



BY JAN GOODWIN

As our plane touches down in Entebbe, Uganda, Vivian Glyck unfolds her long, tanned legs with relief. We have just traveled 10,000 miles from California to East Africa on three lengthy flights over two long days, economy class. We collect our bags while porters, as determined as the mosquitoes that start biting even before we leave the airport, swarm around us. Outside the terminal, we are greeted by smells redolent of African evenings—charcoal cooking fires, open sewers, the acrid pollution generated by aging vehicles damaged by lousy roads, all mixing with the heady, sweet perfume of night-blooming jasmine.

Glyck, 47, still manages to look fresh and elegant, which is more than can be said for most of her fellow passengers, including me. But we are not done yet. We face a dusty three-hour van drive over bumpy washboard roads due north to the Bishop Cesar Asili Memorial Medical Center, in Luwero. No matter how late we arrive, though, we'll be greeted by a coterie of African nuns thrilled to see Glyck; she is, in their words, a miracle worker.

Not so long ago, Vivian Glyck's commute took her from her San Diego kitchen, black coffee in hand, to her home office, where she worked as a marketing consultant to such high-wattage clients as Dean Ornish and Deepak Chopra. But in May 2006, she visited Africa, looking for a way to help; when she saw the hospital in Luwero, she had her answer. The 50-bed facility, a series of one-story buildings with chickens scratching in the yard, was practically the only one serving an area that was home to 650,000

I DREAMED OF AFRICA

She gave up a six-figure salary to help a hospital in Uganda—and she has never felt richer



Vivian Glyck (in Luwero, Uganda) uses 20 years of marketing experience to save lives.

PHOTO: JAN GOODWIN



Second Acts

I DREAMED OF AFRICA

people. It had no running water and lost electricity for weeks at a time. This meant no refrigeration for medicines and vaccines; women gave birth by the light of a lantern. Worse, there was no doctor, in a region where malaria and HIV/AIDS are rampant.

The Sisters of Mary Mother of the Church, a Ugandan Catholic order, were running the facility on the tiniest of budgets. "They did the very best they could, but conditions were heartbreaking," Glyck says. She asked the center's administrator, Sister Ernestine, what she needed most. "A generator," the nun replied, expecting Glyck to go home and forget about it.

Back in California, however, Glyck promptly raised \$30,000, the price of a generator, by appealing to everyone she knew. At the same time, she formed a foundation, Just Like My Child, because the hospital needed so much more. Then she hit her first roadblock: Her own nascent board objected to wiring \$30,000 to Uganda before the charity's structure was solid. Launching a Glyck charm offensive—I would see her do this to great effect in Africa—she smiled and told them, "Yes, but the hospital needs electricity now." She won that battle; today the precious room-size generator, which supplies electricity to the hospital and small adjoining convent, sits inside its own heavily barred shelter, where it is safe from thieves.

"I can't tell you how surprised I was when Vivian promised things and then delivered," Sister Ernestine says. "This had never happened before." The generator was only the beginning. A few well-placed phone calls led Glyck to a California physician who

was willing to sponsor a Ugandan doctor's salary; soon an MD moved from Kampala, the capital, to join the staff. In order to receive anti-retroviral drugs from the government, the hospital also needed a CD4 diagnostic machine, which determines when HIV has progressed to AIDS. A new machine



Glyck and Sister Ernestine (second from right) do field work in a village near the hospital.

costs upwards of \$100,000. Glyck exhaustively lobbied the Clinton Foundation in New York until it gave her entrée to a company that donated a long-term lease on a refurbished one.

"How could I not make the effort?" Glyck asks. "To date, more than 17 million Africans have died from AIDS, and another 22.5 million are infected with HIV. That's more than the Holocaust, more than the tsunami. I've got 20 years of marketing and business experience to do what I'm doing: making connections, using the Internet to generate interest and money." Glyck visits Uganda several times a year; at home, she telecommutes and holds "friend-raisers." While

she never formally quit her consulting business, she let it dwindle. "Just Like My Child is more than a full-time job," she says.

Glyck herself is surprised by how she ended up doing charity work. She was 42 when her son, Zak, was born in 2002; she and her husband, Mike, a technology

consultant and Internet marketer, wanted another child. "I had back-to-back miscarriages," she says. "After the third one, I couldn't do it again. I got very, very down. People tried to comfort me, but I went to a dark place. I'd find myself sitting in my car at traffic lights, sobbing inconsolably."

At about that time, both Bono and Angelina Jolie were in the news for their humanitarian work in Africa. "I found myself

thinking, holy shit, if they can do something to help, so can I," Glyck says. One night shortly afterward, she sat bolt upright in bed, woke Mike and told him, "I have to go to Africa." Soon after, Glyck was in Senegal with a local church group when an Italian photographer told her about Sister Ernestine. Next stop, Uganda.

The Bishop Cesar Asili

Memorial Medical Center sits on a road leading to a childhood home of Uganda's despotic former ruler, Idi Amin. After Amin's regime fell, Luwero District, still reeling from the dictator's genocidal purges, was the site of a brutal six-year bush war in the 1980s, during



Second Acts

I DREAMED OF AFRICA

which thousands died and piles of human skulls lined the roads.

Today Luwero is a sleepy backwater baking in the sun. As it desiccates, red soil covers everything in a thick dust. Surrounding the hospital is a shantytown of corrugated-iron shacks and tiny impoverished stores selling a few cookies, homemade snacks and used bicycle parts.

At five-foot-ten, Glyck towers over most of the patients at the hospital. In her denim miniskirt and black tank top, which sets off her exercise-toned body, she is a dramatic counterpoint to Sister Ernestine in her blue-gray habit. Fast-talking and quick-thinking, Glyck bends and bobs to greet adults and children alike.

Skinny Perpetua Namugenyi trails us, craving hugs. She wears a blue-and-white school uniform, of which she is inordinately proud, with one kneesock at half-mast. Stunted from early malnutrition and frequent bouts of malaria, at 12 she looks eight, and her mental age is younger. Orphaned at seven and HIV-positive, she was surviving on her own when Sister Ernestine discovered her trying to boil water over a cooking fire in the dark. The nuns found a place for Perpetua to live and enrolled her in school. They make sure she eats lunch, her main meal, at the hospital.

In 2005, Perpetua nearly died of malaria. Every year she has three to four episodes, any of which could prove fatal. Malaria is the number-one killer of children in Uganda. The night we arrived, an 18-month-old boy was admitted to the hospital with the disease; he was dead the next morning.

"It's insane that they don't have bed nets," Glyck says. While

a lifesaving insecticide-treated mosquito net for a hospital bed costs \$10, and for an ordinary bed as little as \$6, these prices are prohibitive in a region where most people are subsistence farmers. Shortly after our trip, Glyck went into battle again, contacting the President's Malaria Initiative, Malaria No More and the United States Agency for International Development, all of which had nets but didn't have the Luwero hospital on their radar. Now they do. USAID told her to buy some nets herself first to prove the hospital was serious about preventing malaria. Glyck found an American donor who anonymously gave her \$50,000 to do just that.

"Everything I said I would do was before I had the resources to do it," she tells me. She has few qualms about pledging to supply antiretrovirals for 1,000 HIV-positive mothers who come to counseling sessions at the hospital. "It costs \$480 to get antiretrovirals for one mom for a full year, or \$480,000 for 1,000 mothers," she says. "I will get the money somehow." Already she has come up with funding for a mobile health-unit ambulance and is closing in on a surgical suite. "We're also going to start some microfinancing projects," she says.

Glyck believes in holistic philanthropy: focusing on all the interrelated needs of a community. To that end, she intends to move beyond health care into education. "The U.N. has consistently advocated for the education of girls, which has the single largest impact on the developing world," she says.

One girl in particular grabbed Glyck's heart: nine-year-old Nyangoma Recha, whom she met

RUNNING THE NUMBERS

- **22.5 million** people in sub-Saharan Africa are infected with HIV.
- **11.4 million** children have been orphaned by AIDS in sub-Saharan Africa.
- **\$50** will feed an orphaned infant for three months.
- **\$480** will purchase antiretrovirals for one HIV-infected mother for a year.
- **25%** of children in Luwero who are infected with malaria die.
- **\$35** will purchase five prescriptions of malaria treatment, saving five lives.
- **\$10** buys one lifesaving insecticide-treated mosquito net for a hospital bed.
- **\$250,000** a year is what Vivian Glyck earned as a marketing consultant when her business was at its peak.
- **\$0** is what Glyck earned for the first 18 months of running Just Like My Child; now she makes \$40,000 a year.

To help, go to justlikemychild.com.

on her first visit to Uganda, in the destitute village of Kikoiro, some 30 miles from the hospital. "I couldn't forget her face," Glyck says. "She was so full of love, playfulness and promise, yet she had never been to school." Thanks to Glyck, construction of a public school is now under way. "I hope Nyangoma will be able to avoid early sex, pregnancy and AIDS," she says.

Her inspiration remains Sister Ernestine. "She makes me very committed," Glyck says. "I once asked her if she ever despaired. She replied that she had learned you can't waste anything. That she'd seen a drop of water bring someone back from the brink of death."

In turn, Sister Ernestine says of



Second Acts

I DREAMED OF AFRICA

Glyck: "Immediately, when I met her, I could see she had a vision. Before, I felt so frustrated. I told her many times, 'I don't want to go into the villages, because I'm empty-handed.' Now, because of Vivian, I can bring good news. She has strengthened my faith. She's come from so far away, with no blood relative here, and she has put her feet in our shoes. Vivian is not like our politicians."

In Uganda corruption often seems to be the major growth industry. The Global Fund to Fight AIDS, Tuberculosis and Malaria suspended funding to the country after discovering that grant money had been misappropriated. Ministry of Health officials were subsequently fired for embezzling millions meant for vaccines and immunization. In May 2006, education officials failed to account for 56 billion Ugandan shillings (about \$33 million).

"Many donors are upset because they can't confirm that their money is being used properly," says Glyck, whose organization spends 85 percent of every dollar on services. "It's evil to take away the opportunity for health and education. This kind of corruption is murdering people."

Misuse of money outrages her when she thinks of the many child-headed households she's encountered. Matthias Ziiwa, who may be 15 or 18—no one is sure—has been struggling to feed and clothe his five younger sisters, ages five to 11, since their parents died of AIDS last year. Behind their ramshackle house are seven graves in which he has buried his parents and other relatives. In addition to daily tending the family's vegetable plot, he hires himself out as a day laborer,



Nyangoma Recha, nine, is now in a boarding academy, her tuition paid by Glyck's foundation.

earning \$6 a week. "But a dress for one of the girls costs \$3," he says. "And school uniforms and books are another \$4.89 each." Matthias, who once dreamed of becoming a doctor, was forced to drop out of school in seventh grade.

Rehema Namukasa's life is equally hard. The mother of four is HIV-positive; her husband died of AIDS. She is ill the day we visit her and extremely worried. In the monsoon a year ago, her family's mud-brick home fell down; Glyck found her sitting in the rubble. Rehema, 35, has since lived with neighbors, but they are selling their house, and she and her children must leave. It costs \$2,400 to build another home, a fortune in Uganda. She is so impoverished that despite her weak condition, she walked the eight-hour round-trip to the Luwero hospital for a medical test. She will walk another eight hours to get the results, which will determine whether she qualifies for antiretrovirals—if they are even available, and often they are not. Otherwise, she knows, she will die.

As ill as she feels, Rehema must fetch water three times a day, do laundry by hand, dig up the family's

vegetables, collect fuel for cooking and get her kids to school. In what little time she has left, she weaves plastic sleeping mats. She can manage one a month and hopes to sell them for \$3.66 each. I watch Glyck order 14 mats and pay up front. Rehema has become Just Like My Child's first microenterprise client.

Clearly, Glyck loves

what she does. The only real downside: "It's excruciating to be away from Zak," she says. "The first time I left, I broke down and wailed. Now we have a tradition before I leave for a trip. We go to a 99-cent store and buy out all their candy and pencils for the kids here; Zak really gets into it. When he's seven, I'll take him with me."

Until her board approved a \$40,000 salary in December, the family was living primarily on her husband's income. "We've cut back on vacations, traveling, eating out," she says. "But it's more than worth it. It's so rewarding to see the same families every time I come; they're committed to improving their circumstances, beginning to gain a sense of trust in us, that we're all in this together. In modern life we lose sight of the fact that we are responsible for one another, that we are connected."

When people tell her how impressed they are by what she has achieved in so short a time, she quips, "This is what a white Jewish mom and a black Catholic nun can do when they put their heads together." And then more seriously, she adds, "Working in Uganda has taught me that I don't want another child. I want 10,000." **M**

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