-going success of the Music Festival for Mental Health, we have recently expanded our reach to the next level by creating the International Mental Health Research Organization (IMHRO). We added new members to our Scientific Advisory Board so we could consider more grants with additional fund-raising. IMHRO now includes fundraising events around the nation, most recently in Greenwich, CT, Sarasota, FL, Atlanta, GA, and Seattle, WA. New chapters are being proposed in Connecticut, Florida and Southern California.

Taking on a task of this magnitude requires a very businesslike approach. We are not scientists or doctors, but we knew we could apply the skills we learned in business to raise money for this cause and manage how it would be spent. We could bring efficiency, discipline and commitment—all components of success at business. We knew that we needed to stay focused and demonstrate fiduciary responsibility with the donations we received because donors want their money used wisely, just like shareholders in a company.

And we need to be aggressive. We don’t just wait for research proposals to come in, but rather send out requests for proposals to more than 1,500 research organizations around the world to pursue what our Scientific Advisory Board believes are the most cutting edge research opportunities. We fund only the best science and are completely independent from any university, pharmaceutical company or donor interest. Further, with careful planning, it’s possible to take advantage of the “leverage” derived from follow-on funding from NIMH and other institutions, multiplying the impact on research. By insisting on sharing the intellectual property developed, you can also accelerate progress.

As with any start up business, we have formalized our mission and strategies: The mission of IMHRO is to alleviate human suffering from mental illness by funding scientific research into the causes, prevention and new treatments of mental disorders—all leading to cures for the major mental illnesses, focusing on schizophrenia, bipolar disorders and depression.

To further this purpose, IMHRO:
- Produces, supports and builds awareness of fundraising events to raise money for mental health research
- Directs funding to the most promising research by soliciting and selecting proposals for prevention, treatment and cure of mental disorders
- Collaborates with affiliate organizations, people and events worldwide to raise and direct funding and minimize duplication of scientific effort
- Works to build awareness of scientific achievements and possibilities

Recently, IMHRO led the formation of a first-ever coalition among all major mental health organizations to raise awareness about mental illness with a Public Service Announcement, produced by noted film director Ron Howard in Grand Central Station. It featured Oscar-nominated actress Glenn Close, IMHRO members, and the music of Grammy-winning artist John Mayer. (View the PSA at www.bringchange2mind.org).

Ours is a story of hope and dedication to a cause. Had we chosen to run away from Brandon’s problem, we would have missed the opportunity to be a part of the ground-breaking research that has been, and will be, accomplished. As we said in the beginning, the rewards are much greater if you run toward the problem, not away from it. We have found that taking action on behalf of an important cause is a remarkably liberating and energizing experience. Ours is just one example of the difference that passion and commitment to a cause can make. Moreover, we hope our experience will help motivate others to join us or to find their own mission. To them, we say find a meaningful purpose for your energy and resources and make the commitment. You’ll be amazed at what you can do.

For additional details about IMHRO, visit the website www.imhro.org.
Community Investment and Global Health

BY AJAY BHALLA

The world needs both short term and long term access to health care. As humans, we are quick to give generously when disaster strikes; but we are just as quick to forget within months to a year, as well as ignore the long-term, systemic challenges threatening the health of people around the world. Building and developing communities takes commitment, and requires investment at both the individual and system level.

One such community in need is the Pokot people, an ethnic minority who live in an extremely remote area in the west of Kenya. HealthRight International, a U.S.-based organization of which I am a proud supporter, is taking a unique and effective community investment approach to improving the health of the Pokot people, particularly in the areas of maternal and newborn health, malaria and HIV/AIDS.

HealthRight's core strength is empowering the local population. The organization fosters an understanding of cultural differences and doing things the way the local people want and with their point of view in mind. HealthRight does this by investing in health workers, infrastructure and systems, and by including local community members as central partners in the planning and implementation of health projects.

One such community member is Monica, a Kenyan mother of five who comes from a community where the nearest health clinic is a day’s walk through the desert. Monica is a member of a large team of Community Health Workers, individuals in the far flung rural villages where the Pokot people live, whose job it is to help give pregnant women and newborn children access to medical services. Through the training she received from HealthRight, Monica can provide her community with life-saving information and advocate to ensure that women and children receive the basic and extended medical care to ensure safe deliveries and healthy lives. She says, “There are many, many problems here, but as a Community Health Worker I am able to help improve the health of my own community, and make sure women and children get medical care. This is what matters to us most here.”

I first became involved with HealthRight when I was invited by a friend to a fundraising event in New York. I was so impressed with the organization’s message of sustainable investment in communities that I made a donation on the spot. The money went towards purchasing a tractor to help grow local food for HIV-positive people in Kenya, whose treatment depends upon proper nutrition.

For me, becoming a long-term supporter of HealthRight made perfect sense. My professional focus is on investing in the sustainability of U.S. health providers, and I was excited to find an opportunity to extend my charitable giving toward improving the health of people in some of the poorest regions of the world. I would recommend that donors meet the people in the organization they want to support, and perhaps even visit some of the regions where the work is being done. One anecdote I vividly recall was when I specifically asked for my donation to go towards a project in Nepal. The head of the organization at the time called me back and told me that the Nepal project was fully funded and asked if funds could be redirected to an underfunded project. That gave me confidence that my donations were being used in the most efficient way to save lives and ensure access to health care for the people who need it most.

HealthRight International is a global health and human rights organization working to build lasting access to health care for excluded communities. To learn more about HealthRight International, visit the website, www.healthright.org.

AJAY BHALLA
Former partner at FrontPoint Partners LLC and supporter of HealthRight International.
Making Teen Health Education “HIP”

BY RISA BERRIN

After suffering for years with health complications as an adolescent and young adult, I knew first-hand what it was like to be vulnerable and in need of practical health information.

During the time that I was ill, I was the health and medical reporter for my college newspaper and was constantly researching and writing about young adult health issues. I was also simultaneously looking for information regarding my own personal health. It was during that time that I realized how little I knew about my body and my health and how difficult it was to find accessible, reliable and practical health information for a young adult like myself.

During my three years in law school, I created an original curriculum and taught my own law classes to inner-city and suburban public high school students. These classes, called “Street Law,” demonstrated to me the benefits of taking complicated topics and making them tangible and palatable for high school students.

Upon law school graduation, I decided that I should take a similar “street” approach to high school health education. I wanted to make health education more appealing and more innovative than the usual physical education lectures and textbooks.

Ironically, in 2008, the State of Florida decided to no longer mandate health education class credits for high school graduation. Consequently, the Miami-Dade County Public School System no longer offered health education to its students.

The timing seemed to be perfect. So, in the winter of 2008, by combining the experience I acquired as a sex education and reproductive health educator, the research and writing skills gained as a journalist working for The Miami Herald, and the critical thinking skills acquired as a law student, I created the Health Information Project, known as HIP.

HIP completed its inaugural year during the 2009–2010 school year, providing health education to approximately 1,400 ninth grade public high school students, from diverse economic and ethnic populations in Miami-Dade County, Florida.

When I developed the HIP program, I wanted schools to be able to implement a health program that would be immune from state and district budget cuts, state legislative mandates, teacher staffing shortages and a lack of certified health teachers. I wanted to create a program that would be a supplement for schools with no health education and a complement to those health programs still in existence at many schools.

I envisioned a program that would work similarly to the way my public high school’s debate team and newspaper staffs were organized. With the guidance and oversight of faculty sponsors, the two groups were student-led. The HIP program is based on that model—high school seniors and juniors train their younger peers.

I created HIP based on the premise that high school students were more likely to buy into health information if they were taught by their peers. Junior and senior high school students, known as HIP Peer Health Educators or PHEs, are trained to conduct discussion sessions with the freshmen classes on six topics: 1) mental health 2) reproductive health 3) relationships 4) drugs, alcohol and tobacco 5) nutrition, exercise and obesity 6) how to be healthy.

Working in teams of two or three, the PHEs focus on interactive discussion as well as games and graphics to make health education realistic, candid and fun for the freshmen students. The PHEs participate in a thorough training session that includes classroom management, public speaking, leadership training and curriculum knowledge.

In addition to the workshops, the HIP curriculum also focuses on getting students to access the interactive HIP website. During the preliminary research phase of HIP, I discovered that there were numerous local health resources in the local Miami community and nationally that were under-publicized and, consequently, under-utilized by adolescents. The HIP website condenses all of these resources into one Internet site so high school students can easily find reliable, reputable health information.

Students can search for health information in two ways on the HIP website. By clicking on their school’s individual HIP site, students can find health resources in their school’s immediate geographic neighborhood. The site provides essential information such as whether or not the health clinic/hospital requires parental accompaniment, whether the payment is based on a sliding scale and whether
Book Review:
“Living and Leading a Generous Life”

BY KATHY LEMAY

When Donna first came to generosity advisor, Kathy LeMay, she was wanting to make a difference for those suffering with ALS, or Lou Gehrig’s disease. Donna’s brother had passed away from the illness. After his death, she distanced herself from the disease. But as time went on and she began to heal, she wanted to get involved again.

Initially, she wrote checks to help fund research for a cure. She was glad to be helping but she felt unfulfilled. She wasn’t sure if she was making a real difference. Then, after working with Kathy LeMay and exploring what kept her up at night about this disease, Donna’s passion emerged: she wanted to provide emotional support to friends and family.

This focus, strategy, and specificity are key to making a lasting difference for the cause you care about and for yourself, asserts Kathy LeMay in her new book, *The Generosity Plan: Sharing Your Time, Treasure and Talent to Shape the World*. LeMay may be on to something.

At any time, getting clear about our philanthropic passions and priorities can be a challenge. In a difficult economic climate—one riddled with upheaval and uncertainty—the topic of philanthropy can feel downright overwhelming. With deepening needs in the charitable world, many of us feel inundated with an increasing number of requests for funding worthwhile causes. At the same time, we are looking more closely at our finances, contemplating our own economic futures, and working to create a financial plan that will care for us today and tomorrow.

What then is the role of our philanthropic endeavors when cutting back on spending or saving more money? What are the best practices for effecting change without breaking the bank? In short, can we still be effectively philanthropic during unsteady financial climates?

Author LeMay says a resounding YES. She bases this belief on her experience working the frontlines as a professional global activist, fundraising, and giver, as well as her years of work in advising individuals from all walks of life on how to be strategic, generous and effective.

The Generosity Plan plays a unique role in the philanthropic sector. This guidebook doesn’t ask us to write bigger checks starting tomorrow or say yes to the cause of the day just because we are asked. It invites each of us to fully step into philanthropy not by attending big...
In this guidebook, the author is aiming to expand the definition of philanthropy to include us all and to give us a step-by-step plan to get us there. This book succeeds on both fronts. And, in its successful execution, helps us to feel philanthropically effective while having the maximum impact on our charitable initiatives of choice.

How we achieve this is through the book’s easy to follow steps for creating a generosity plan. Critical among these steps: vision, focus, and specificity.

Naming your vision is essential to ensuring that your time, money and talents are funneled into what you care most about. When you name what you care most about, you will then get smarter about choosing your charitable endeavors, saying yes when it’s a values match, and importantly, saying no when the values match is absent. Why is this so important? LeMay cites the downfall of practices like “back-scratch” giving (I give you $1,000 for your charity. You give me $1,000 for my charity). She shares that when you write a check for $500 or $1,000, good development professionals will begin to google your name. From there, a donor profile of you is created and a file. Your name is likely to find its way to an excel spreadsheet which is reviewed by committees and members of boards of directors. All the while, you may have no plans to ever give to this organization again; you gave merely to support your friend. Hours and hours of time is put into you when that time could have been better spent on a donor who truly wants to build a long-term relationship with an organization. If you really want to know more about an organization, LeMay suggests you let them know so that everyone’s valuable time is well-spent. However, if you have no plans to keep giving, reconsider making the gift to your real charity of choice, or be explicit that this is a one-time gift.

To ensure success, LeMay emphasizes the importance of a plan with focus and specificity. Like Donna and countless others, LeMay asks us to clarify what we want to fund and volunteer for and why. What keeps us up at night? What gets us out of bed in the morning? Interested in supporting domestic violence? Interested in poverty alleviation. Which solutions seem most sound to you: Microfinance? Food redistribution? Humanitarian assistance? Entrepreneurialism?

The Generosity Plan works on multiple levels: it helps each of us rethink the notion of philanthropy as belonging to us all; gives us the tools we need to create a plan that is manageable and achievable; and asks each of us to do our part toward creating a better world. In this reframing of the philanthropic sector, none of us gets off easy. LeMay invites each of us to fully enter the world of giving back, ever reminding us of our responsibilities. Says LeMay, “It’s not just up to the billionaires and celebrities (to change the world)… Today is the day we realize we are the ones we have been waiting for.”

With that message and a step-by-step plan to be more effective in the charitable space than ever before, none of us has an excuse not to act now. The Generosity Plan removes barriers and roadblocks to success, ever reminding us that each of us matters and all of us can make the world a better place.

Naming your vision is essential to ensuring that your time, money and talents are funneled into what you care most about.

KATHY LEMAY
Founder, president and CEO of Raising Change, a fundraising organization that works to advance social change agendas and generosity worldwide. LeMay shared her thoughtful process with Morgan Stanley Smith Barney female clients at an ultra-high-net-worth two-day Women’s Retreat on April 30–May 1, 2009. Speak to your Financial Advisor or Private Wealth Advisor if you are interested in future events.
From the Inner City to Achieving the Dream

BY JILL SLEIGHT

Toney is an outstanding athlete from an inner city school in Los Angeles who recently graduated in the top 10% of his high school class. While playing in an all-star football game, Toney sustained multiple ligament injuries to his knee which required extensive reconstructive surgery. Thanks to the West Coast Sports Medicine Foundation’s “Team to Win” program, Toney received all the necessary treatment, surgery and rehabilitation, free of charge. The West Coast Sports Medicine Foundation also provided Toney with a one-year college scholarship: “Because of the excellent care I received from Dr. Feder and Team to Win, I am ready to attend college and play football.”

The West Coast Sports Medicine Foundation (WCSMF), founded in 1994, provides at risk high school students with the opportunity to participate in interscholastic sports. WCSMF strives to promote fitness; reduce the prevalence of obesity; and minimize the occurrence and severity of injuries through proactive training. WCSMF also provides students with sports accident health insurance that enables them to safely participate in interscholastic sports and have access to quality sports medicine care.

One of WCSMF’s programs, Team to Win, has provided free medical care to thousands of underprivileged students like Toney. Thanks to Team to Win, student athletes have recovered from potentially athletic career threatening and life threatening injuries and have gone on to pursue successful college athletic careers.

The WCSMF experience is that participation in highschool sports diminishes teen-age drug use, reduces gang violence and builds character and leadership. Team to Win’s mission is multifaceted in that it reaches families who simply can’t afford medical insurance; reaches schools that can’t afford on-site sports medicine care; and reaches students who want a higher level of education.

Since the inception of the Team to Win program in 1994 with on-site certified athletic trainers at the high school level, WCSMF has experienced a more than 30% reduction in the occurrence of serious injuries and no catastrophic injuries.

Team to Win not only provides on-site certified athletic trainers, but sponsors a community-based Student Athletic Trainer Mentoring Program as well. Students are placed in a year-round medical education program, and, upon completion of the intensive summer component of the program, are ready to assist the on-site certified athletic trainers who care for student athletes. Since the inception of the WCSMF Student Trainer Mentoring Program in 1998, there have been more than 2000 successful graduates.

Brittany and Jacqueline are examples of two outstanding students who have benefited from this mentoring program.

Brittany attended and graduated from inner city Long Beach Poly High School in 2008. While at Long Beach Poly she was a peer counselor and won the WCSMF student trainer Award of Excellence. She is now a sophomore in college pursuing a career in medicine with plans on becoming an orthopedic surgeon. Brittany states, “The Student Athletic Trainer Mentoring Program not only inspired me to a career in medicine, but provided critical scholarship support that enabled me to attend college.”

Jacqueline is a 2005 graduate of an inner city school in Long Beach, California. Jacqueline participated in the WCSMF’s Student Athletic Trainer Mentoring Program in 2004 and 2005, and received a paid WCSMF internship for two years. She has successfully completed her first year studies in Medical School. Jacqueline states, “Without Team to Win and the WCSMF, I would never have achieved my dream of attending medical school and becoming a physician.”

At a time when many of this country’s high school students are at risk from the negative influences of society, high school sports provide a valuable model for social interaction. The ongoing goal of the WCSMF and Team to Win is to continue providing their essential programs and services at 22 inner city economically challenged Los Angeles/Long Beach high schools and for 13,000 low income, underprivileged students and student athletes at no cost to them, to their families or to the schools. High-school sports have never been more important than they are today.

To find out more information about the West Coast Sports Medicine Foundation, visit the website, www.wcsportsmed.com.

JILL SLEIGHT
Director, West Coast Sports Medicine Foundation
Transforming Grief Into a “Gift of Sunshine”

BY ALLISON BLUM

The grief experienced by a bereaved parent is perhaps the most intense grief ever known. Only those with the strongest of character can transform their own devastation into a gift of solace for others. Such is the case with Arlene and Larry Radbell.

Nearly 15 years ago, Arlene and Larry’s beloved daughter Charna was diagnosed with colon cancer. This diagnosis was shocking to the Radbells and Charna’s doctors. Charna was a 28-year-old, healthy and vibrant woman and colon cancer is a disease that is typically found in men over 50.

Although Charna’s eight-year battle with cancer was often painful, she refused to surrender to the disease. She believed that the time she had left was precious and lived her life accordingly. She traveled the world, she continued to enjoy theater and evenings out, and she delighted in the company and love of her family and friends. Even when her life became more limited as she required increasingly intensive levels of care, she always felt very fortunate for the joyful moments, experiences, and memories.

At the end of Charna’s life she made it her mission to establish a foundation that helps assuage the grief and stress of families dealing with terminal illness. Through the Charna Radbell Foundation, Arlene and Larry Radbell have been able to carry on their daughter’s legacy to provide a “Gift of Sunshine” to families whose lives revolve around doctors, hospitals, medications, and treatments.

One of the Radbells’ proudest accomplishments was establishing Charna’s Kids’ Club at Morgan Stanley Children’s Hospital, which helps care for the physical and mental well-being of a patient’s entire family, particularly the school-aged brothers and sisters of chronically ill patients. The program provides therapeutic and recreational support for patients’ siblings to help reduce stress associated with the hospitalization of a family member. The experienced social workers at Charna’s Kids’ Club provide siblings with an outlet to express their feelings and introduce them to a network of peers with similar familial circumstances. Additionally, Charna’s Kids’ Club sponsors seasonal events and celebrations during each holiday to allow families to celebrate together when they can’t be at home.

Charna’s Kids’ Club has become such an integral part of the Morgan Stanley Children’s Hospital that it is not uncommon for the Radbells to overhear children asking their parents, “When can we go to Charna’s?” Arlene Radbell notes that the “enthusiasm in their voices is a wonderful thing to hear.”

Larry Radbell says that Charna’s Kids’ Club has “turned out better than we had thought possible,” and credits the support of New York-Presbyterian administration and staff for sharing their vision. “When a parent says to me, ‘This program has saved my sanity,’ we know we’ve done something right,” he adds.

The Radbells believe that Charna’s Kids’ Club will only continue growing and hope to further honor Charna’s memory by establishing a replicable model for a sibling and family support program that can be used at other children’s hospitals throughout the country.

For more information about Charna’s Kids’ Club, visit the website www.charnaradbellfoundation.org.

ALLISON BLUM
Office of Development, New York Presbyterian Hospital
Wake up, America, to a day in the life of the average kid: It begins with breakfast, most likely in front of a TV, followed by a bus or car ride to school, texting on the way. The day continues with school, little or no recess, then time for snacks in front of the TV, homework, and a drive-thru dinner in the backseat on a mad dash to extracurricular activities. The evening brings computer face time, more texting, a little more TV, and bed.

Wake up: during this day-in-the-life, our typical child goes outdoors barely enough to pick a dandelion and scatter its seeds to the wind. Today’s kids are indoors far more than their parents were, with only a quarter of children playing outside daily as compared to nearly three quarters a generation ago, even in rural areas. While contemporary parents spent their free time as kids exploring and playing in nature, their children devote only four to seven minutes a day to unstructured outdoor play like climbing trees, drawing with chalk on the sidewalk, taking a nature walk or playing a game of catch. Yet, kids spend more than seven hours each day in front of electronic media.

The nature of childhood has changed: There’s not much nature in it. American childhood’s move indoors profoundly impacts the health and wellness of our nation’s kids. It is not just a sad loss of innocence; a detachment from all things growing and green. It is a serious public health issue that all Americans need to care about. National Wildlife Federation (NWF) created the Be Out There movement to give back to American children what they don’t even know they’ve lost: their connection to the natural world. In the process NWF aims to help reverse alarming health trends and help families raise happier, healthier children.

In the last 20 years, childhood obesity rates have more than doubled; the United States has become the largest consumer of ADHD medications in the world; and the use of antidepressants in pediatric patients has risen sharply.

American kids are out of shape, tuned out and stressed out because they’re missing something essential to their health and development, unstructured time playing outdoors. They are compromised in mind, body and spirit.

Look how childhood’s increasingly “interior landscape” has altered the country’s educational landscape. Once a part of every child’s school day, recess is heading toward extinction. While “play is an active form of learning that unites the mind, body and spirit,” according to the National Association for the Education of Young Children, many schools around the country have limited or eliminated recess. This is particularly true for urban and lower-income students. Budget cutbacks and the high-stakes demands of preparing for standardized statewide tests means fewer outdoor field trips and personal opportunities to explore the natural world up close. With more and more children being driven to school, it means that just one-in-eight U.S. children now walk or bike to class, according to the Journal of Safety Research, eliminating time outdoors.

Outdoor time has a dramatic impact on children’s attentiveness and school preparedness, including a reduction in Attention Deficit Hyperactivity Disorder (ADHD) symptoms and higher scores on tests of their academic ability and performance. The Centers for Disease Control (CDC) now estimates that 4.5 million children aged 5–17 years have been diagnosed with ADHD with diagnoses of the disease increasing 3% each year between 1997 and 2006. While not considered a cure, exposure to natural settings may be “widely effective” in reducing ADHD symptoms.
in kids, according to researchers at the University of Illinois. The authors surveyed parents of more than 400 boys and girls diagnosed with ADHD about their children’s performance in a wide range of activities. The “green” activities consistently received more positive ratings, indicating that outdoor time is beneficial in reducing ADHD symptoms.12

Research reveals connecting not only children with attention problems but all kids with nature can help them excel academically. A 2003 study entitled “Environmental Education: Improving Student Achievement” compared 77 pairs of demographically equivalent schools and examined standardized test performance, concluding that schools with an environmental education component scored higher on standardized tests in math, reading, writing and listening, and this pattern of improved test scores persisted for five years.13

Growing up “inside the box”—always in a room, four walls and a ceiling—impacts children’s bodies in dramatic and urgent ways. America’s indoor childhood threatens to give this generation of kids the horrible distinction of living shorter and lower-quality lives than their parents. When it comes to obesity, the numbers are heavily weighted in favor of an epidemic, according to the Centers for Disease Control (CDC). In the last 20 years, the prevalence of obesity among young children aged six to 11 has more than doubled to 17 percent and more than tripled to 17.6 percent for adolescents aged 12–19.14 Risks associated with overweight and obesity include high blood pressure, diabetes, high cholesterol, asthma, sleep apnea, joint pain, fatty liver disease, and most alarmingly, life expectancy.

“Overweight and obese adolescents have a 70 percent chance of becoming obese adults,” according to Acting Deputy U.S. Surgeon General Dr. David Rutstein. “If this problem is not addressed, we will leave our children a legacy of shorter life spans for the first time in history.”

Spending too much time indoors can lead to a deficiency of vitamin D, which is primarily produced in the skin after exposure to sunlight. Inadequate levels of vitamin D set the stage for increased risk of bone problems, heart cardiovascular disease, diabetes, and other health issues.15 In fact, a study of vitamin D levels in nearly 10,000 children found nine percent of American children aged one to 21 were vitamin D deficient, representing 7.6 million U.S. children, and 61% were vitamin D insufficient, representing 50.8 million U.S. children.16

Like mini CEOs, modern children shuttle from lessons to sessions in art, dance, and organized sports, leaving little time for free time. In fact, a six-year study of kids’ discretionary time showed an overall 16 percent decline in time for play, or a total of nine fewer hours per week. When kids had a few moments to themselves, they were plugged in—as the study showed computer use rose significantly during that time.17 With most of their time spent overscheduled and in constant contact, today’s kids are hyper-connected, yes, but...
Perhaps not. Antidepressant use is on the rise according to a four-year study that examined antidepressant use among approximately two million children under the age of 18. Over the course of the study, antidepressant use increased by 49%, with the fastest growing segment of users found to be preschool children aged 0–5 years. Characterized by low mood, anxiety and loss of self-esteem, among other symptoms, childhood depression is a serious illness, and outdoor play does not replace medication, therapy or other treatments for anxiety or depression.

But an increasing number of experts are recognizing the role of playing outside in enhancing kids’ mental health by helping to better connect them to self, to others and to the natural world. An American Academy of Pediatrics 2007 report on the importance of play points out that play protects children’s emotional development whereas loss of free time in combination with a hurried lifestyle can be a source of stress, anxiety and may even contribute to depression for many children. According to one study, children’s stress levels fall within minutes of seeing green spaces, a simple, no-cost and time-efficient antidote for an overscheduled child.

Researchers have found kids who play together and organize games experience a constructive way to avoid social isolation. This type of group interaction also helps a child learn teamwork and how to problem solve with others.

The negative health effects of our society-wide shift indoors are great, affecting children of all races and socioeconomic levels throughout America. But more time outdoors can go a long way toward increasing overall wellness, mind, body and spirit. When it comes to the whole child, nature may indeed be the best kind of nurture.

NWF’s Be Out There campaign brings together the full array of awareness, grassroots organizing and behavior change elements to make a national impact. We are working to raise awareness on a local and national level through annual events such as National Wildlife Week and The Great American Backyard Campout; mobilizing grassroots support around the country through actions like bringing together hundreds of organizations and tens of thousands of individuals to petition the U.S. Surgeon General about making outdoor time a priority; working with government leaders to craft and pass legislation that will support environmental education programs in schools and give families safe and accessible outdoor play spaces; and providing families, schools and communities the fun activity ideas and tools they need to get kids out and get them moving.

To learn more about and support Be Out There, visit the website www.beoutthere.org.

JAIME BERMAN MATYAS
Chief Operating Officer, National Wildlife Federation


8 What’s on our minds…Play, Policy and Practice (PPP). Interest Forum, Olga Jarrett, PhD, Georgia State University, Atlanta, Sandi Waite-Stupiansky, Edinboro University of Pennsylvania.


From the Co-Editors

We are grateful to our contributing authors who shared their inspiring stories. We also want to extend a special thanks to Wendy Cohen, Marketing Director, Morgan Stanley Smith Barney, for her input and feedback on this edition.

Philanthropic Services looks forward to working with you and your Financial Advisor in translating your passion into actionable and committed philanthropy.

Please send us your comments, suggestions and/or ideas for future issues at philanthropicservices@mssb.com.

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