

**TIME Global Health Summit
Summary and Next Steps
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Speaker:
Nancy Gibbs, Editor-at-Large, TIME

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.

More information, including archived webcasts of sessions, transcripts and downloadable photos, available online at www.time.com/globalhealth.

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UNIDENTIFIED PARTICIPANT: I don't know about you, but I need some cold, fresh air after that.

Thank you, Charlie, Ted, Jeff, Patty and Pat.

What a way to end. There you are. We have – we're not quite finished but that's it. Two day's of talking (INAUDIBLE) worthless.

Ten big questions in global health. I think the best thing for us to do as Time magazine is wrap it up efficiently right now, and I'd like to introduce my colleague, Time's Editor-at large, Nancy Gibbs, who really has (INAUDIBLE) on these two days, helped – there have been reporters and writers posting web postings that are on Time.com right now.

But Nancy is going to wrap it up for us and summarize. Thanks.

NANCY GIBBS, EDITOR-AT-LARGE, TIME: Thanks, (INAUDIBLE).

For this past weekend, preparing to get ready for this conference, a friend told me a story I expect some of you know.

Of the time Mother Theresa was very late for a conference on global hunger in Bombay. She encountered a starving man on her way into the conference and she stopped to feed him. Her detour into the specific made her late to discuss the abstract, and when she got there people asked her, "You're here to address this huge, pressing problem. What difference did it really make for you to take all that time to stop and feed that one man?"

To which she answered, "It made all the difference in the world to him."

That story has stuck with me because we've had a conference in which one of the things we've questioned is the value of having conferences. And so that seems to me a place to start.

On Tuesday, Dr. Binagwaho admitted at the outset that these kinds of meetings made her nervous. She said that in her country they had just done a (INAUDIBLE) study about whether a woman who is HIV positive will agree to save her baby if she is given AZT.

She says we need to do a feasibility study on that question, we need to make sure that every single dollar spent on HIV brings something to people. So let's start there with that challenge.

We have raised the bar on talking. So what have we done and what have we learned and what did we not know 48 hours ago and how, as Bono asks, have we changed the game?

It is impossible to summarize so many discussions by so many people and in this last session you've heard a lot of ideas about the steps that need to be taken in order to move forward on any of these fronts, but my colleagues from Time, who have been to all the sessions and who have shared their impressions with me and they all know much more about these issues and I do. We are struck by some themes that emerged exactly because of having together in this room people not just who know each other sort of vertically because they are all involved in infectious disease or they are all activists, or they are all from pharmaceutical companies, but who have often been in the same place for the first time. For starters, being here all together demands a certain level of intellectual honesty, and a rejection of false choices. We can honestly disagree about the costs and benefits between environmental and health issues, between moral and medical issues, you can have these arguments, but when we are having them face-to-face it's harder to mischaracterize each other's positions in a way that makes compromise impossible.

Even more, as it becomes clear on how much you all agree on, it becomes immoral to spend all of our time arguing on the small parts that you disagree on. The message that emerges is one Anna gave us the very first night, of how do we not let the perfect become the enemy of the good. How even a pot with holes has its uses. And so a lot of old Bias is an old divisions were checked at the door. I think it should be taken as a victory that a lot of our time was not spent toddling down political dead ends that would have stalled past conferences like this years ago.

We heard Bill Gates say that he was not going to spend a lot of time debating the issue of long-term solutions versus short-term ones because it was clear that his foundation needed to do both. We have all been called to the multilingual, multidisciplinary, to be Artists and activists, and evangelists, and entrepreneurs, and medics, and missionaries, and mechanics. You have talked both faith and prove. You have discussed the data and the duty that goes with the data. John McCormack of Bristol Myers talked about the place for traditional healers. Pastor required talk about the foreign policy value of love.

Richard Branson called letting so many children die of malaria a sin. Both Bill Clinton and Sam Brownback talked of the need for finding a win-win outcome, a deal between politics and profit, that gives pharmaceutical companies something that they want in return for something that only they can give. To be comprehensive has meant getting past competition. We were not holding a beauty pageant to judge whose cause looked best in a bathing suit, and yet, I kept on hearing again and again people working on long-term health solutions saying that, "We are not sexy compared to a tsunami", and infectious disease people say, "Well, we are not sexy compared to cancer", and the clean water people saying, "Well, we are not sexy compared to infectious disease".

You can't hiss that here without saying very specifically why competition is counterproductive, that if there is no clean water, then all the medicine in the world won't keep you from getting sick, and it's no good having the medicine if you can't distribute it, and it's no good getting the medicine to here is someone who is starting to death, and finally, if we are not educating people at the same time in basic prevention and health maintenance, then pretty soon we are going to have to start all over again. Virtually every panel has taken it as a given the competition is a distraction, and the coordination is the greatest challenge. So what does coordination require?

At the world health assembly last spring, many of you heard pleas from ministers of health that while it is wonderful the amount of aid that has become available in recent years, when it is uncoordinated or misdirected, or when it is a temporary campaign that they therefore cannot plan for, it makes their already daunting challenges much more difficult. One answer that many of you have come back to has been the importance of giving the lead to those who are closest to the problem. And the extension of this has been

that one key to coordination, at the most basic level, is to understand that women's rights and roles are essential because they are the ultimate gate figures of health.

We heard that educating women and delaying the age of childbirth has a greater impact on the nation's health than anything else you can do. Give them a livelihood, you give them power. Give them power at, they will be your warriors in this cause.

The challenge of coordination at higher levels has been brought home just in these last days by the discussions about avian flu and the fact that we don't have the most basic kind of health reporting infrastructure to track the course of any pandemic. I think many of you may be struck by the fact that avian flu fears have served to concentrate the mind in the developed world on this need. I'm sure a lot of you got the email I got complaining that President Bush's proposal devoted far too little money to basic global public health improvement. To those of you who have argued that governments need to redefine the notion of national security, in order to extend beyond military security, fears of a pandemic are a very powerful incentive. It would be nice if the world's health care infrastructure were improved just because it would be the right thing to do, but what it takes is for us to all be afraid of avian flu, and that's what directs the money and the motivation and the attention to this much larger need than the so be it.

But finally, to return to the whole reason for coming together in the first place, the formal discussions were great. I learned a lot, I hope that you did, but the informal ones may have been even better. You heard the public commitments, the Gates foundation's \$258 million for malaria vaccine and treatment. Ted Turner's \$20 million for measles. The Methodist's malaria initiative. Pastor Warren's peace plan. The Pediatric AIDS Corps heading to Africa to treat and to train. But there are things you didn't hear about. I loved hearing one of my lunch and partners talk about how grateful he was at the table to be able to give a longer a version of what he called his elevator speech.

I never got on the elevator in the last two days without seeing something happen, without seeing people introduce themselves, and finding connection and walk off together with a conversation to be had. So you heard from Dr Frare (ph) about how TB testing still hasn't changed in 100 years. After her panel, she visited the booths set up out there by BD Medical Systems (ph), which had a battery powered TB test kit, that sells for a few hundred dollars and delivers results in days rather than weeks. She said, "I need five of those" with. And the President, Gary Cowan, said, "I could use the research you are doing", so they exchange cards, off they went together. Barry Coleman (ph), Founder of Rogers for health (ph), who you heard from, ran into Mozambique's health Minister, Paloi Vacercudo (ph) in the hallway. He told them that his counterpart in Zimbabwe was the most mobile Minister of health in Africa. They had 1000 vehicles, caring for more than 20,000 patients. Can we do it in Mozambique? Yes we can, let's do it. Exchange cards. Off they go.

Last night, some of you know Mayor Bloomberg met at the Mandarin Oriental with a couple dozen people who were here, to talk about the idea of establishing a world-class center for global health here in New York on Governors Island. One of the concerns that was raised was whether at the academics and medical institutions in New York mind -- there might be a certain amount of competitiveness and jockeying for positions if such an institution were founded, and he said, "In fact, since 9/11, New York institutions that have to do with health and public health have gotten very good at cooperating with each other and coordinating their efforts".

All of that, and more, happened offstage, and it happens because you world took the time to come and listen, and to share what you know, which brings me at last to our heroes. You all know why we built our special issue of Times around their extraordinary stories. It was very important to us to let our readers know that these problems are soluble, to see the difference that an individual can make, to make the challenge is real, and yet to make the solution is real as well. Imagine if they had not come along. Imagine if no one had thought of the motorcycle, or of putting a clinic where there had been no care, or of getting the monks to bless the condoms, or of giving the grandmother is the vitamin A, but you already know that, and I'm willing to bet that anyone of you could name the five more or 50 more or 500 more people you know on the front lines, who are also doing extraordinary things, and who would count, by anyone's measure, as a hero.

We celebrate them here as a way of celebrating you. Think of what a difference you have made and what would happen if you had not each come along, to grab history, and to shove it in a different direction, and by being here and meeting together, you are in an even better position to make a difference.

As you leave, taken another look at Jim McNaughtly's (ph) pictures out in the atrium. We can look at each one of MNC pain and suffering and sorrow, or you can look again and see that in each one care is being given, and you can see health, and you can see hope, and you can see a promise. Each one of them is a story. We can look at the hurt or we can look at the hand. I think this year has been an extraordinary turning point, thanks to all of you, thanks to Bono, and what he has done, thanks to the pastors and the Presidents and the entrepreneurs, and people in so many different fields who are forcing people who have not looked at these issues to look at them and pay attention. They are inviting us, in this country, to take our spontaneous generosity and to make strategic. And there the proven success of so much of your work forces us to look at the gaps between what we do and what we could do, and then both shamed and inspired, we reach out a hand.

Thank you very much.

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