

<window type="generic" extraspaces="use" wordwrap="true" width="320" duration="00:58:49.31" bgcolor="#000000">

<center>
<time begin="00:00:00.59"/><clear/>>> So I'm pleased to welcome you to this,

<time begin="00:00:03.57"/><clear/>the second in the 2008 series
of Voices From the Vanguard.

<time begin="00:00:08.24"/><clear/>This is a joint effort between the Center
for Tropical and Emerging Global Diseases

<time begin="00:00:13.96"/><clear/>and the Knight Chair in Health and
Medical Journalism, that is Pat Thomas

<time begin="00:00:18.76"/><clear/>from the Grady College of
Journalism and Mass Communication.

<time begin="00:00:23.35"/><clear/>And as you know, this series is designed
to bring together people with a variety

<time begin="00:00:29.45"/><clear/>of interests in global health from across
the breadth of UGA's campus and beyond.

<time begin="00:00:36.49"/><clear/>And so I'm really pleased
that you're here today.

<time begin="00:00:41.19"/><clear/>Before I introduce Dr. Garnett Stokes, the
dean of Franklin College of Arts and Sciences,

<time begin="00:00:47.15"/><clear/>who will introduce Dr. Kim, I just want to put
in a plug; we have two more of these lectures.

<time begin="00:00:52.80"/><clear/>One is on March 18 and that's Dr.
Frank Richards from the Carter Center,

<time begin="00:00:58.46"/><clear/>and on April 15 Amy De Groot
from Brown University and EpiVax.

<time begin="00:01:03.79"/><clear/>And so, if you haven't all
decided to go to the field by then,

<time begin="00:01:09.49"/><clear/>after you hear today's speaker, we would like
to have you back for those two lectures as well.

<time begin="00:01:15.77"/><clear/>One other announcement, and that is
that as usual there's a reception

<time begin="00:01:19.92"/><clear/>in Demosthenian Hall right next door following
the lecture, so I hope you will join us there.

<time begin="00:01:26.45"/><clear/>Now without further advertising, I'm please to
ask Dean Stokes to introduce today's speaker.

<time begin="00:01:33.51"/><clear/>[applause]

<time begin="00:01:37.08"/><clear/>>> For those of you who were here ten
minutes ago, you're really fortunate

<time begin="00:01:41.60"/><clear/>that you missed the dance
that we might have done

<time begin="00:01:43.90"/><clear/>to keep you occupied during the
few minutes that we had to wait.

<time begin="00:01:48.94"/><clear/>It's really hard to know what to do with an

audience, so thank you for being patient.

<time begin="00:01:52.67"/><clear/>I'm really truly delighted to

introduce to you today Dr. Jim Yong Kim,

<time begin="00:01:57.68"/><clear/>the director of the Francois Xavier

Bagnoud Center for Health and Human Rights,

<time begin="00:02:02.14"/><clear/>at the Harvard School of Public
Health,

<time begin="00:02:04.67"/><clear/>and what I understand is the FXB

professor of health and human rights.

<time begin="00:02:09.60"/><clear/>Dr. Kim received his undergraduate
degree

from Brown University, his medical degree

<time begin="00:02:14.28"/><clear/>from Harvard Medical School, and his
PhD

in anthropology from Harvard University.

<time begin="00:02:20.42"/><clear/>He was executive director and a
founding trustee

of Partners in Health, an international not

<time begin="00:02:26.66"/><clear/>for profit organization that
operates

clinics and other programs across the globe.

<time begin="00:02:32.27"/><clear/>All told, Dr. Kim has spent 20 years
working

to improve health in developing countries.

<time begin="00:02:38.87"/><clear/>In 2002 Dr. Kim took a 3 year leave
of absence

from Harvard and joined the leadership team

<time begin="00:02:45.28"/><clear/>at the World Health Organization in
Geneva.

<time begin="00:02:48.17"/><clear/>After 2 years as a top advisor to
the World

Health Organization's director general,

<time begin="00:02:53.75"/><clear/>Dr. Kim was tapped to oversee all of
the

organization's HIV/AIDS activities.

<time begin="00:02:59.84"/><clear/>He focused on prevention and

on novel treatment strategies,

<time begin="00:03:03.89"/><clear/>including the 3 by 5 initiative
designed to

put 3 million people in developing countries

<time begin="00:03:09.86"/><clear/>on AIDS treatment by the end of
2005.

<time begin="00:03:14.31"/><clear/>After 3 years with the World Health

Organization, Dr. Kim returned to Harvard

<time begin="00:03:19.10"/><clear/>where he holds a professorship in
the

Harvard Medical School and is chair

<time begin="00:03:23.25"/><clear/>of the Department of Social
Medicine.

<time begin="00:03:25.51"/><clear/>Additionally, he is the chief of the
Division

of Social Medicine and Health Inequalities

<time begin="00:03:30.50"/><clear/>at Brigham and Women's Hospital in
Boston.

<time begin="00:03:34.40"/><clear/>Dr. Kim received a highly deserved

MacArthur Genius Award in 2003,

<time begin="00:03:39.90"/><clear/>and in 2006 he was selected as one of Time
Magazine's 100 most influential people.
<time begin="00:03:47.01"/><clear/>Today we are very fortunate to have Dr. Kim
share with us how his clinical experience
<time begin="00:03:52.14"/><clear/>in developing countries, and
administrative responsibilities
<time begin="00:03:55.74"/><clear/>at the World Health Organization
led him to think differently
<time begin="00:04:00.02"/><clear/>about solving our public health problems.
<time begin="00:04:03.09"/><clear/>Please join me in giving our warmest
University of Georgia welcome to Dr. Kim.
<time begin="00:04:10.51"/><clear/>[applause]
<time begin="00:04:23.01"/><clear/>>> Thank you very much.
<time begin="00:04:23.79"/><clear/>I apologize for a little bit of a delay.
<time begin="00:04:25.88"/><clear/>I was coming here from Atlanta and as we
were leaving the airport, the car that I was
<time begin="00:04:31.36"/><clear/>in hit some patch of something - the tire
blew out and we were sitting in the middle
<time begin="00:04:36.25"/><clear/>of the highway for about 30 minutes
waiting for someone else to come along.
<time begin="00:04:39.86"/><clear/>But someone did and I'm here
and it's great to be here.
<time begin="00:04:44.79"/><clear/>You know, I'm going to try to give you a sense
<time begin="00:04:48.88"/><clear/>of what I think is really
happening in global health.
<time begin="00:04:52.28"/><clear/>Global health is now one of the most
popular areas at Harvard Medical School. Every year
<time begin="00:04:57.96"/><clear/>we have about 150 first year students, and
I have the great privilege of teaching them,
<time begin="00:05:04.35"/><clear/>literally almost the first day
they arrived at the medical school.
<time begin="00:05:07.63"/><clear/>And for the last two years, out of the 150 medical
students, at least a third of them have told me
<time begin="00:05:13.86"/><clear/>that they want to make a
career out of global health.
<time begin="00:05:16.84"/><clear/>It's not surprising, the two richest men in
the world - Bill Gates and Warren Buffett,
<time begin="00:05:21.89"/><clear/>have put almost all their money into global
health and it's a very popular, exciting topic.
<time begin="00:05:28.15"/><clear/>So let me give you a sense of where I
think we are in terms of global health,
<time begin="00:05:32.98"/><clear/>what all the excitement is all
about, but also my own sense
<time begin="00:05:37.49"/><clear/>of what the problems are that we

still face.

<time begin="00:05:39.05"/><clear/>You know the basic issue is that 10

million people, at least 10 million people,

<time begin="00:05:44.61"/><clear/>and some people quote much higher
figures,

die every year needlessly and from diseases

<time begin="00:05:51.65"/><clear/>for which we either have good
vaccines

that can prevent those diseases,

<time begin="00:05:55.49"/><clear/>or good treatments to keep people
alive.

<time begin="00:05:58.02"/><clear/>So 10 million deaths a year is

really what we're talking about.

<time begin="00:06:02.33"/><clear/>This is a map that looks at
particular

countries from the perspective of how much

<time begin="00:06:08.37"/><clear/>of a particular problem they have.

<time begin="00:06:09.91"/><clear/>In this case it's HIV.

<time begin="00:06:11.41"/><clear/>You can see that there's still

quite a bit in North America,

<time begin="00:06:15.91"/><clear/>but then it's Sub-Saharan Africa
that

really is facing the largest burden.

<time begin="00:06:21.74"/><clear/>India also, as you can see, has

quite a significant problem.

<time begin="00:06:26.64"/><clear/>If you think about malaria, the

United States almost disappears.

<time begin="00:06:30.43"/><clear/>Now where I just flew in from,
Boston,

there's a place called the Fenway

<time begin="00:06:34.09"/><clear/>where Fenway Park and the Boston Red
Socks play.

<time begin="00:06:36.68"/><clear/>That used to be a swamp and there

used to be quite a bit of malaria

<time begin="00:06:40.57"/><clear/>in the early 1900's right in that
area.

<time begin="00:06:42.87"/><clear/>One of the reasons they drained the
swamp

<time begin="00:06:44.31"/><clear/>and built Fenway Park was an

effort to get rid of malaria.

<time begin="00:06:49.39"/><clear/>The Ohio River Valley used to be an
endemic area

for malaria, but look at what's happened now.

<time begin="00:06:55.15"/><clear/>The only thing that's kind of
merciful about

this map from my personal perspective is

<time begin="00:07:01.29"/><clear/>that down here, if you go

back, this is Lesotho,

<time begin="00:07:06.85"/><clear/>the country that I just came from
last week that

has the third highest rate of HIV in the world.

<time begin="00:07:12.78"/><clear/>And if you look at this map,
Lesotho,

<time begin="00:07:15.99"/><clear/>the only good thing is it's a little
bit

higher elevation so there's no malaria.

<time begin="00:07:20.80"/><clear/>But you can see how bad malaria is,

malaria

is almost strictly an African problem.

<time begin="00:07:26.51"/><clear/>If you then look at public health

spending, all of Africa almost disappears.

<time begin="00:07:31.84"/><clear/>The only state that you can see a

little bit is really South Africa.

<time begin="00:07:37.06"/><clear/>What about private health spending?

<time begin="00:07:38.58"/><clear/>This is something that is going to
be

an issue in this presidential election,

<time begin="00:07:42.26"/><clear/>public health spending, private

health spending...

<time begin="00:07:44.98"/><clear/>public, private.

<time begin="00:07:46.75"/><clear/>
<time begin="00:07:48.42"/><clear/>Physicians working, once again
Africa

just about disappears and again,

<time begin="00:07:53.69"/><clear/>the only place you can see is South
Africa.

<time begin="00:07:55.43"/><clear/>I was just reading today,

<time begin="00:07:57.70"/><clear/>the minister of health of South
Africa is a

very, what should I say, a very colorful person

<time begin="00:08:04.55"/><clear/>who refused to get on board with our
effort

to treat more people living with HIV/AIDS,

<time begin="00:08:10.78"/><clear/>and said things for a time like,

<time begin="00:08:14.91"/><clear/>HIV/AIDS is really not something
that you can

treat with medicines, medicines are very toxic,

<time begin="00:08:20.28"/><clear/>you have to be careful, and she and

I really had a battle for a while.

<time begin="00:08:23.66"/><clear/>And just today she was in the news

saying that you rich countries have

<time begin="00:08:28.22"/><clear/>to stop taking health workers from

Africa, which I couldn't agree with more,

<time begin="00:08:32.82"/><clear/>but it turns out that South Africa
has stolen

lots and lots of health workers from Lesotho.

<time begin="00:08:39.18"/><clear/>Lesotho trains about 100 new

medical doctors every year.

<time begin="00:08:43.22"/><clear/>They pay for their education,

mostly in South Africa.

<time begin="00:08:46.15"/><clear/>In any given year, if they can get

two or three to come back to Lesotho,

<time begin="00:08:51.01"/><clear/>mostly from South Africa,

they feel very fortunate.

<time begin="00:08:54.11"/><clear/>The country of 2.2 million people,

there are about 80 doctors in all of Lesotho;

<time begin="00:08:58.54"/><clear/>and of those 80 doctors, exactly

10 are originally from Lesotho.

<time begin="00:09:03.96"/><clear/>So the human resources problem

is also just staggering.

<time begin="00:09:07.85"/><clear/>All the work that we're doing to try

to bring better health care services,

<time begin="00:09:11.80"/><clear/>how do you do it with a picture like
that?

<time begin="00:09:15.93"/><clear/>So let me tell you a couple of
stories, and

I'm an anthropologist and anthropologists live

<time begin="00:09:21.56"/><clear/>and die with stories that they can
tell.

<time begin="00:09:25.50"/><clear/>To try to illuminate either great
theory or

specific problems that might be interesting.

<time begin="00:09:33.41"/><clear/>This is a community called
Carabayllo,

Carabayllo is on the northern cone of Lima...

<time begin="00:09:37.92"/><clear/>and from most people's perspectives
in the

United States you'd see this and you'd say,

<time begin="00:09:41.98"/><clear/>wow it's just a terrible poor area.

<time begin="00:09:44.99"/><clear/>But there's some clues that

give it away in terms of,

<time begin="00:09:49.22"/><clear/>in the sense that this is the

wealthiest area that we work in.

<time begin="00:09:53.37"/><clear/>If you look at the picture carefully
you'll

see that there are lights and electricity.

<time begin="00:09:57.96"/><clear/>Half the homes have running water
and

electricity inside them, which is something

<time begin="00:10:01.84"/><clear/>that we can't say for almost

any other area that we work.

<time begin="00:10:04.70"/><clear/>We work in rural Malawi, we work in
rural

Lesotho, we work in rural Rwanda, we work in Chiapas

<time begin="00:10:11.56"/><clear/>and some of the poorest communities,

and we work in rural Haiti of course

<time begin="00:10:15.33"/><clear/>where there's still no electricity.

<time begin="00:10:17.98"/><clear/>Siberia, Siberia's sort of one of
the

more developed areas again that we work,

<time begin="00:10:23.76"/><clear/>but Siberia an average physician
makes

about 30 dollars a month in terms of income.

<time begin="00:10:30.41"/><clear/>So this is Carabayllo, we came to
Carabayllo

<time begin="00:10:33.02"/><clear/>to do a pretty straightforward
project

and we found patients like this.

<time begin="00:10:37.52"/><clear/>So this is an elderly woman who

has been treated for tuberculosis.

<time begin="00:10:42.53"/><clear/>When this picture was taken she'd

been treated 4 times in what was one

<time begin="00:10:47.06"/><clear/>of the best tuberculosis treatment programs

in all of the world for a poor country.

<time begin="00:10:52.43"/><clear/>Peru had a fantastic tuberculosis treatment

program, and they cured about 85 to 90 percent

<time begin="00:10:58.82"/><clear/>of their patients, but for some patients,

<time begin="00:11:02.26"/><clear/>they weren't getting the cures,

and the reason was, we thought,

<time begin="00:11:04.88"/><clear/>fairly straightforward - MDR

TB, multi-drug resistant TB.

<time begin="00:11:09.82"/><clear/>Now my guess is that folks from Athens

Georgia and near Atlanta know what MDR TB is.

<time begin="00:11:15.77"/><clear/>You remember the guy who got on the plane? And

<time begin="00:11:19.89"/><clear/>so we heard that he might have been

infected in either Peru or Vietnam, right?

<time begin="00:11:25.21"/><clear/>So there's not a lot of MDR TB here.

<time begin="00:11:27.18"/><clear/>If you're living in Atlanta

Georgia, you're not going to walk

<time begin="00:11:29.42"/><clear/>into a movie theatre and

get infected with MDR TB.

<time begin="00:11:32.54"/><clear/>You have to go to places like this.

<time begin="00:11:34.73"/><clear/>MDR TB by definition is tuberculosis

that is resistant

<time begin="00:11:38.72"/><clear/>to the two most powerful drugs;

isoniazid and rifampicin.

<time begin="00:11:42.84"/><clear/>Rifampicin is the most powerful drug

and

it's the last drug that was ever discovered

<time begin="00:11:49.30"/><clear/>and brought to market, strictly for

the purposes

<time begin="00:11:52.18"/><clear/>of treating tuberculosis, and

that was over 35 years ago.

<time begin="00:11:56.43"/><clear/>So we've had no new drugs for

tuberculosis for almost 35 years.

<time begin="00:12:00.63"/><clear/>Now this woman kept getting treated

over and over and over and over again,

<time begin="00:12:03.87"/><clear/>and we knew that she had drug

resistant TB.

<time begin="00:12:06.71"/><clear/>Now how could we find out?

<time begin="00:12:08.48"/><clear/>Well when we started asking

questions,

the local authorities got very angry

<time begin="00:12:13.23"/><clear/>so we know what we'd have to do is

take

her sputum, and take it to Massachusetts

<time begin="00:12:17.40"/><clear/>because there's no place in Peru

that could

actually do the studies that would prove

<time begin="00:12:21.05"/><clear/>that she had drug resistant

tuberculosis.

<time begin="00:12:23.42"/><clear/>So we fly back and forth, I

used to fly back and forth

<time begin="00:12:28.25"/><clear/>at least twice a month or so when I was in,

<time begin="00:12:32.67"/><clear/>when we were just starting this project, and

we always flew through Miami and if you go

<time begin="00:12:38.34"/><clear/>to Miami airport, there's all these signs up

that says you can't bring birds or animals

<time begin="00:12:43.57"/><clear/>or food, but there's nothing

that says you can't bring sputum.

<time begin="00:12:46.04"/><clear/>[laughter]

<time begin="00:12:46.68"/><clear/>So we brought the sputum in hand carried

luggage, we'd have her in particular,

<time begin="00:12:54.14"/><clear/>drink a lot of water the night before

to get hydrated and then 4 o'clock

<time begin="00:12:57.96"/><clear/>in the morning we'd go tap on her

back, she'd give us the sputum sample,

<time begin="00:13:00.74"/><clear/>we put it in one of those little

sort of little lunch box things

<time begin="00:13:04.42"/><clear/>and carry it through Miami airport.

<time begin="00:13:06.16"/><clear/>The amazing thing is we never got caught

doing that. But of course it was clear,

<time begin="00:13:11.71"/><clear/>what she had was drug resistant tuberculosis,

and sometimes these people were resistant

<time begin="00:13:16.15"/><clear/>to 5, 6, 7, 8, 9, 10 drugs sometimes.

<time begin="00:13:21.03"/><clear/>We have documented cases back in the early

1990's of what they're now calling XDR TB,

<time begin="00:13:26.54"/><clear/>extensively drug resistant

TB, which is resistance

<time begin="00:13:30.27"/><clear/>to the first two drugs plus

two more classes of drugs.

<time begin="00:13:34.91"/><clear/>So when we saw this we said,

well what are you going to do?

<time begin="00:13:37.22"/><clear/>This particular community of Carabayllo, that I

showed you a picture of, out of 100,000 people

<time begin="00:13:41.30"/><clear/>who are living in that community, we

had documented 50 cases of MDR TB;

<time begin="00:13:46.68"/><clear/>so 50 out of 100,000 MDR counts as an outbreak.

<time begin="00:13:50.77"/><clear/>Of all cases of TB in the United States

in the last couple of years, was around 6

<time begin="00:13:56.16"/><clear/>or 7 cases per 100,000, so if you have

50 cases of MDR TB it's a real problem.

<time begin="00:14:02.31"/><clear/>So what do you do?

<time begin="00:14:02.82"/><clear/>Well we said we have to treat these folks right?

<time begin="00:14:05.80"/><clear/>Well the World Health Organization said no.

<time begin="00:14:08.62"/><clear/>In developing countries, people with

multidrug resistant tuberculosis die

<time begin="00:14:12.09"/><clear/>because effective treatment is impossible.

<time begin="00:14:13.94"/><clear/>So the first thing they said was,

it's impossible, you can't even do it

<time begin="00:14:17.87"/><clear/>if you wanted to, even if you had

the money it's impossible to do.

<time begin="00:14:21.57"/><clear/>They also said it's too expensive,

and it detracts attention

<time begin="00:14:24.95"/><clear/>and resources away from treating regular TB.

<time begin="00:14:27.92"/><clear/>Now right at this point in 1996 the cost of

treating a person with drug resistant TB,

<time begin="00:14:33.97"/><clear/>just for the drugs, was over 25,000 dollars.

<time begin="00:14:37.29"/><clear/>So it made sense.

<time begin="00:14:38.87"/><clear/>Back in those days the Peruvians could treat

a case of regular TB for around 150 dollars.

<time begin="00:14:44.51"/><clear/>Why would you treat people for 25,000 dollars

<time begin="00:14:47.10"/><clear/>when you could treat the garden

variety TB for 150 dollars?

<time begin="00:14:52.19"/><clear/>At this point, it was around 1996, that World

Health Organization was saying don't treat it,

<time begin="00:14:58.71"/><clear/>it's not an issue, just ignore it.

<time begin="00:15:01.70"/><clear/>Some people were even saying it'll just go away.

<time begin="00:15:06.08"/><clear/>The authorities in Peru were more adamant.

<time begin="00:15:08.11"/><clear/>They said if you treat a single

case of drug resistant tuberculosis,

<time begin="00:15:11.78"/><clear/>we will kick you out of the country.

<time begin="00:15:13.97"/><clear/>So they were going to kick us out of the

country for trying to save someone's life.

<time begin="00:15:18.11"/><clear/>Happens all the time actually,

you'd be surprised.

<time begin="00:15:20.82"/><clear/>So what do we do?

<time begin="00:15:21.49"/><clear/>Of course we started treating people, and

at first what we did was we borrowed drugs

<time begin="00:15:26.14"/><clear/>from the local hospital,

Brigham and Women's Hospital,

<time begin="00:15:28.91"/><clear/>and it was great because we

were working in Carabayllo

<time begin="00:15:33.31"/><clear/>with a local priest who was

formerly from Boston.

<time begin="00:15:40.04"/><clear/>And so it turned out that some of

his former

parishioners were working in the pharmacy,

<time begin="00:15:44.17"/><clear/>so we started an account - and this
is Paul

Farmer and I when we were still in training

<time begin="00:15:48.54"/><clear/>at Brigham and Women's Hospital -
and we just

started an account, we started carrying drugs

<time begin="00:15:52.55"/><clear/>out and there was no basis for us to

start an account, we didn't have any money

<time begin="00:15:57.44"/><clear/>and we ran up a bill of 96,000
dollars.

<time begin="00:16:00.29"/><clear/>And the president of the hospital

then called some of our teachers

<time begin="00:16:04.22"/><clear/>and said, what the hell is going on?

<time begin="00:16:06.03"/><clear/>These guys have a bill of 96,000
dollars.

<time begin="00:16:08.47"/><clear/>We were hoping he'd pay it, the
president.

<time begin="00:16:12.22"/><clear/>He never did but let me tell you,
the Brigham

and Women's Hospital has given us something

<time begin="00:16:17.18"/><clear/>like 10 or 15 million dollars

now to do this work.

<time begin="00:16:19.82"/><clear/>It's just extraordinary that

one of the fanciest,

<time begin="00:16:23.96"/><clear/>one of the most well respected
hospitals in

the world, has put so much time and energy

<time begin="00:16:28.58"/><clear/>into helping us treat patients like
this.

<time begin="00:16:31.15"/><clear/>So we treated them, we got

about an 85 percent cure rate,

<time begin="00:16:34.72"/><clear/>we were paying 25,000 dollars per

person, and we had a meeting in Boston.

<time begin="00:16:39.33"/><clear/>We invited all the leaders in the
global TB

community and we showed them our results.

<time begin="00:16:43.55"/><clear/>85 percent cure rate in our

first group of 45 patients.

<time begin="00:16:46.73"/><clear/>They were stunned.

<time begin="00:16:48.64"/><clear/>They really didn't think it was
possible.

<time begin="00:16:50.92"/><clear/>They didn't think there was any way
to use

these old, toxic, weak drugs and cure people.

<time begin="00:16:58.04"/><clear/>And this is just how we did it - we

trained community health workers to go

<time begin="00:17:01.99"/><clear/>to these people's homes and

actually give them injections,

<time begin="00:17:04.38"/><clear/>in this case she's giving an
injection

of something called capreomycin,

<time begin="00:17:07.47"/><clear/>a very old drug made by Lilly and
Company

that is not used anymore because it's weaker

<time begin="00:17:13.87"/><clear/>and has more side effects than

the currently available drugs,

<time begin="00:17:17.23"/><clear/>and you have to give it by
injection.

<time begin="00:17:20.14"/><clear/>So at that meeting, April 1998, the

World Health Organization said okay,

<time begin="00:17:26.69"/><clear/>we can't say anymore that

it's impossible to treat.

<time begin="00:17:29.57"/><clear/>What we'll do then is to try to
figure out

how to organize ourselves so that we can come

<time begin="00:17:35.47"/><clear/>up with some good protocols for how
to treat it.

<time begin="00:17:38.12"/><clear/>But they said you know, it's all
fine and

well that you've learned how to treat it

<time begin="00:17:42.89"/><clear/>and you've shown us that you can
treat it, but

the price is too high; 25,000 dollars is no way.

<time begin="00:17:48.08"/><clear/>So I asked them, my PhD I wrote on

the International Pharmaceutical Industry.

<time begin="00:17:53.54"/><clear/>So I investigated these drugs

that were 25,000 dollars,

<time begin="00:17:56.02"/><clear/>and it turns out that they

were all old generic drugs.

<time begin="00:17:59.51"/><clear/>And the only reason they were
expensive was

<time begin="00:18:01.83"/><clear/>because they were only used

in wealthy countries.

<time begin="00:18:05.17"/><clear/>So Eli Lilly for example, was making
the

drugs and a single vial of capreomycin,

<time begin="00:18:10.74"/><clear/>one days' treatment of capreomycin,

cost 30 dollars when we started.

<time begin="00:18:14.54"/><clear/>And it cost 30 dollars because

Eli Lilly was only making it

<time begin="00:18:17.56"/><clear/>because they were the last

manufacturers in the world.

<time begin="00:18:20.62"/><clear/>They were the only ones making it so
they felt

like they had to do it in a quality assured way.

<time begin="00:18:24.22"/><clear/>They weren't making any money off
it.

<time begin="00:18:26.32"/><clear/>So we put a committee together and
we tried

to get as many people who were interested

<time begin="00:18:31.97"/><clear/>in treating drug resistant TB
together

as possible, Medecins Sans Frontieres,

<time begin="00:18:35.77"/><clear/>the Doctors Without Borders

group, put up a million bucks

<time begin="00:18:38.98"/><clear/>and within a year we brought the
price of

the drugs down between 85 and 98 percent.

<time begin="00:18:44.59"/><clear/>Now when I first asked the guys at
WHO,

do you know these drugs are generic?

<time begin="00:18:51.18"/><clear/>They said, what do you mean?

<time begin="00:18:53.86"/><clear/>So here was a group of people in Geneva, having

declared a death sentence on any poor person

<time begin="00:19:00.68"/><clear/>in the world with drug resistant TB, and they

didn't know that these were generic drugs

<time begin="00:19:06.06"/><clear/>and that the prices could be brought down.

<time begin="00:19:08.45"/><clear/>Now I wish I could tell you that that's a

rare event, that people in powerful places

<time begin="00:19:12.78"/><clear/>like the World Health Organization, never

make mistakes like that; that the interests

<time begin="00:19:17.51"/><clear/>of poor people at some point are advocated

for, but this happens all the time.

<time begin="00:19:23.01"/><clear/>It happens all the time and it happens

because the poor don't have a voice.

<time begin="00:19:27.05"/><clear/>They weren't sitting in those rooms saying,

<time begin="00:19:28.39"/><clear/>but wait a minute did you

really do all the homework?

<time begin="00:19:30.61"/><clear/>Is it possible to bring these prices down?

<time begin="00:19:32.92"/><clear/>No one ever bothered to look, and it took

us about a year to bring the prices down.

<time begin="00:19:38.94"/><clear/>The thing that was most surprising

to me about this particular process,

<time begin="00:19:44.06"/><clear/>was how unbelievably easy it was.

<time begin="00:19:48.45"/><clear/>So from 2000 down here to 2006, lots of

countries are working on drug resistant TB.

<time begin="00:19:57.18"/><clear/>But as our friend from Atlanta

revealed, we're not out of the woods

<time begin="00:20:02.40"/><clear/>and in fact a little bit later I'll tell you

<time begin="00:20:04.29"/><clear/>about an epidemic that scares

the hell out of me.

<time begin="00:20:06.80"/><clear/>It's the worst epidemic that I've

ever seen in a developing country.

<time begin="00:20:11.80"/><clear/>This is graph of live expectancy.

<time begin="00:20:13.79"/><clear/>Everybody should know this graph.

<time begin="00:20:16.55"/><clear/>This is what's happening to life

expectancy in Africa because of HIV.

<time begin="00:20:21.28"/><clear/>So if you look at some of the graphs,

Botswana is the most remarkable.

<time begin="00:20:25.00"/><clear/>Botswana is a country that has diamonds.

<time begin="00:20:27.26"/><clear/>Their life expectancy was about 63 in
1985, and it's plummeted to 40 by 2004.
<time begin="00:20:35.73"/><clear/>So HIV for Southern Africa is one of the worst
possible disasters that you could imagine.
<time begin="00:20:45.13"/><clear/>Sebastian Mallaby, a writer for the Washington
Post, once wrote that people looking back
<time begin="00:20:52.08"/><clear/>at our generation are not going to ask about
terrorism or the economy or even the war.
<time begin="00:20:59.49"/><clear/>What they're going to ask is how did we let AIDS
get this bad and not do anything about it?
<time begin="00:21:06.19"/><clear/>There's going to be a lot of things now I think
<time begin="00:21:07.87"/><clear/>that define our generation,
war as being one of them.
<time begin="00:21:12.53"/><clear/>But I truly think that our response to
Africa and specifically our response
<time begin="00:21:16.30"/><clear/>to HIV/AIDS, will define our generation.
<time begin="00:21:19.65"/><clear/>Here is a set of countries, especially
Sub-Saharan Africa, that are extremely poor.
<time begin="00:21:26.47"/><clear/>Many development specialists
have written off Africa.
<time begin="00:21:29.07"/><clear/>They've said you know, it's just hopeless.
<time begin="00:21:31.91"/><clear/>All the countries that have developed have
already developed, Africa's just hopeless.
<time begin="00:21:36.98"/><clear/>Now I've studied this kind of...
<time begin="00:21:40.34"/><clear/>how should we say...
<time begin="00:21:42.77"/><clear/>sort of the process by which academics
and specialists write off entire countries
<time begin="00:21:47.88"/><clear/>and regions, and I would just say be very wary.
<time begin="00:21:50.91"/><clear/>In 1900 there were reports all over
the place from people who said,
<time begin="00:21:55.42"/><clear/>you know this particular country is so backward
and savage, the people have no culture,
<time begin="00:22:00.32"/><clear/>they don't know how to read,
the culture is just so backward
<time begin="00:22:03.40"/><clear/>that there's no chance that
it will ever develop.
<time begin="00:22:06.78"/><clear/>Those people were talking about Japan.
<time begin="00:22:09.05"/><clear/>In the 1950's they said the exact
same thing about South Korea.
<time begin="00:22:13.52"/><clear/>So almost word for word, the things that were
being said about Japan in the early 1900's

<time begin="00:22:19.03"/><clear/>and Korea in the 1950's, are
being said about Africa now.

<time begin="00:22:23.41"/><clear/>And if we don't get on top of the HIV/AIDS
epidemic, the prophecy may come true finally.

<time begin="00:22:29.79"/><clear/>My own sense is that Africa, just like
any other country, can develop just fine.

<time begin="00:22:33.86"/><clear/>But if we don't jump on the problem
of losing 25 years of life expectancy

<time begin="00:22:40.26"/><clear/>in a decade, Africa will be doomed.

<time begin="00:22:44.91"/><clear/>You know, the AIDS story is one of
the most important stories again,

<time begin="00:22:51.42"/><clear/>of our generation for a lot of reasons
beyond what it's doing to Africa.

<time begin="00:22:55.63"/><clear/>So most of you probably weren't born when
the first stories of AIDS came to light.

<time begin="00:23:03.99"/><clear/>It was 1981 and in 1982 I
entered medical school.

<time begin="00:23:07.30"/><clear/>We had just heard about it, we
didn't know how AIDS was spread,

<time begin="00:23:10.14"/><clear/>we knew that it was almost uniformly deadly.

<time begin="00:23:13.03"/><clear/>When our medical school class at...

<time begin="00:23:16.39"/><clear/>my first year at Harvard Medical School,
one of my classmates had to interview

<time begin="00:23:20.64"/><clear/>for the first year set of
activities, a person with HIV,

<time begin="00:23:26.23"/><clear/>and they literally put a moon suit on him.

<time begin="00:23:28.56"/><clear/>We didn't know if it was spread through
airborne means like tuberculosis,

<time begin="00:23:33.18"/><clear/>we'd not even identified the virus
yet, we didn't know what it was.

<time begin="00:23:37.54"/><clear/>And for the first five years or so,

we didn't do very much about it,

<time begin="00:23:42.56"/><clear/>and what happened was activists - mostly gay
white men - started taking to the streets

<time begin="00:23:48.22"/><clear/>and they demanded that NIH focus
on research for AIDS drugs.

<time begin="00:23:52.97"/><clear/>And these two people here, this is
Paul Volgadene and Peggy Fishel,

<time begin="00:23:56.50"/><clear/>these are really wonderful people who've
worked their butts off for 25 years in trying

<time begin="00:24:01.31"/><clear/>to find drugs and other treatments for HIV/AIDS;

<time begin="00:24:05.70"/><clear/>and they'd get blood thrown

on them on a regular basis.

<time begin="00:24:08.28"/><clear/>I've gotten to know these guys

very well, the AIDS activists.

<time begin="00:24:11.41"/><clear/>The group was called Act Up, and Act
Up was

very famous because they just scared everybody.

<time begin="00:24:18.65"/><clear/>They scared scientists, they scared
politicians,

<time begin="00:24:20.98"/><clear/>they chained themselves to

the White House fence.

<time begin="00:24:24.15"/><clear/>They would go into the NIH buildings

and throw blood on researchers

<time begin="00:24:28.09"/><clear/>because they weren't doing

enough around HIV/AIDS.

<time begin="00:24:30.71"/><clear/>But the good news is that it worked,
and it

worked so well that we started getting new drugs

<time begin="00:24:37.88"/><clear/>and right now, the drugs are coming
out

at such a regular pace that it looks

<time begin="00:24:42.61"/><clear/>like people are going to live for
25, 30,

<time begin="00:24:45.79"/><clear/>35 years with the new drugs

that are becoming available now.

<time begin="00:24:51.46"/><clear/>So we've turned what was an

extraordinarily frightening death sentence

<time begin="00:24:56.37"/><clear/>into a manageable chronic disease.

<time begin="00:24:58.31"/><clear/>And in 1996, when the widespread use
of the

so-called highly active antiretroviral therapy,

<time begin="00:25:03.94"/><clear/>the triple combination that at that
time

<time begin="00:25:09.50"/><clear/>for the first time included three
separate

drugs that could be used in combination,

<time begin="00:25:13.95"/><clear/>we saw death rates drop
precipitously.

<time begin="00:25:17.57"/><clear/>Now this was 1998 right here, so

in 1998 the question then for us.

<time begin="00:25:24.31"/><clear/>So we had been treating drug
resistant TB for a

couple of years, and frankly we're confident at Partners in Health,

<time begin="00:25:32.88"/><clear/>we thought my gosh, if we can do
drug

resistant TB treatment, we can do anything.

<time begin="00:25:37.19"/><clear/>Drug resistant TB treatment is, I
think,

<time begin="00:25:39.50"/><clear/>the most difficult thing we've ever

done in a developing country.

<time begin="00:25:42.35"/><clear/>It's 18 to 24 months of therapy and
almost

every day you have to give them an injectable;

<time begin="00:25:46.55"/><clear/>so you have to inject them every
day.

<time begin="00:25:48.81"/><clear/>Compared to that AIDS treatment is

relatively easy, and especially now

<time begin="00:25:51.94"/><clear/>with the fixed dose combination
drugs it's one

pill in the morning, one pill in the afternoon.

<time begin="00:25:56.26"/><clear/>Nobody else thought AIDS treatment

was easy, but we thought it was.

<time begin="00:25:59.43"/><clear/>So we started talking about
treatment

but as recently as 2000, I mean this was not

<time begin="00:26:06.49"/><clear/>that long ago, in 2000 people were
still

saying forget about treatment for Africa.

<time begin="00:26:11.61"/><clear/>Forget about treatment for any poor
country.

<time begin="00:26:13.10"/><clear/>It's just not going to happen.

<time begin="00:26:15.47"/><clear/>Protests started again, people
started

demanding look, and the people who were

<time begin="00:26:21.00"/><clear/>at these protests were the same
people

who threw blood on people at NIH.

<time begin="00:26:25.67"/><clear/>These were people who said we put
our bodies on

the line to go through all the clinical trials

<time begin="00:26:30.40"/><clear/>to test these drugs, we're the ones
who

really pushed the research community to come

<time begin="00:26:34.88"/><clear/>up with these new drugs, damned if
we're

going to let them be used only for rich people.

<time begin="00:26:39.02"/><clear/>So they started protesting drug

companies to make drugs more accessible.

<time begin="00:26:44.26"/><clear/>At about this time in Haiti, we

were seeing patients like this;

<time begin="00:26:48.24"/><clear/>and this particular person came

to us, was brought by his mother,

<time begin="00:26:52.83"/><clear/>and the reason that they came to the
clinic

was that they wanted a loan for a coffin.

<time begin="00:27:01.00"/><clear/>They thought he was going to die.

<time begin="00:27:02.23"/><clear/>This is

<time begin="00:27:02.58"/><clear/>[inaudible name]

<time begin="00:27:02.77"/><clear/>, he was suffering from tuberculosis

and HIV when he came to the clinic,

<time begin="00:27:06.85"/><clear/>and he literally looked like he was
going to die.

<time begin="00:27:09.48"/><clear/>Three months later he looked like
this.

<time begin="00:27:12.02"/><clear/>We call this the Lazarus effect of
HIV care,

and when we saw this in the developing country,

<time begin="00:27:19.25"/><clear/>when we saw this in Haiti, we knew

that there was something special.

<time begin="00:27:22.67"/><clear/>We knew that the before and after
pictures, the

notion that you can take someone almost dead

<time begin="00:27:27.75"/><clear/>and bring them to life like

this, could change everything.

<time begin="00:27:31.49"/><clear/>So lots and lots of activity

from 1998 when we started, to 2003.

<time begin="00:27:39.70"/><clear/>This is January of 2003, there was
this

tremendous amount of activity to push people

<time begin="00:27:44.62"/><clear/>to start treating in poor countries.

<time begin="00:27:46.46"/><clear/>But as of 2003, there were

very few people on treatment.

<time begin="00:27:48.91"/><clear/>In Brazil they were treating
everybody;

<time begin="00:27:50.75"/><clear/>there were a couple hundred thousand

people on treatment in Brazil.

<time begin="00:27:53.37"/><clear/>And then we had a little project in
Haiti,

there were other little projects in Africa,

<time begin="00:27:56.75"/><clear/>but it was really this PEPFAR

project that got things going.

<time begin="00:28:00.87"/><clear/>January 28, 2003, a very important
date for me.

<time begin="00:28:04.40"/><clear/>He did some really amazing things on
this day.

<time begin="00:28:07.23"/><clear/>On this day he talked about

treatment is 300 dollars a year.

<time begin="00:28:10.95"/><clear/>Now President Bush has been very
friendly with

the pharmaceutical industry during his tenure,

<time begin="00:28:17.13"/><clear/>and this 300 dollars a year

was the generic price.

<time begin="00:28:20.44"/><clear/>And the pharmaceutical industry just
about...

<time begin="00:28:22.54"/><clear/>they wanted to kill him I'm

sure when he announced this.

<time begin="00:28:25.48"/><clear/>And then he later would announce
that well, he

didn't really mean 300, they were going to work

<time begin="00:28:29.80"/><clear/>with the pharmaceutical industry and
the

price that they ended up paying was more

<time begin="00:28:33.07"/><clear/>like 5,000 dollars per person as

opposed to 300 because they didn't want

<time begin="00:28:37.67"/><clear/>to upset the international

pharmaceutical industry.

<time begin="00:28:39.98"/><clear/>Now this was a great day.

<time begin="00:28:41.79"/><clear/>The PEPFAR program was a fantastic

program and it still is a great program.

<time begin="00:28:45.94"/><clear/>There's a lot of problems with it
that I'll

talk about, but this was a very important day.

<time begin="00:28:49.84"/><clear/>Now not everything on the speech

that day was perfect,

<time begin="00:28:53.33"/><clear/>he also talked about the British
government

<time begin="00:28:55.80"/><clear/>has learned that Saddam Hussein recently

saw significant quantities of uranium

<time begin="00:28:58.75"/><clear/>from Africa, which started another process.

<time begin="00:29:02.00"/><clear/>But that day, the launching of

PEPFAR, was really important.

<time begin="00:29:05.19"/><clear/>On that very day at 4 o'clock in

the morning, when I was in Boston,

<time begin="00:29:09.36"/><clear/>Lee Jong-wook who was my very close

friend, whose campaign for director general

<time begin="00:29:14.16"/><clear/>of WHO I ran, was elected director

general of the World Health Organization.

<time begin="00:29:18.82"/><clear/>And he called me at about 4

o'clock after he'd been elected

<time begin="00:29:21.40"/><clear/>and he asked me to come and work with him.

<time begin="00:29:24.12"/><clear/>So I said to him that I will come work with you,

but the one thing that I really insist upon is

<time begin="00:29:30.30"/><clear/>that we've got to do something in the spirit of

what President Bush had done for 15 countries.

<time begin="00:29:38.63"/><clear/>The PEPFAR program was really 15 countries, we

have to do something bigger for the whole world.

<time begin="00:29:43.32"/><clear/>So we started this crazy campaign 3 by 5.

<time begin="00:29:45.98"/><clear/>This was one of the most controversial

campaigns the WHO ever got involved with.

<time begin="00:29:50.29"/><clear/>So we took over WHO in the summer of 2003.

<time begin="00:29:55.34"/><clear/>So there's only 2 and a half years before

the end of 2005 to go from about 300,000 people

<time begin="00:30:00.29"/><clear/>on treatment all the way to 3 million.

<time begin="00:30:02.76"/><clear/>Everyone told us it was impossible, it's crazy,

but already by that time I'd been working

<time begin="00:30:06.91"/><clear/>with folks who are specialists in quality

improvement in business and management,

<time begin="00:30:12.13"/><clear/>and what they told us was unless you have a

concrete target, people won't do anything -

<time begin="00:30:17.43"/><clear/>especially in developing countries.

<time begin="00:30:19.09"/><clear/>And I think it was true.

<time begin="00:30:20.49"/><clear/>So what happened?

<time begin="00:30:21.13"/><clear/>Well, in mid 2003 when we started there

were about 350,000 people on treatment,

<time begin="00:30:27.69"/><clear/>and those 350,000 people on

treatment were mostly in Brazil.

<time begin="00:30:31.48"/><clear/>There was this rise in the number of

people

on treatment, and people who have been

<time begin="00:30:35.14"/><clear/>in global health for a long time
have said

they've never seen anything like this.

<time begin="00:30:40.13"/><clear/>The ministers of health of most of
the

developing countries were furious at me

<time begin="00:30:43.44"/><clear/>and they would come and say,

how can you expect us

<time begin="00:30:45.40"/><clear/>to do these crazy things in

such a short period of time?

<time begin="00:30:48.74"/><clear/>But it was that target, it was
setting

the target, it was moving people along,

<time begin="00:30:52.53"/><clear/>we set up new guidelines, we

simplified treatment protocols,

<time begin="00:30:55.43"/><clear/>we made generic drugs available at
around,

<time begin="00:30:58.53"/><clear/>the price was started at 300 around
2003,

<time begin="00:31:01.91"/><clear/>but it went down to 150 dollars per
person

per year thanks to the Clinton Foundation.

<time begin="00:31:06.56"/><clear/>So we made things happen and now it
looks

like we're going to reach our target of 3 million

<time begin="00:31:12.99"/><clear/>on treatment by the middle of 2008.

<time begin="00:31:16.16"/><clear/>So we would have missed the target
by about 2

and a half years, and I became very interested

<time begin="00:31:22.63"/><clear/>in the history of WHO and it's
pretty clear that

missing a target by 2 and a half years is just

<time begin="00:31:27.83"/><clear/>about the best WHO has ever

done in reaching a target.

<time begin="00:31:33.21"/><clear/>So right around the summer of 2005,

there was a meeting and these folks,

<time begin="00:31:40.82"/><clear/>when we came in January of 2003,

President Bush was the only leader who said

<time begin="00:31:48.32"/><clear/>that it was important to treat
people with HIV.

<time begin="00:31:51.12"/><clear/>By the summer of 2005, just about 2

years later, 2 and a half years later,

<time begin="00:31:56.81"/><clear/>all of the leaders declared that we
should

have universal access to HIV treatment.

<time begin="00:32:01.68"/><clear/>This was amazing, and so I was still
living

in Geneva in the summer of 2005 and as soon

<time begin="00:32:06.93"/><clear/>as I saw this meeting happen, as
soon

as I learned that they had committed

<time begin="00:32:11.57"/><clear/>to universal access, I prepared

to come back to the United States.

<time begin="00:32:15.13"/><clear/>We were not crazy about living in

Geneva.

<time begin="00:32:20.00"/><clear/>The biggest reason was that they

had a really, really bad and really,

<time begin="00:32:23.34"/><clear/>really expensive Chinese and Korean
food there.

<time begin="00:32:27.26"/><clear/>[laughter]

<time begin="00:32:27.80"/><clear/>My new theory, my new
anthropological

theory is that

<time begin="00:32:30.94"/><clear/>if you go to a country and they

don't have good Chinese restaurants,

<time begin="00:32:34.20"/><clear/>that that economy's probably in
trouble.

<time begin="00:32:37.20"/><clear/>[laughter]

<time begin="00:32:39.35"/><clear/>All over Africa, lots of great
Chinese food.

<time begin="00:32:41.88"/><clear/>I'm Korean,

<time begin="00:32:43.15"/><clear/>and there's not that many

Korean restaurants in Africa

<time begin="00:32:46.49"/><clear/>but there are some great Chinese
restaurants.

<time begin="00:32:48.95"/><clear/>Alright, so what's the point of
setting such a

bold target for something like HIV treatment?

<time begin="00:32:54.68"/><clear/>For me the point is not treating

people with antiretroviral drugs.

<time begin="00:32:58.22"/><clear/>The point is, that clinics look like

this all over the developing world

<time begin="00:33:02.38"/><clear/>and what you really want to do is
take the

money, which is a lot for HIV treatment,

<time begin="00:33:08.36"/><clear/>and take advantage of the fact that
for the

first time in history the richest countries

<time begin="00:33:13.56"/><clear/>in the world, the most powerful men
in the

world, have committed to providing chronic care

<time begin="00:33:19.15"/><clear/>for a chronic condition for the

rest of the life of a poor person.

<time begin="00:33:23.04"/><clear/>We've never done that before.

<time begin="00:33:24.26"/><clear/>HIV treatment means you're going to
treat them

until they die, and we have never ever committed

<time begin="00:33:30.23"/><clear/>to chronic care for a chronic

condition before in such a big way.

<time begin="00:33:34.19"/><clear/>So we've always,

<time begin="00:33:35.93"/><clear/>when many of us, Paul Farmer and I
included,

when we really pushed for HIV treatment,

<time begin="00:33:41.52"/><clear/>when I pushed for the 3 by 5
campaign,

it wasn't because of antiretrovirals.

<time begin="00:33:45.29"/><clear/>It was because we wanted to

get the most powerful countries

<time begin="00:33:48.69"/><clear/>in the world to commit to chronic
care.

<time begin="00:33:51.14"/><clear/>When you commit to chronic care,

what's possible is primary care.

<time begin="00:33:54.16"/><clear/>So here's what we do: in Haiti, we used

HIV money to build a primary care system.

<time begin="00:33:59.18"/><clear/>If you have the drugs available, if you

have trained people, people will come.

<time begin="00:34:04.49"/><clear/>In Rwinkwavu, this is Rwinkwavu in

Rwanda, we were given this health center.

<time begin="00:34:09.35"/><clear/>This is a post genocidal state.

<time begin="00:34:11.00"/><clear/>Many of you know the awful history of Rwanda.

<time begin="00:34:14.39"/><clear/>During the genocide many, many people

were killed in these health facilities.

<time begin="00:34:18.22"/><clear/>This is what the actual health

center looked like,

<time begin="00:34:20.90"/><clear/>so we spruced it up, we began

offering primary care.

<time begin="00:34:24.69"/><clear/>What we do is instead of just

treating HIV, we also treat TB.

<time begin="00:34:29.74"/><clear/>We provide services for women's health,

<time begin="00:34:32.55"/><clear/>we also treat sexually transmitted

diseases, and we care for children.

<time begin="00:34:36.65"/><clear/>And if you put all those things together,

<time begin="00:34:38.58"/><clear/>it's really basically a pretty well

functioning primary care system.

<time begin="00:34:42.71"/><clear/>So we actually had someone

from the Clinton Foundation,

<time begin="00:34:45.25"/><clear/>our partners at the Clinton Foundation, send

us a business person to do a business study.

<time begin="00:34:49.72"/><clear/>And it turns out that it costs us to

provide comprehensive primary care,

<time begin="00:34:54.28"/><clear/>about 25 dollars per person per year.

<time begin="00:34:56.52"/><clear/>Compare that to the U. S. in

which we spend about 6,000...

<time begin="00:34:59.72"/><clear/>well it's closer to 7,000

now per person per year.

<time begin="00:35:03.70"/><clear/>Now you know, we're doing better.

<time begin="00:35:05.88"/><clear/>There are lots of people on treatment,

we're really building primary care systems.

<time begin="00:35:10.43"/><clear/>But take the country of Lesotho,

and I was just here.

<time begin="00:35:12.94"/><clear/>So Lesotho is a small country

and it's completely,

<time begin="00:35:16.74"/><clear/>it's completely surrounded by South Africa.

<time begin="00:35:19.73"/><clear/>So in Lesotho, they have one of the

worst epidemics I've ever seen.

<time begin="00:35:24.19"/><clear/>Now this is a complicated graph, and

<time begin="00:35:29.28"/><clear/>what it really is, is from Centers
for

Disease Control of the United States,

<time begin="00:35:33.48"/><clear/>they documented the worst outbreak
of XDR TB;

<time begin="00:35:36.94"/><clear/>extensively drug-resistant

TB, that we'd ever seen.

<time begin="00:35:40.02"/><clear/>Now in Lesotho, 30 percent of

the adults are living with HIV.

<time begin="00:35:43.55"/><clear/>So every third adult has HIV,

and now there's this epidemic

<time begin="00:35:47.93"/><clear/>of extensively drug-resistant

TB that's hitting this country,

<time begin="00:35:51.19"/><clear/>and it's coming from South Africa
mostly.

<time begin="00:35:53.84"/><clear/>What do you do?

<time begin="00:35:54.36"/><clear/>Well in this particular case, these

XDR TB cases, there were 53 of them.

<time begin="00:36:00.44"/><clear/>52 of them died, and the average

length of time from the diagnosis

<time begin="00:36:04.80"/><clear/>of their tuberculosis to death was
16 days.

<time begin="00:36:08.98"/><clear/>So this is an epidemic that's just
ripping

<time begin="00:36:11.52"/><clear/>through this particular area,

and it's everywhere.

<time begin="00:36:15.80"/><clear/>It's in the mines.

<time begin="00:36:16.87"/><clear/>We had a group when I was there in
Lesotho,

we had a group coming from the place

<time begin="00:36:21.38"/><clear/>that actually was the host of

this epidemic, Tugela Ferry.

<time begin="00:36:25.25"/><clear/>He told me that they have 300 drug

resistant TB patients currently on the wards,

<time begin="00:36:30.11"/><clear/>and the vast majority of

those patients have XDR TB.

<time begin="00:36:34.51"/><clear/>What do you do?

<time begin="00:36:35.47"/><clear/>It's the most complicated

treatment that you can ever imagine,

<time begin="00:36:38.03"/><clear/>and these people are also living
with HIV.

<time begin="00:36:40.50"/><clear/>What the heck do you do when these
people are

infecting the Andrew teachers of the world

<time begin="00:36:45.26"/><clear/>who get on planes and come back to
Atlanta?

<time begin="00:36:48.25"/><clear/>You have no choice but to actually
treat them.

<time begin="00:36:49.94"/><clear/>There's no way to prevent XDR TB

from infecting someone else other

<time begin="00:36:55.19"/><clear/>than by treating the ones who are
sick with it.

<time begin="00:36:57.14"/><clear/>So we've got this challenge,

this is the challenge we have,

<time begin="00:36:59.17"/><clear/>it's the most complicated challenge

I've ever seen and we're in the mist

<time begin="00:37:02.52"/><clear/>of trying to deal with it right now.

<time begin="00:37:05.55"/><clear/>The basic point though, is that it's
not

XDR TB that we're not doing well with,

<time begin="00:37:10.07"/><clear/>we're not doing well with vaccines,

with primary care, with drug therapies,

<time begin="00:37:13.60"/><clear/>we're not doing well with any of
these things.

<time begin="00:37:16.19"/><clear/>And I refer to it as an
implementation

bottleneck.

<time begin="00:37:19.11"/><clear/>The numbers are terrible.

<time begin="00:37:21.10"/><clear/>Preventing mother to child
transmission

of HIV; in the United States,

<time begin="00:37:25.44"/><clear/>we can prevent almost every

single case of transmission.

<time begin="00:37:29.73"/><clear/>In other words if a pregnant woman
has HIV,

we can prevent almost every single case.

<time begin="00:37:38.13"/><clear/>If we have one percent, that one
percent

is because we've made some grave errors.

<time begin="00:37:43.45"/><clear/>We can prevent almost every single
case.

<time begin="00:37:45.77"/><clear/>A woman with HIV who's pregnant

should not transmit it to her child.

<time begin="00:37:50.66"/><clear/>But in Africa it's 25 to sometimes
50

percent of the cases are transmitting HIV

<time begin="00:37:56.91"/><clear/>to their children, either during
birth or

afterwards through infected breast milk.

<time begin="00:38:04.46"/><clear/>The interventions are not simple,
but we

should be able to get them to everyone,

<time begin="00:38:08.18"/><clear/>we should be able to prevent mother
to child

transmission, but about 10 percent of the women

<time begin="00:38:13.00"/><clear/>who need it in the developing
countries get it.

<time begin="00:38:15.86"/><clear/>Huge amounts of investment, here's
Bill Gates,

he's putting all his money into Global Health.

<time begin="00:38:20.47"/><clear/>Warren Buffett just pledged another

37 billion so it's 80 billion.

<time begin="00:38:25.41"/><clear/>The Gates are doing wonderful
things.

<time begin="00:38:27.70"/><clear/>They're really focused on new tools.

<time begin="00:38:29.59"/><clear/>Drug resistant TB, what do we need?

<time begin="00:38:31.63"/><clear/>We need new drugs.

<time begin="00:38:32.81"/><clear/>And so the Gates Foundation is

really focusing on making new drugs.

<time begin="00:38:37.64"/><clear/>But what's going to happen if we get
all these

new drugs and we're still implementing

<time begin="00:38:41.12"/><clear/>and delivering at the rate that we
were before?

<time begin="00:38:43.84"/><clear/>It just,

<time begin="00:38:44.67"/><clear/>the implementation bottleneck

is just going to get tighter.

<time begin="00:38:48.10"/><clear/>There's no law of hydraulics that I
know that

says if you put a new tool on top of a bunch

<time begin="00:38:53.29"/><clear/>of old tools that aren't being
delivered, that

somehow it'll flush them through the system.

<time begin="00:38:57.58"/><clear/>It just won't happen.

<time begin="00:38:58.61"/><clear/>These new tools will simply

make inequality worse.

<time begin="00:39:03.09"/><clear/>It'll be you folks and travelers,

<time begin="00:39:04.92"/><clear/>other travelers from the first

world who get access to these drugs.

<time begin="00:39:07.85"/><clear/>The poor won't get access to them.

<time begin="00:39:09.96"/><clear/>So what do you do?

<time begin="00:39:11.38"/><clear/>Well, I've talked to a lot of people

and I've talked to just about everyone

<time begin="00:39:16.20"/><clear/>at Harvard Medical School and

Harvard School of Public Health

<time begin="00:39:18.12"/><clear/>about how you solve problems like
this.

<time begin="00:39:20.36"/><clear/>And so what they would tell me is
usually

one line answers - well, markets aren't working,

<time begin="00:39:25.93"/><clear/>incentives are misaligned, or
they'll

say well they just don't know,

<time begin="00:39:29.17"/><clear/>we've got to give them better
knowledge.

<time begin="00:39:30.52"/><clear/>Or they'll say they just don't

have the management skills,

<time begin="00:39:32.96"/><clear/>we should teach them management, or
some

people have said - I think very effectively -

<time begin="00:39:38.23"/><clear/>which is good for us is that

there's not enough funding.

<time begin="00:39:41.42"/><clear/>Well all these things are true, and
at the

end of the day what we've come to realize is

<time begin="00:39:46.74"/><clear/>that healthcare is so complicated.

<time begin="00:39:49.45"/><clear/>This implementation bottleneck
exists

right here in the United States.

<time begin="00:39:53.38"/><clear/>The healthcare system in the

United States is completely broken.

<time begin="00:39:56.15"/><clear/>We spend 7,000 dollars per person

per

year, which is about 40 percent more

<time begin="00:40:00.66"/><clear/>than any other country, any other

developed country in the world.

<time begin="00:40:03.86"/><clear/>But when there's a new tool,
something like a

new treatment or a new drug that's really good,

<time begin="00:40:10.05"/><clear/>it takes us 17 years to get it to

the majority of people who need it.

<time begin="00:40:15.68"/><clear/>In looking around the school, public
health

and medical school, there's almost nobody

<time begin="00:40:19.83"/><clear/>who spent all their time thinking
about

how to improve healthcare delivery.

<time begin="00:40:23.61"/><clear/>People would study health policy.

<time begin="00:40:25.43"/><clear/>People would study inequalities.

<time begin="00:40:28.18"/><clear/>People would study lack of access to
care,

but all of the studies were very narrow,

<time begin="00:40:32.06"/><clear/>very focused, usually with one or
two variables.

<time begin="00:40:34.38"/><clear/>That's what we do.

<time begin="00:40:36.28"/><clear/>It's the same thing that the Getes
are

doing. There's this notion that if you get

<time begin="00:40:39.62"/><clear/>to the genetic level and you make
new products,

somehow it's just all going get better.

<time begin="00:40:45.80"/><clear/>So I ended up going to the business
school, and

there's a guy at the business school who's,

<time begin="00:40:49.82"/><clear/>I was later to find out was the most
famous

business school professor in the world,

<time begin="00:40:55.54"/><clear/>Michael Porter, and Michael had
started

studying the American healthcare system.

<time begin="00:41:00.93"/><clear/>And I asked him why; he says because
I've

never seen any industry that was this broken.

<time begin="00:41:05.76"/><clear/>Mike always says the healthcare

system is 19th century industrial

<time begin="00:41:10.20"/><clear/>and management structure trying

to deliver 21st century tools.

<time begin="00:41:13.83"/><clear/>So we don't get it right in the U.
S. either.

<time begin="00:41:16.85"/><clear/>Now how do you study something

as complicated as healthcare?

<time begin="00:41:20.20"/><clear/>The way Mike does it,

<time begin="00:41:21.19"/><clear/>Mike is a professor of strategy. And
the thing

that was so impressive to me about his approach

<time begin="00:41:26.53"/><clear/>to the problem was that he really

looks at the whole situation.

<time begin="00:41:30.59"/><clear/>So if you are...

<time begin="00:41:32.51"/><clear/>Mike does things like advise the government

of Saudi Arabia, he advises the government

<time begin="00:41:37.12"/><clear/>of Rwanda, he advises CEO's of the top companies

in the world, he can't go in there and say well,

<time begin="00:41:43.82"/><clear/>I'm only interested in this small part of

what you do and in terms of this small part,

<time begin="00:41:48.36"/><clear/>you should do this instead of that.

<time begin="00:41:49.96"/><clear/>He's got to give them an

overall strategy of how to...

<time begin="00:41:53.58"/><clear/>fix things that are fundamentally broken.

<time begin="00:41:55.56"/><clear/>So he's starting to study the American

healthcare system and he has now taught us how

<time begin="00:42:00.04"/><clear/>to do this for developing country systems.

<time begin="00:42:03.60"/><clear/>I don't think that there's

any degree program at Harvard,

<time begin="00:42:06.93"/><clear/>I mean I know that there's

no degree program at Harvard

<time begin="00:42:09.21"/><clear/>and I don't think there are many anywhere,

that really teach healthcare delivery

<time begin="00:42:13.78"/><clear/>and all it's complexity and try to

attract the best and the brightest

<time begin="00:42:17.87"/><clear/>to tackling this particular problem;

not only in the developing countries

<time begin="00:42:22.46"/><clear/>where I'm most concerned, but

also here in the United States.

<time begin="00:42:25.31"/><clear/>None of these degree programs at

Harvard teach people how to be great

<time begin="00:42:29.38"/><clear/>at structuring healthcare delivery systems.

<time begin="00:42:32.13"/><clear/>
<time begin="00:42:33.44"/><clear/>We do really well with basic science,

we do really well with clinical science.

<time begin="00:42:36.87"/><clear/>Clinical science has only been

around for about 25 years.

<time begin="00:42:39.78"/><clear/>Evidence based medicine,

doing clinical research,

<time begin="00:42:42.63"/><clear/>has only been accepted in the last decade or so.

<time begin="00:42:46.01"/><clear/>The basic science researchers used

to look down on clinical researchers

<time begin="00:42:50.04"/><clear/>as not doing real science.

Well, it's well accepted now.

<time begin="00:42:52.77"/><clear/>Evaluation science; there's all kinds of work

done in that area, also in global health.

<time begin="00:42:58.60"/><clear/>But I think there's a space for a

whole new

field, it's not really going to be a discipline.

<time begin="00:43:03.21"/><clear/>It's going to be a multidisciplinary
field where

we train people to be really good at figuring

<time begin="00:43:09.20"/><clear/>out how to do healthcare delivery.

<time begin="00:43:10.58"/><clear/>You know on any given day at Brigham

and Women's Hospital where I work,

<time begin="00:43:14.79"/><clear/>there is a group of people who

<time begin="00:43:17.23"/><clear/>are using the latest research on

organizational behavior, on management,

<time begin="00:43:22.36"/><clear/>on how to change the behavior of
other people.

<time begin="00:43:25.34"/><clear/>Now you'd think there would be
doctors,

doctors are the ones who should be trying

<time begin="00:43:28.78"/><clear/>to change the behavior of their
patients

and of their fellow doctors and others,

<time begin="00:43:32.40"/><clear/>or maybe nurses who need to change

the behavior mostly of doctors.

<time begin="00:43:36.75"/><clear/>But the people who are using this
science

of behavior change, probably exclusively

<time begin="00:43:42.92"/><clear/>in my view, are the drug
representatives.

<time begin="00:43:46.01"/><clear/>And they use it very effectively,
they

have an interaction with the physician,

<time begin="00:43:50.54"/><clear/>they talk about their interests, and
then

they lead them through a conversation

<time begin="00:43:54.66"/><clear/>that is extremely carefully
scripted.

<time begin="00:43:57.21"/><clear/>And then they go and they buy the
prescription

records from CVS and the other local pharmacies

<time begin="00:44:01.81"/><clear/>and they see if their particular
interaction

led to the outcome that they wanted.

<time begin="00:44:06.18"/><clear/>So they're using the science

of psychology in this case,

<time begin="00:44:10.44"/><clear/>to actually change people's

behavior, and we don't do it!

<time begin="00:44:14.02"/><clear/>We don't do it, we don't teach

it, we don't take it seriously.

<time begin="00:44:16.28"/><clear/>We teach basic science for the first
two years,

<time begin="00:44:18.60"/><clear/>and then we teach clinical

science for the next two years.

<time begin="00:44:21.33"/><clear/>And invariably these medical

students go onto wards and they say,

<time begin="00:44:24.46"/><clear/>I can't believe how incredibly

complicated this is.

<time begin="00:44:28.03"/><clear/>Why is it so hard, why do I have to
be

a hero everyday just to get a test done,

<time begin="00:44:33.66"/><clear/>or to get reasonable treatment for
my patients?

<time begin="00:44:36.23"/><clear/>And if it's that bad at Brigham

and Women's Hospital,

<time begin="00:44:39.82"/><clear/>imagine what it's like in

Rwanda, Haiti, and Peru.

<time begin="00:44:43.74"/><clear/>So lots of things are changing.

<time begin="00:44:46.33"/><clear/>In Rwanda we're going to have

absolute access to the internet,

<time begin="00:44:49.94"/><clear/>we're going to have wireless
broadband

everywhere in Rwanda in the next two years.

<time begin="00:44:55.06"/><clear/>Peru already has wireless

broadband at every corner

<time begin="00:44:58.78"/><clear/>of the earth, every corner of that
country.

<time begin="00:45:01.10"/><clear/>So we think that with a combination
of

studying in it's totality, healthcare delivery

<time begin="00:45:07.18"/><clear/>in developing countries, with the
internet,

we can dramatically transform our ability

<time begin="00:45:12.76"/><clear/>to deliver and implement healthcare
programs.

<time begin="00:45:15.53"/><clear/>So what are we doing?

<time begin="00:45:16.33"/><clear/>One of the things we're doing is
first

just going out and capturing cases.

<time begin="00:45:21.38"/><clear/>I went out and asked a whole bunch

of school of public health students,

<time begin="00:45:24.89"/><clear/>and even school of public health
professors,

and I asked them a very simple question.

<time begin="00:45:28.48"/><clear/>One of the greatest achievements in

history, and this is not just in medicine

<time begin="00:45:33.29"/><clear/>but in history, was the eradication
of smallpox.

<time begin="00:45:35.91"/><clear/>We did it and ended it in 1979, it

was declared eradicated in 1979,

<time begin="00:45:40.99"/><clear/>and I asked people how did we do
that?

<time begin="00:45:42.92"/><clear/>What was the secret of eradicating
smallpox?

<time begin="00:45:45.55"/><clear/>Does anyone here know?

<time begin="00:45:46.48"/><clear/>We're right next to CDC.

<time begin="00:45:48.28"/><clear/>Okay, nobody.

<time begin="00:45:50.64"/><clear/>One person, alright.

<time begin="00:45:52.04"/><clear/>Well it was something,

<time begin="00:45:53.70"/><clear/>first of all they started out saying
we're going

immunize everyone on the face of the earth.

<time begin="00:45:58.28"/><clear/>They ran out of vaccine though in a
place in

Nigeria, and Bill Foege, who lived and worked

<time begin="00:46:03.96"/><clear/>for years here in Atlanta was the
head of CDC,

devised a strategy where instead of trying
<time begin="00:46:09.32"/><clear/>to vaccinate everybody they
located outbreaks in crowded areas
<time begin="00:46:13.47"/><clear/>and vaccinated around those
outbreaks.
<time begin="00:46:15.69"/><clear/>They're called the ring strategy.

<time begin="00:46:17.56"/><clear/>Absolutely brilliant.
<time begin="00:46:19.40"/><clear/>And so if you talk to anyone who was
involved in the smallpox eradication,
<time begin="00:46:23.39"/><clear/>they will tell you it was not a
vaccination
campaign, we weren't just going out
<time begin="00:46:26.63"/><clear/>and vaccinating everybody, it was an
epidemiology and management campaign.
<time begin="00:46:30.77"/><clear/>We had to manage people, we had
to move people all over the place,
<time begin="00:46:33.22"/><clear/>we had to detect outbreaks, go after
them.
<time begin="00:46:36.12"/><clear/>So almost nobody in either the
faculty
or the students at Harvard School
<time begin="00:46:40.64"/><clear/>of Public Health actually knew this.
Probably about 10 people out of
many hundreds in this community.
<time begin="00:46:47.55"/><clear/>So that's what we started to do; we
started
to write Harvard Business School-like cases
<time begin="00:46:51.97"/><clear/>on these great examples of success
and yes, failure in global health.
<time begin="00:46:55.71"/><clear/>We're doing a case right now on
the failure to eradicate malaria.
<time begin="00:46:59.41"/><clear/>That was one of the worse crash and
burn
failures in the history of global health,
<time begin="00:47:02.97"/><clear/>and we've got to know what happened.
At the business school last
year when Jet Blue melted down,
<time begin="00:47:09.18"/><clear/>you remember during the ice storm it
melted
down and people were on the tarmac for 10 hours?
<time begin="00:47:13.18"/><clear/>The business school studied that
case 3 weeks
after it happened because it was so important.
<time begin="00:47:17.89"/><clear/>And here we are almost 30 years
after the
most important accomplishment practically
<time begin="00:47:21.91"/><clear/>in human history, smallpox
eradication, and we still don't teach it.
<time begin="00:47:25.22"/><clear/>No wonder our implementation
delivery is so broken.
<time begin="00:47:28.93"/><clear/>So we're writing the cases and
we've begun teaching a course.
<time begin="00:47:33.14"/><clear/>So Mike Porter came to Rwanda and
spent

2 weeks there, looked at our system,

<time begin="00:47:37.66"/><clear/>and applied business thinking to try

to understand what we were doing.

<time begin="00:47:40.89"/><clear/>And what he came up with was really
interesting.

<time begin="00:47:43.26"/><clear/>He said what you guys are getting
right is

you get the care delivery value chain right

<time begin="00:47:47.96"/><clear/>from the beginning to the end,

you get prevention, treatment,

<time begin="00:47:52.40"/><clear/>
<time begin="00:47:53.64"/><clear/>prolonging the time in which people
can stay

off of antiretrovirals, you do diagnosis well,

<time begin="00:48:00.19"/><clear/>and he showed us how he would do a
consultation

for either a hospital or a business.

<time begin="00:48:06.79"/><clear/>What are the elements of the chain

that in the end give you value?

<time begin="00:48:10.85"/><clear/>And it was very, very helpful to us.

<time begin="00:48:13.41"/><clear/>Value at the end of the day of

course, is healthy long life

<time begin="00:48:17.31"/><clear/>for the amount of money that we
spend.

<time begin="00:48:19.27"/><clear/>So he wrote with us a case on
Rwanda.

<time begin="00:48:22.51"/><clear/>We also wrote a case on this

amazing project in Kenya.

<time begin="00:48:26.35"/><clear/>These guys are absolute heroes, and
the clinic

is still open in the middle of all the riots.

<time begin="00:48:33.99"/><clear/>And it was the University of

Indiana, the University of Indiana

<time begin="00:48:36.63"/><clear/>in the early 1990's decided to have
a

relationship with the new medical school

<time begin="00:48:42.26"/><clear/>in Kenya, in the middle of nowhere.

And they made such a commitment,

<time begin="00:48:45.89"/><clear/>they built up the clinical services,

they even started research projects,

<time begin="00:48:49.23"/><clear/>they had exchanges with medical
students.

<time begin="00:48:51.53"/><clear/>And that work of building the

foundation was so powerful

<time begin="00:48:56.15"/><clear/>that now they are enrolling more
patients

on HIV therapy than anyone in the world.

<time begin="00:49:01.26"/><clear/>They've got a thousand new

patients on treatment every month.

<time begin="00:49:03.61"/><clear/>They're up to 80,000 people on
treatment

in this small little clinic in Kenya.

<time begin="00:49:08.11"/><clear/>So what they do extremely well is
that

they use their academic connections

<time begin="00:49:14.98"/><clear/>to really build what are really nice

functioning primary care clinics throughout this

<time begin="00:49:20.73"/><clear/>particular area.

<time begin="00:49:22.12"/><clear/>So we start our first course,

Harvard School of Public Health,

<time begin="00:49:24.79"/><clear/>Introduction to Global Health
Delivery, we

taught about 10 cases and the students loved it.

<time begin="00:49:29.99"/><clear/>We just got the reviews back and

moreover, they'd never heard any of it.

<time begin="00:49:34.74"/><clear/>These were some of the brightest
students,

I mean they got into Harvard School

<time begin="00:49:37.84"/><clear/>of Public Health, they'd had a

lot of experience in global health

<time begin="00:49:40.78"/><clear/>and they just didn't know any of
this stuff.

<time begin="00:49:44.28"/><clear/>But even my colleagues are still
saying

no, you know we shouldn't be so ambitious,

<time begin="00:49:51.68"/><clear/>we shouldn't really treat HIV, we
should just

use money in the most cost effective way,

<time begin="00:49:57.62"/><clear/>we shouldn't really think about that
value

and do whatever it takes to reach value,

<time begin="00:50:02.62"/><clear/>we should keep our aspirations low.

<time begin="00:50:08.52"/><clear/>You know, this is something I've
been

fighting for most of the last 20 years:

<time begin="00:50:12.34"/><clear/>Why should our aspirations be so

low when it comes to poor people?

<time begin="00:50:17.49"/><clear/>
<time begin="00:50:22.00"/><clear/>The Gravina Access project in Alaska

was advocated by Senator Stevens

<time begin="00:50:28.24"/><clear/>and Representative Young from
Alaska, and it

ended up at a cost of 400 million dollars.

<time begin="00:50:33.99"/><clear/>And this was at a time,

<time begin="00:50:35.70"/><clear/>this was a bridge to link a
community of 50

people with a huge megalopolis of 8,000 people.

<time begin="00:50:42.37"/><clear/>And the people in that community

were even saying, no we've got boats,

<time begin="00:50:45.05"/><clear/>we're doing okay, we don't need a
bridge.

<time begin="00:50:47.54"/><clear/>But Senator Stevens and
Representative

Young advocated so hard for this bridge

<time begin="00:50:52.21"/><clear/>that when Katrina hit, the proposal
was

to divert funds from the bridge to nowhere

<time begin="00:50:59.02"/><clear/>to Katrina, and they got on the

floor of the senate and the house

<time begin="00:51:02.37"/><clear/>of representatives and screamed bloody murder.

<time begin="00:51:04.67"/><clear/>Senator Stevens threatened to resign

if they took money from the bridge

<time begin="00:51:07.89"/><clear/>to nowhere and diverted it to Katrina.

<time begin="00:51:10.46"/><clear/>That's the kind of advocate we want

<time begin="00:51:13.01"/><clear/>for global health.

<time begin="00:51:15.81"/><clear/>But who is going advocate for this child?

<time begin="00:51:19.73"/><clear/>This child is Thelma, and we

found her in a clinic in Peru.

<time begin="00:51:24.45"/><clear/>She was suffering from both tuberculosis

and HIV, and she wasn't doing very well.

<time begin="00:51:29.20"/><clear/>And so our community health workers

found her and said, we can help.

<time begin="00:51:32.84"/><clear/>The mother at this point,

who was also HIV positive,

<time begin="00:51:35.99"/><clear/>wanted to just take her home so she could die.

<time begin="00:51:39.11"/><clear/>After about 6 months of treatment for

both HIV and TB, she looked like this.

<time begin="00:51:43.97"/><clear/>Who will advocate for Thelma?

<time begin="00:51:46.33"/><clear/>In this case, our team did in Peru, but who will

advocate for her among the rich and the powerful

<time begin="00:51:52.73"/><clear/>who would rather spend money

on bridges to nowhere?

<time begin="00:51:55.39"/><clear/>Sugar. I'm going to really get myself in trouble

here, but we pay about 2 billion dollars more

<time begin="00:52:02.30"/><clear/>for sugar on any given year than we

have to, through a mixture of loans

<time begin="00:52:08.61"/><clear/>and price supports and import quotas.

<time begin="00:52:12.23"/><clear/>We still have a thriving

sugar industry in Florida,

<time begin="00:52:14.83"/><clear/>and we have no business having a thriving sugar

industry if we obey the rules that we apply

<time begin="00:52:20.04"/><clear/>to every other country; open

your borders to competition.

<time begin="00:52:23.00"/><clear/>The Cubans are so angry that

we're not letting Cuban sugar,

<time begin="00:52:27.82"/><clear/>the Dominicans and others,

<time begin="00:52:29.53"/><clear/>this is a constant battle.

<time begin="00:52:32.06"/><clear/>But the sugar lobby knows what

it's doing; 2 billion a year.

<time begin="00:52:36.87"/><clear/>This is Jean Luc from Haiti.

<time begin="00:52:38.93"/><clear/>He came to us with

<time begin="00:52:41.98"/><clear/>that very exotic disease malnutrition

and with even more exotic treatment

<time begin="00:52:47.90"/><clear/>of food, this is what he looked

like.

<time begin="00:52:51.22"/><clear/>
<time begin="00:52:52.30"/><clear/>What about corn?

<time begin="00:52:53.19"/><clear/>I grew up in Iowa, you can tell from

my appearance I grew up in Iowa.

<time begin="00:52:56.70"/><clear/>[laughter]

<time begin="00:52:57.30"/><clear/>And I love Iowa farmers, I

still love the Iowa Hawkeyes,

<time begin="00:53:01.94"/><clear/>but over the past ten years the

corn industry has gotten subsidies

<time begin="00:53:06.53"/><clear/>of about 51 billion; so about 5
billion a year.

<time begin="00:53:10.18"/><clear/>You know, an Iowa farmer once said
at a meeting

<time begin="00:53:14.03"/><clear/>that if corn subsidies are

socialism, then I'm a socialist.

<time begin="00:53:20.28"/><clear/>These are projects that started
during

the depression, corn subsidies, right?

<time begin="00:53:24.29"/><clear/>I'm not an expert on this and I'm
not saying

<time begin="00:53:26.58"/><clear/>that Iowa corn farmers shouldn't

get these subsidies, I don't,

<time begin="00:53:30.35"/><clear/>I'm not an expert.

<time begin="00:53:32.11"/><clear/>But what I'll tell you is that

these folks know how to lobby.

<time begin="00:53:35.81"/><clear/>They know how to advocate for
themselves.

<time begin="00:53:39.33"/><clear/>This is Asophie.

<time begin="00:53:41.01"/><clear/>She's from Haiti.

<time begin="00:53:43.33"/><clear/>Asophie means no more girls, lots
and

lots of girls in Haiti are named Asophie.

<time begin="00:53:49.55"/><clear/>She came to our clinic with

tuberculosis and malnutrition,

<time begin="00:53:52.60"/><clear/>and again with tuberculosis
treatment

and food she looked like this.

<time begin="00:53:56.67"/><clear/>What about the defense budget?

<time begin="00:53:59.04"/><clear/>Now you know,

<time begin="00:54:01.20"/><clear/>a lot of my friends from Iowa went

to college because of the military.

<time begin="00:54:04.88"/><clear/>I am not against the military.

<time begin="00:54:07.18"/><clear/>I'm just telling you that these

folks know how to advocate.

<time begin="00:54:10.01"/><clear/>Look at the defense budget and what
we spend

on foreign aid compared to other countries.

<time begin="00:54:15.22"/><clear/>And then look at what the American
people

actually think. So the Pew folks and a lot

<time begin="00:54:21.68"/><clear/>of others for the last 20 or 30
years, have

been doing these surveys every single year

<time begin="00:54:26.69"/><clear/>and they ask Americans, how much of
the federal

budget do you think we spend on defense?

<time begin="00:54:31.65"/><clear/>And in this particular survey, 18

percent guessed less than 3 percent

<time begin="00:54:35.88"/><clear/>and it's actually 1.6 percent.

<time begin="00:54:39.04"/><clear/>Most of them thought it was around
10 percent.

<time begin="00:54:42.54"/><clear/>When asked what percentage should

be allocated to foreign aid,

<time begin="00:54:44.89"/><clear/>the median response was 15 percent.

<time begin="00:54:49.11"/><clear/>I don't know what to make of this,
it

drives me crazy every time I see it.

<time begin="00:54:52.92"/><clear/>What we're talking about, to be able
to provide

decent healthcare for every single person

<time begin="00:54:58.59"/><clear/>on the planet. I'm not against

having local governments spend money

<time begin="00:55:02.43"/><clear/>on healthcare, I think they should.

<time begin="00:55:04.54"/><clear/>All the African countries committed

to 15 percent of their budget

<time begin="00:55:07.31"/><clear/>for healthcare expenditures at

a meeting in Abuja in Nigeria.

<time begin="00:55:10.28"/><clear/>I think they should do that, but
even if

they do that some of these countries are

<time begin="00:55:13.77"/><clear/>so poor they're not going to be

able to care for their people.

<time begin="00:55:16.72"/><clear/>But for 25 dollars a person, we

were treating people in Rwanda.

<time begin="00:55:21.06"/><clear/>If we can double that to 50 dollars
per person,

<time begin="00:55:23.12"/><clear/>we would be able to provide very
decent

healthcare to every person on the planet...

<time begin="00:55:27.75"/><clear/>and my argument to you is that
that's

something worth advocating for.

<time begin="00:55:32.40"/><clear/>This is the Harvard Medical School
mission

statement, to create and nurture a community

<time begin="00:55:35.86"/><clear/>of the best people committed to
leadership in

alleviating human suffering caused by disease.

<time begin="00:55:40.79"/><clear/>To live up to that mission statement
I think

we have to do 3 things very, very well.

<time begin="00:55:44.50"/><clear/>I think we have to get real about

what we're spending on what,

<time begin="00:55:49.98"/><clear/>and focus in on what I believe is
the deep,

deep compassion of the American people.

<time begin="00:55:56.36"/><clear/>I think the American people want to
provide

healthcare for everyone on the planet,

<time begin="00:56:00.19"/><clear/>we just got to make it clear that

we're

not doing it now but boy we could.

<time begin="00:56:05.29"/><clear/>And if we did do that, how
differently people

would see us in other parts of the world.

<time begin="00:56:11.20"/><clear/>You know, I was in Geneva for 3
years and I

have to tell you that when that war started,

<time begin="00:56:15.61"/><clear/>it was not fun being an American in
Geneva.

<time begin="00:56:20.34"/><clear/>The estimation,

<time begin="00:56:21.30"/><clear/>the way that people think about

Americans is worse than I've ever seen it,

<time begin="00:56:24.71"/><clear/>and I've been traveling all

over the world for 25 years.

<time begin="00:56:27.48"/><clear/>It's the worst I've ever seen.

<time begin="00:56:29.36"/><clear/>So first, let's get the money and
let's

focus, but the second thing we have

<time begin="00:56:33.14"/><clear/>to do is we've got to get as good
and as rigorous

and as committed to delivering high quality care

<time begin="00:56:39.70"/><clear/>as the businesses are about making
money.

<time begin="00:56:41.77"/><clear/>That's what I learned.

<time begin="00:56:43.30"/><clear/>The businesses care more about
getting

that stuff right than we do in healthcare.

<time begin="00:56:48.79"/><clear/>In fact, we do nothing almost

to try to get that stuff right.

<time begin="00:56:52.36"/><clear/>So we're trying to build a new
field.

<time begin="00:56:54.76"/><clear/>I really need all of you,

especially those of you who are

<time begin="00:56:58.03"/><clear/>in this field already, to work with
us.

<time begin="00:56:59.92"/><clear/>We need to write thousands of cases,
we

need to create a cross university dialogue

<time begin="00:57:04.33"/><clear/>about what's working, what's

not, what are the secrets?

<time begin="00:57:07.81"/><clear/>Everybody in the business world

knows how Southeast Airlines works

<time begin="00:57:11.00"/><clear/>and why they're so successful.

<time begin="00:57:12.93"/><clear/>And nobody knows how, nobody in our

field, knows how smallpox was eradicated.

<time begin="00:57:17.35"/><clear/>It makes no sense.

<time begin="00:57:20.17"/><clear/>The third thing though, is

that we have to open our hearts

<time begin="00:57:24.23"/><clear/>to the suffering of people like John
here.

<time begin="00:57:27.18"/><clear/>He came to our clinic in Rwanda

suffering from tuberculosis and HIV.

<time begin="00:57:32.03"/><clear/>But his CD4 count, which is an
indication

of the progression of his HIV disease,

<time begin="00:57:35.66"/><clear/>was very high so he didn't need HIV
drugs.

<time begin="00:57:38.53"/><clear/>And in about 3 months, with just

food

and TB treatment, he looked like this.

<time begin="00:57:45.60"/><clear/>So he's developed such a belly
actually,

we've got him on an exercise program.

<time begin="00:57:50.37"/><clear/>[laughter]

<time begin="00:57:51.23"/><clear/>But I leave you with this image

and I leave you with this thought.

<time begin="00:57:57.47"/><clear/>
<time begin="00:57:59.16"/><clear/>My field is anthropology and...

<time begin="00:58:02.62"/><clear/>one of the great anthropologists of

all time, Margaret Meade, once said,

<time begin="00:58:08.27"/><clear/>probably people have later commented

to me quoting Lennon of all people,

<time begin="00:58:13.08"/><clear/>but Margaret Meade once said, "Never
doubt the

ability of a small group of committed souls

<time begin="00:58:17.73"/><clear/>to change the world, indeed

they're the only ones who ever have."

<time begin="00:58:21.54"/><clear/>Thank you very much.

<time begin="00:58:23.11"/><clear/>
<time begin="00:58:24.51"/><clear/>[applause]

<time begin="00:58:43.31"/><clear/>
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