TIME Global Health Summit
The Case for Optimism
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Speakers:
Anna Deavere Smith, Playwright and Actress, Institute of the Acts and Civic Dialogue, New York University
Dr. Paul Farmer, Member, Board of Directors, Partners In Health/Program In Infectious Disease and Social Change
Pastor Rick Warren, Pastor, Saddleback Church, and Author "The Purpose Driven Life"

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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PAUL FARMER: - of basic science research and interventions designed to bring the fruits of such research to those in greatest need. Make no mistake, this is a silly argue. The tools of modern medicine come mostly from the lab, but we still need an effector arm – or and we still an effector arm to deliver – to use these tools equitably. So we need a malaria vaccine, a safe insecticide, bed nets, combination therapy that is effective treatment. And sometimes that means transfusion, blood transfusion. These can't be either/or arguments if we're to move forward.

Another example is preventing the transmission of HIV from mother to child. If this is planned and executed sensibly it will of course improve – or should improve women's health. We've tried to use the new AIDS funding, as we call it, from the Global Fund and later from PEPFAR (ph) to advanced these agendas in Haiti and are doing the same with our colleagues in Rwanda.

This clock is not telling me how I'm doing. Actually it just says zero, zero, zero. But I know that I will be caned off here if I go over.

Another myth is we lack the infrastructure to treat AIDS and other complex diseases. This is not untrue but misconceived. We can build – or rebuild infrastructure, health infrastructure, as we roll out services, and we need to do so. But the first steps that we can take is by capitalizing on the abundant human resources available in places, for example, Haiti – like Haiti and Rwanda, two places I know. In our program every patient has, as Joseph does, an outreach worker or a compania a tour (ph), a neighbor who brings him his medications every day. Now, some people think we're training outreach workers because they're all we've got, but this is not true. It is true that we – when we first went to Rwanda earlier this year there were no physicians in the entire district to which we've been assigned by the Rwandan government. But we'd do it this way even if there were plenty of doctors and nurses around. Treatment that is supervised and community-based is simply better care for chronic diseases. This model of care tuberculosis experts can

tell is the first line of defense against resistance – acquired resistance to many antibiotics, and it's probably even a good treatment model for malaria, too.

Training outreach workers is step one in a process that can lead to improved health care infrastructure as long as we devote adequate resources to stocking and staffing clinics and hospitals (INAUDIBLE) asking cash-strapped countries to further gut social services in the name of something that was called mysteriously, to me, fiscal austerity. This approach does not work in settings desperately in need of both personnel and infrastructure and greater investments in public health. The infamous brain drain will slow or be reversed if we provide our African colleagues, for example, with the tools they need to do their jobs properly and pay them a living wage. And a living wage is surely even more important for community outreach workers who themselves live in poverty than it is for the physicians and nurses.

Astoundingly enough many health care programs have been encouraged to refrain from paying their community health workers. The first time I heard this I couldn't believe it. Volunteering sounds OK perhaps until you ask how can people who themselves live in poverty be expected to work for free when people like me are offered handsome stipends at every turn for consulting. It's not always true that there's not enough money out there. Some – am I being optimistic, by the way? Some Americans would be surprised I suspect to learn where the money goes. One commentary in the papers last month cited two foreign affairs specialists who in a study of U.S. foreign aid spending written for Congress said that at least 60 percent of U.S. funding never leaves the United States but instead is spend on office overhead, travel, procurement of American-made cars, computers, as well as salary and benefits packages.

While we're on this painful topic the idea that corruption is endemic in Africa and that this is a good reason to freeze health programs is another canard. Corruption occurs elsewhere as we've learned in contemplating some of the industrial strength corruption in my own country, this one, and yet such scandals have never led for calls for freezing public health expenditures on Wall Street or in Washington. In our own work we've learned that poverty itself weakens the ability to provide a transparent accounting of our work. How best do we do that when there's no electricity, no computers, and when the bulk of the world's accounts work for the rich and not for the poor. Now, even this sort of grumpy analysis is meant to be optimistic because it reminds that, one, people out there would like to work if only they could be paid enough to feed their family and, two, a lot of aid money never makes it to its essential – ostensible beneficiaries.

I want to close – and this thing is reminding me that I should close – with just a comment about the food fight. And there is a – the food fight is what we have to face in places like Haiti and Rwanda, our patients need food and they have – they suffer from food insecurity. I recommend to you an article from – it's written by Celia Dugger, in "The New York Times," about what she called the iron triangle of food aid. And I don't have time to go through it here, but it's very important that people know.

So I've had 12 minutes to convince you all that there is cause for optimism even if we contemplate some grim numbers. Allow me to recap the message. Look how much progress has been made in the last few years. Only three or four years ago someone like me would have been invited to address you in the hopes of persuading you that diseases like AIDS and drug resistant tuberculosis should be treated in what are these days termed resource poor settings. Today we spend less time prolonging that debate and more time discussing how best to treat the diseases, we have arguments about where to source our drugs, but that's a much better debate as far as patients and doctors are concerned than arguing about prevention versus care.

Providers – and I'd like to speak on behalf of many of them, doctors, nurses and community health workers – who work in places like Haiti or Rwanda or the slums of Lima, which you saw in the PBS special, we need help. You have to give us docs and nurses a hand. We need help with food, school fees, clean water, and poverty alleviation in general. Doing the right thing for people living in poverty and facing disease will allow us to start a virtuous social cycle even if we began by attacking AIDS, tuberculosis, malaria or maternal mortality. And that's where we are today, that's the world's great gamble, and we've already cast the die creating institutions that are – and foundations that are going to put billions of dollars into the health problems of the poor finally. And if we want these dollars to be invested wisely we have to link our projects to rebuilding health systems, to poverty alleviation and to food security. We need of course to

continue investing in basic science and product development. With adequate resources and attention we can, I am confident, I am optimistic, manage to work on all of these levels at once. So let's cheer up and get going. Thank you very much.

UNIDENTIFIED PARTICIPANT: Thanks very much, Paul. Our next guest is Rick Warren (ph). Pastor Rick, as he is known, is the founder of the Saddleback Church in Lake Forest, California. He is even better known as the author of "The Purpose-Driven Life" which teaches us that meaning and life comes through God's purposes. His book has sold more than 26 million copies, it is the best-selling hardback in U.S. history, and among its fans is the President of Rwanda who has invited Rick to his country to help develop and implement a comprehensive plan to eradicate disease and poverty and in effect to bring Rwanda into the 21st century. For the past two years Rick Warren (ph) has been testing a prototype of church-based health care with 4,500 volunteers in 131 countries. And just yesterday he commissioned another 15,000 volunteers around the world to help in this effort. Ladies and gentlemen, Rick Warren (ph).

RICK WARREN (ph): While you're clapping why don't we express appreciation to "Time Magazine" and Bill and Melinda Gates for pulling off this tremendous conference. Thank you.

In the 1960s JFK stood up and he said to the whole world we're going to the moon. Everybody knew that when that happened it was technologically impossible. The science had not been invented yet, nobody could even – we didn't even have the ability to go to the moon. He just said we're going to the moon. You should never – discover difference between, know the difference between what is a problem solving decision and what is a decision-making decision. Never confuse the two. He said we're going to the moon and now we'll solve the problems. And if we can go to the moon we ought to be able to solve this problem. And as Jim said earlier, Paul and I were invited to come and speak on a reason for optimism.

Let me start with the problem. I believe that there are five fundamental giant problems in the planet. The first is spiritual emptiness. People are looking for purpose. The second is ego-centric leadership, which is the cause of all the other problems. Leaders that think that they – leaders that think that the followers exist for them rather than vice versa. There are little Saddams everywhere, in every business, in every church, in every government, in every academic setting, in every home owners association. You notice this. You give a guy a little bit of power and all of a sudden he turns into Stalin and he's trying to run your life. And that kind of self-centered and even corrupt leadership that Paul talked about has kept a lot of people in poverty and a lot of people sick. Spiritual emptiness, ego-centric leadership. Poverty. Half the world lives on less than $2 a day. Pandemic diseases. What is unconscionable to me, folks, is that most of the diseases that people are suffering from today we figured out the cure for in 19th and 20th century. It's the 21st century. Three hundred million people will get malaria this year. Folks, we figured that one out in Teddy Roosevelt's administration. I mean, 3,000 babies, 3,000 kids will die of a – of a mosquito bite today. That's unconscionable. We know the cure for typhus, for yellow fever, for measles, for mumps, for polio, for leprosy. We know – we know how to prevent water-borne eye diseases and the number one killer, diarrhea. We just don't have the courage, the confidence, the conviction, and the leadership to say enough's enough. We're going to stop this, we're not going to go one more day with this going on. Pandemic diseases. And the fifth is illiteracy and a lack of education. Half the world is functionally illiterate. How are they going to make it in the global economy if they can't read or write?

Now, up until this point we have failed at these five issues. The United States has failed, the United Nations has failed, multi-national corporations have failed. So why am I optimistic? Because the solution is already in front of our eyes. You see, the problem I believe is not a lack of money. Money flows to good ideas. It always flows to good ideas. The problem is not medicine. We have meds. If we – and even if we didn't have the meds, if we had them we wouldn't be able to distribute them right now. The problem is not money and medicine. The problem is, in my opinion, motivation and distribution, being able to distribute it around the world. You see, I believe that it's going to take three different sectors to take on this global health crisis. There's the private sector, there's the public sector, and there's the faith sector. There is government, there's business, and there's religion. I'm absolutely convinced that you cannot do it with one sector or even two. I believe that each has a role. Government has a role. It has permission-giving abilities. As Jim said, we've been working in 131 countries. I've actually trained leaders in 162 countries over the last 25 years. And, believe me, governments can either make it difficult or easy for you.

So the government has permission-giving abilities. Business has expertise and they have capital. But congregations have something that neither business nor government will ever have. Number one, they are the greatest distribution network in the world. And, number two, they have the greatest army to be mobilized the volunteers. I could take you to a million villages around the world that don't have a clinic and never will, don't have a doctor and never will. We will never have enough doctors to solve the health crisis. It has to be done by lay people, by normal, average, ordinary people teaching health habits and things like that. There will never be enough teachers to solve the education crisis. There aren't enough superstars in the world to get it done. It's got to be done by ordinary, average people.

And you have to have a distribution network. Well, as I said, I could take you to villages that don't have a clinic, don't have store, don't have a business, don't have a hospital, don't have a fire department, don't have a post office. But they've got a church. In fact, in many countries the only infrastructure that is there is religion. It is the only infrastructure that is there. What if in this 21st century we were able to network these churches providing the expertise and capital of business, the permission-giving of governments, but the manpower in local congregations. Let's just take my religion by itself. Christianity. 2.1 billion people claim to be Christians in the world. OK, if just half of those were mobilized that would be a billion people. That's bigger than China – or almost as big as China. The church is bigger than any government in the world. Then you add in Muslims, you add in Hindus, you add in all the different religions, and you use those houses of worship as distribution centers, not just for spiritual care but health care. What could be done?

And not only that, they've got a motivation. My religion teaches me love your neighbor as yourself. That's my motivation. That's why I'm doing this. Now, frankly, I don't really care what motivation you do as long as you're saving a life. You may have a political motivation. To be truthful, good health care is good public policy. I don't know if you've figured it out, but when you help somebody get well they like you. So it's good foreign policy to do health care. So there may be a political motive it. Or you may have a profit motive. There's nothing wrong with a business doing good and making money at the same time. But whether your motive is personal faith or profit or politics, why couldn't they work together to get the job done? That's what we're doing in Rwanda right now. We're doing a test case in a very small country where I spent three days training about 800 religious leaders and then two days training all of the main business leaders of the country and then a couple days with the parliament and the president and his cabinet, trying to figure out a way, well, could this be possible. How could it work.

The reason why I'm optimistic in spite of all of this is because I see two things. First, I see a – how would you say it? – a greater cooperation than I've ever seen before. People are concerned. The fact that "Time" is doing an entire issue on this is incredibly great. But there's greater cooperation. You just look at the people on the participants list of this event. You've got it all over the spectrum, people you'd never get together for anything else. You see, when you start talking about poverty and education and health care, those aren't religious issues and they're not political issues. They are essentially human issues. And if you're human you should need to care about it. And so I see this greater cooperation. The other thing I see is I see an army of compassion waiting to be unleashed. If anything the tsunami and Katrina and Rita taught us is that churches can do it faster, quicker, and better than the government. They can. They were the first in and they'll be the first – the last out. I actually knew about the tsunami in Southeast Asia before most people in America did. I was up at 4:30 in the morning on a computer, pastor of the largest church in Sri Lanka, a Presbyterian (ph) church, sent me a note. He said we've just had a earthquake. He said it's so big I'm sure there's going to be a tidal wave. We got on our network of the 400,000 churches I've trained around the world, we released those churches, to them to get going, and we had teams headed for the coast before the tidal wave hit. That's fast.

The problem was that later on all these resources were lined up at the docks and they couldn't get in to share them. They didn't have any resources. Government has a role and business has a role and churches, houses of worship have a role. I think it's time to go to the moon, and I invite you to go with us. Thank you.

UNIDENTIFIED PARTICIPANT: Thank you, Rick. Now we are going to hear from Anna Deavere Smith. Ana is a playwright, author, and actress. Her work has earned her an Obie Award and Pulitzer and

Tony Award nominations. She's a keen observer of the world around her and the people who inhabit it. Her work has been described as a blend of theatrical art, social commentary, journalism, and intimate reverie. "The New York Times" called her the ultimate impressionist. She does people's souls. She's recently returned from Africa. And, Ana, we are delighted to have you with us tonight.

Anna Deavere Smith: Thank you very much. Thank you. Well, I speak in characters usually, but today it's just going to be in words. I've just come off the road. I was in Africa and then in New Orleans. And so what you're going to see are the very, very stages of a work that I'm working on called "Let Me Down Easy," which is about the things that our bodies are vulnerable to. And my grandfather told me when I was a girl that if you say a word often enough it becomes you. And so that's what this process is all about. These are tape recordings of three different people. The first is a man that I met in a forest Uganda where I went to visit a school where traditional healers meet through an organization called Prometra, and the idea is to use traditional healers as a way of educating communities about HIV-AIDS. So in this little segment, which I call "A Pot With Holes," because I think that people speak in organic poems, in this little section he is holding a pot with holes.

Mr. Sekagya – Dr. Sekagya, in an African way I would like to welcome you, now welcoming you, you are most welcome. From the heart you are most welcome. And this is a pot. This is a pot. First of all, I would ask you to assist me. Tell me, what is this, is this a pot? What is the purpose of a pot? Can this hold water? No. No. So is it a pot? How would you say it is? What is it? It is a pot with holes. Exactly. Now, this is a pot with holes that serves a lot of – that serves our philosophy, which is in African culture an African philosophy. This pot is very significant utensil. It holds – it is meant to hold liquid, and more specifically water. Water in Africa is very significant. Water is therapeutic, water is life, water, water cleanses, both spiritual and physical cleansing. So water has a lot of value. Now, this pot does not hold water because of the holes. Now, what is more plenty about this? Is the hole much more than the clay? Is the hole much more than the clay? The clay is more than the hole. But the significance of the hole outweighs the clay. Meaning traditional medicine is like a pot with holes. Traditional healing has served Africa for a long time. It has fault, it has some small problems. You get it? It has been mishandled. It has not been defined properly. It has been abusive. There are malpractices. When a healer wrecks (ph) a woman, the blame goes to the medicine of – then to the person. You get it?

Now, we think with AIDS as a new disease, traditional healers might not be having the right message. We believe healers are the right messenger, but they lack the right message. So in for matter (ph) we are saying we shouldn't break the pot because it has holes, let us fill the holes such that the pot serves its purpose. It's a very big task. You cannot block all these holes when you are alone. Let the politicians put the right laws governing traditional medicine, let the researchers come and research into traditional medicine, let the play-writer, actors come and write a play, write a good play about traditional medicine. They should have blocked the holes. They would block the hole. Western science has a lot to contribute towards blocking the holes. Everybody, let them contribute in their own field by blocking that hole. And that we normally symbolize it by saying, please, let us contribute one finger. We Prometra, one finger to block the hole. Please, come and contribute one finger to block the hole.

And so to me – to me – to me what you are calling optimism comes from a greater pursuit of more cross-cultural interactions. What interested me the most about being at that traditional healing school in the – in the forest was I was tape recording them and filming them and they were filming me. And afterwards when we all came together to end the day the questions that they had were so full of the appetite of discussion and collaboration. And so I think that there are many opportunities for us to put our fingers in that pot.

Then in South Africa I saw something that gave me what you would call optimism about a new dimension in caring, a new idea of empathy. I met Trudy Hale (ph), who directs the Chance Orphanage outside of Johannesburg, one of the few orphanages that takes care of mostly, almost all orphaned – AIDS orphans and children who themselves are – have HIV-AIDS. So this is called "Don't Leave Them In The Dark." And I met Trudy (ph) through Charlene Hunter Galt.

They don't know this. That is how I see it. They don't know that they're dying. They just feel very sick. And the older children, the 12-year-olds and the 14-year-old that they – that we've got here, we sit and listen to them the whole time, we talk to them about this. We had one child, Nonza (ph), that was here that Charlene from CNN knew Nonza (ph) very, very well. And I sat with her for days and hours and tell her about the virus and tell her about their symptoms. She knew that she was not going to make the weekend. She came to see me that Friday afternoon and she said to me that her mother was – her mother had visited her the night before. Now, I knew that her mother had passed away about six years prior to that. So I sat her down and I said to her, well, what time – what time did your mother visit you? And she said it was late at night. And so I said to her, I said I'm so glad your mother's visited you. If you see your mother tonight again, she comes and visits again, you must tell her – I said thank you very much that I could look after you so long. And she said, no, she will. And the next morning, the Saturday morning I came in here and she was sitting on the stairs and she said, you know, mother visited last night again. And her mother said that she must pick all her clothes, she's coming to fetch her, she's going home.

And I promise it was – and I walked up and I said, listen, did you tell your mother I said thank you very much? And said, yes, and my mom said thank you very much. When I got into her room all her clothes were picked, she was in plastic bags and she was waiting for her. That Sunday morning about 3:00 o'clock she passed away. And I made sure I bury her next to her mommy. So her mother came and fetched her and she was prepared for it. She knew she was going to die, she knew she was 12 years old and she was thin, she was sick. She was quite ill at that stage. But she just knew that she was going to die, and it's not as bad thing. All her stuff was packed, all her teddy bears were packed, and she took everything – her clothes, her teddy bears. We took everything and we put it in her coffin. And, you know, when they're dying, you know, they ask questions like what happens when I'm dead. And then they ask about God and they ask about it, can I come and visit you again after we're dead, can we come back to Chance when we're dead. That type of thing.

So I say to them, I say, you know, I say you will always be in my heart even if you've passed away. You're always in my heart and you'll always be with me in any case. You know, so that type of thing. And eventually when they pass away they've got this peaceful lovely little face. And you just got to work with it. Don't leave them in the dark. Don't leave them in the dark.

And that's Trudy Hale (ph).

And believe it or not I build on that, that very idea of the lovely little faces and you've got to work with it to answer the question about my case for optimism. But I first have to do that, I have to first differentiate for you between hope and optimism, because I think there's a difference. And this is someone some of you know fairly well, Cornell West (ph). Do you know Dr. Cornell West (ph), the scholar? So he was talking a lot about despair a few ago, and I went to ask him why he was using that word so much. And this is what he told me.

I use the language of decline, decay and despair rather than doom, gloom and no possibility because I think any talk about despair is not where you end but where you start. And then the courage and the sacrifice come in, but at the level of hope, not optimism. Optimism and hope are different. Optimism tends to be based on the notion that there's enough evidence out there that allows us to think that things are going to better, much more rationale, deeply secular. Whereas hope looks at the evidence and says it doesn't look good at all, says it doesn't look good at all, says we're going to make a leap of faith, go beyond the evidence and attempt to create new possibilities based on Jesus that become contagious to allow us to engage in heroic actions, always against the odds, no guarantees whatsoever. That's hope. That's hope.

I'm a prisoner of hope, though. I'm a prisoner of hope, going to die a prisoner of hope. Never believe that misery and despair have the last word. You know, one of the reasons I've spent so much time with Chekov – and Tolstoy, much more nihilistic than Dostoevsky – but what I love about Chekov – the greatest artist of the 20th century, brother Anton – only had a few plays till 1904 then he's gone – but like black folk he is able to get at the depth of a level of sadness and sorrow and agony and anguish and boredom and horror (ph) and stay there. He don't skip over. And the reason that he's comic rather than tragic is he allows himself to linger long on the different manifestations of sadness and sorrow.

And it's at that point when we're lingering long, when we're lingering long on the different manifestations of sadness and sorrow that I actually see the frame for my case, my image for the picture of hope. And that I found – the last thing I will say – just this weekend in New Orleans. My new play is going to called "Let Me Down Easy." But if it – if it were just about New Orleans it should be called "Grown Men Crying," because that's what I saw there. White men, black men, of different stratas of society, crying. And I was most pleased to meet Michael Pearlstein, a reporter for "The Time-Picayune," who said it all. He said, you know, sometimes you just – if you have to pick up a baby you pick up a baby. You just put your reporter's notebook in your back pocket and just pick up a baby. And to me where the hope is, is the extent to which many of you in this room and the people we just heard are stepping just outside of their roles to do whatever they have to do to put a – put a finger in that pot with holes.

Thank you so very much for everything you're doing.

UNIDENTIFIED PARTICIPANT: Ana, you're amazing. And, Rick and Paul, thank you very much. I told you it wouldn't be your ordinary kind of public policy conference. It's been an invigorating start to the program. We have more of the same as we move on these next two days. And so with that it's my pleasure to invite you to the opening reception and dinner. The reception begins right now just outside this room in the atrium, and we'll get into dinner just about 7:00 p.m. Thank you.

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