

**TIME Global Health Summit  
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At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

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**Male Speaker:** Twenty-one billion dollars in emergency spending, stockpile medicines and vaccines, develop a new vaccine, take other measures. At this summit, you're going to meet all the experts on global health who can share their words of wisdom on Bird Flu with you and other critical global health issues today.

We're very fortunate to have two such experts today: Dr. Nils Daulaire, the president and chief officer of the Global Health Council in Washington, D.C., the world's largest membership alliance dedicated to advancing policies and programs that improve health around the world. Dr. Daulaire and Dr. Allan Rosenfield, the Dean of Columbia University's Mailman School of Public Health, one of the countries top public health schools, which is training the public healthheroes

of tomorrow.

The format will be two to three minutes from each expert; and then, we'll open it up for questions they know you are going to have. Nils, please.

**Dr. Nils Daulaire:** Thank you, and good afternoon. Uh, we heard President Bush this morning give a ringing call for action when it comes to Avian Flu. And he said at the end of his speech that if we wait for pandemic to appear, it will be too late to prepare.

We've already seen that with some of the disasters that have occurred in other arenas over the past six months; and the entire purpose of this summit is to make sure that the world is prepared not just for Avian Flu, not just for SARS, not just for AIDS, but for the issues that kill over 17 million people a year around the world prematurely and from readily preventable and treatable causes.

We have a terrific opportunity here. I think the President's plan, which calls for detection, production of vaccines, and a response capability is as true for the rest of the world as

it is right here in the United States because what we have come to recognize over the past decade and a half, is that in a globalized world, there is no such thing as health over there and protection for our own citizens back here, unless we have good health infrastructure, unless we've got people getting out into the villages and cities of the developing worlds, detecting disease, building on the structures and the expertise that they already have, as we'll see with many of the health heroes that are being honored here. It's not something that we need to invent and drop in place. It's a matter of building on the strength, bringing science to bear, and taking action.

I was particularly heartened by the President's emphasis on research for new vaccines and new vaccine technology. This is an area that's really lagged [ph] globally. We are using 1950's technology for problems of the twenty-first century. And the level of investments that was proposed by the President, I hope will be followed up on by Congress; because we really do need a way to rapidly produce new vaccines using modern genetic technology and cell culture and getting that vaccine to people

who need it.

These infections will not wait for the 3-5 years that it takes us currently to develop new vaccines. This is just a terrific opportunity.

In summary, what this does is it prepares us for the next decade. There's a relatively low likelihood that Avian Influenza is going to go global as a human pandemic in the next year or two, but there's a very, very high probability that in the next decade we will be seeing a global pandemic.

This is timely action, an important investment, and it shows that we're no longer talking about peanuts in terms of addressing critical global health problems. We're talking about putting real investments in place.

**Dr. Allan Rosenfield:** Good afternoon and thank you. Uh, let me just add a few comments to what Nils has just stated. First, I think many of us in public health are delighted with the initiative announced today. Unfortunately, it's an initiative that should have been announced five years ago or longer. We are way behind in the development of protection against flu.

As Nils suggested, research is desperately needed. And, it hasn't been invested by corporate pharmaceutical companies because there isn't a profit motive available with vaccine developments for flu and related issues.

We're using a technology, which you read about with the flu problem last—earlier this year when we used egg yolks as a means to developing the vaccine; and that is a technology that's 40 or 50 years old. There are new technologies that would allow us to dramatically increase or shorten the time frame for the preparation of vaccines.

In addition, and it is mentioned in the President's release, there's an absolute need to provide liability assurance for the companies manufacturing these vaccines. When you make something for a thousand people, you can do good clinical testing of what the risks are; but when you do something on millions of people, there's no way to be able to fully predict what complications might strike. The government needs to do this. This is what has happened with childhood vaccines some years ago when it looked like manufacturers were going to be unwilling to make childhood vaccines because of

concerns of liabilities. And the government, at least, provides partial protection.

Secondly, another role of government that is essential, in my opinion, if I ask Victor and his company to make 100 million doses of Caccine X and he sells 10, we, the government must by the additional 90. We must guarantee that the company doesn't go into the red to manufacture something that we need to protect the American public, or the world public for that matter.

We also need a stock pile antiviral drugs like Tamiflu [ph] that is essential; it doesn't cure this disease, but it does temporizes, and it does help in minimizing, or at least decreasing the death rate. I think you all know that we lose somewhere in excess of 30,000 or 35,000 people from standard Flu each year.

Were the Avian Flu, the H5M1 Flu to strike, the numbers would astronomically increase. Right now, this Avian Flu that we read about goes from birds to humans in Asia, and we've seen it elsewhere now in the world. And that's bad. And I think that it is—the percentage dying is very high, 40-50 percent deaths.

If this new take to a virus that goes not just from birds to human, what it is now, but from human to human, we are, then, in the disaster that people are predicting. The only thing else they can conclude is I agree with Nils that I don't think we're facing with the pandemic in the immediate future.

But, I have to qualify that by saying I don't think any of us are able to project what it will be one year, five years, 10 years and never. But the fact is it could be in the next year, and that's why we must move now and not keep waiting until it does get serious. Nils said if we wait 'til it hits, it's too late.

**Male Speaker:** We will now take questions. Please identify yourself and your news outlook before asking your question.

**Male Speaker:** I'm [Inaudible] WCBS TV in New York. Perhaps you could explain to me in layman terms why is this flu so dangerous? Is it because it's an Avian Flu or is it because it's so dangerous if humans catching it? What is it that has you so

worried about particular flu?

**Male Speaker:** This particular influenza has not yet spread rapidly from person to person. That's the big risk that we're looking in the future, but where it has infected people, usually by close contact with poultry, it has mortality rates of somewhere between a third and a half of the people who got infected by it died.

Now that's way, way higher than anything we've seen in modern influenza, and it harks back to the Spanish Flu epidemic of 1918 and 1919, which was also a bird flu as we've learned recently, which had very, very high mortality rates. So, rather than the usual moderate influenza strains, this has the potential to become a killer strain.

Viruses differ. And each year there's a different new viruse that hits. And there is just one lurking in the woods, if you will, that would be the one that we fear.

**Male Speaker:** In hearing what the President said today, you praised what he did say, but what's missing? If you can answer that simple question: what's missing?

**Male Speaker:** The pieces are there, but for my standpoint, the level of resources going into both protection and response at the community level, and I'm talking both here in the United States and we really—we've seen a hollowing out of the public health infrastructure over the past 20 years. Having planned, which is what the President called for, is not enough.

New Orleans had a terrific plan on paper for dealing with the hurricane. You need to have the capacity, which means that you've got to build up those local public health capacities. And you have to do that also in developing countries.

Again, they've got the basic there, but we need to strengthen the resources and with training local manpower so that they can respond quickly and appropriately at the first sign of outbreak, and also deal with these day-to-day issues. And, while we're talking about Avian Flu, every three seconds, a child dies around the world [ph] from causes that we've come to accept as normal.

They're not normal; they're not acceptable. And if you have a good health infrastructure,

they'll help to deal with things like pandemic influenza that will also help deal with the routine problems that are killing millions.

**Male Speaker:** [Inaudible] I have a question—  
[Inaudible]

**Male Speaker:** That's one of the challenges; that's one of the reasons why need the new technology to be able to make vaccines in a much more rapid way when we have the viruses. We really want to test it again [ph]. And that's been a real challenge.

Fortunately, the flu vaccine gives us some protection. It's not made to be exact because everybody now lining up to get flu vaccine the current flu should go forward. One of the essential steps you asked about was missing. One of the other steps is missing, which is the need to get together with world health organizations of the global agencies to have a very effective surveillance where we're identifying the beginning when one of these issues begins to become a real problem.

We need to identify in the poultry market in [Inaudible] in China. We need to be available to

have good data wherever this thing may strike. Our only hope is we identify it quickly. But it does take time to make the specific vaccine.

**Female Speaker:** You mentioned that the vaccine technology is decades old. How much more would be the [Inaudible] as to the cost of the vaccine? And iff the cost is the major reasons, why we haven't seen the vaccine that [inaudible]?

**Male Speaker:** I don't have an actual figure for you—maybe Nils does, but I will give you the general. And my general answer to that would be—because this is not an area that the pharmaceuticals usually sees as a profit area, they have not invested in major research. This is an opinion, not fact, but the fact is they haven't. It's not been a major investment in improving the technology of the [Inaudible] manufacturing vaccines for the flu. I think if the government takes and it takes it on and assigns [inaudible]. Fund the research we need to do this, and make it available to industry, ea public-private partnership, and we can move this forward in ways we haven't until now.

**Male Speaker:** And let me just add what's surprising is the degree to which pharmaceutical companies have actually continued to invest their own resources in vaccine development. Merck right here in the United States and Glacso-Smith Klein [ph] Biologicals have made a decision that this is an important public good that they need to support. I think that it's our responsibility as citizens to make sure that this turns out to be a rational decision on their part so that the new technology that they're bringing to market and hopefully stimulating other biotech industries and other pharmaceuticals to come on board as well as to turn out to be a smart move. That's going to be to the benefit to human kind.

**Male Speaker:** Let me just add much of the research of these two companies—which is very good—is focused on specific diseases like cervical cancer and the development of a vaccine on that. And there hasn't been a major push—you may know—in either of these companies— [inaudible]

**Male Speaker:** [Inaudible] TIME Magazine. Does it make sense for the U.S. to be stock piling Tami [ph]

flu, which is not being produced fast enough to meet demands, so we're going to have a lot of tablets stock piled, but not to enough for Southwest Asia where they need it? [Inaudible]

**Male Speaker:** Well, I believe the current figure, and the press releases says, [inaudible]leaning toward 4 million doses for the U.S., and that's nowhere near what you'd need in a country of 240 million people. So we don't have enough here, but we need to contribute to the U.N. the World Health Organization, [ph]the World Bank and others to help the world do it as well. But even or this country, the numbers in this country will not be sufficient if indeed there was a pandemic.

**Male Speaker:** [Inaudible] First of all, there's indication that you need to take before infection profilactically [ph] rather than after you become infected. But, then, how do you deal with a world of 6 billion people, all of whom are at risk of becoming infected? There's actually no way we can possibly come up with that.

I think it is appropriate, as the President

did cite, that the first responders would have priorities for this. And that's reasonable.

[Inaudible] It's not going to have a major impact on the development and transmission and then

[Inaudible]. So I would say this is, from a public health standpoint, a relatively lower priority.

**Male Speaker:** [Inaudible]

**Male Speaker:** It's not the kind of drug-  
[inaudible]

**Male Speaker:** We do not want a- [inaudible]

**Male Speaker:** Thank you, Nils, and thank you, Allen. And thank you for coming. We have a full schedule of press conferences as you know; you've seen it in your material in your opening packets. So we look forward to seeing you throughout these three very exciting days. Thanks for coming.

[END RECORDING]