

**TIME Global Health Summit
Press Conference – Rick Warren
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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.

[START RECORDING]

Female Speaker: Ladies and gentlemen, thank you for standing by. Welcome to the TIME Global Health Summit conference call. At this time, all participants are in a listen-only mode. Later we will conduct a question and answer session and at that time, if you wish to ask a question, press "Star One" on your touchtone phone. The host has requested that you limit yourself to only one question. If you should require assistance during the call, please press "Star, then "zero." And you will now join the host in the conference auditorium, and you will hear background sounds until the conference begins.

Eileen Naughton: Hello, good afternoon, everyone I'm Eileen Naughton. I am the president of TIME Magazine, and on behalf of TIME and all of us at

TIME Magazine, I'd like to welcome you to the Global Health Summit. The crisis in global health is a challenge for all of us, and that's why we're having this conference. And that's also why we've produced a special issue on global health, which I hope you've had a chance to see if not to read completely by now.

The TIME Global Health Summit will inform and engage Americans from all sectors on international challenges to public health and what you can do to help. We're here to highlight heroes and solutions at the same time as we inform Americans about the crisis. While it might seem unusual to have the faith community open a conference about global health, it shouldn't for two reasons: first, faith has long been one of the primary motivators for Americans to get involved in the fight against global disease; and second, the faith leaders assembled here are great communicators—great communicators—some of them quite significant book sellers, with experience at connecting and empowering Americans on global health. You'll hear from Bishop Machado and Reverend Randy Day, leaders of the United Methodist Church in Africa and the

U.S., who are announcing a new effort to use communication technology to save lives in Africa. Pastor Rick Warren, who TIME continually lists as one of the most influential people among evangelicals, and really one of the most influential communicators, is someone who does just what this conference is about: informing and engaging and even inspiring Americans to action on global health. Dr. Warren is the founder of Saddleback Church, located in Lake Forest, California. He founded the church in 1980, and today is has a congregation of 22,000 weekly attendees. He leads The Purpose-Driven Network, a global movement of churches in 162 countries, and has trained over 400,000 ministers and priests worldwide. His works have been translated into 50 languages, and his latest, *The Purpose-Driven Life*, has sold 25 million copies. According to Publisher's Weekly, it is the best-selling hardback in American history. So with that, I believe, I welcome you up to the stage, right?

Dr. Rick Warren: Thank you so much. Wow, after that intro, I can't wait to hear what I'm going to say. Thank you for coming to cover this conference.

It's going to be a very important conference. I think, looking back at the end of the twenty-first century, I think this will be a historical hinge point. I believe it with all my might.

I think that there are five giant problems in the world. I call them the Global Goliaths. They are spiritual emptiness; people lack purpose. They are egocentric leadership, which is the cause of so many other problems, extreme poverty, pandemic disease and illiteracy. Half the world lives on less than two dollars and half the world is functionally illiterate. Now these problems affect not just millions of people but billions; billions of people. And to date, everybody's failed at solving them. The United Nations has failed, the United States have failed, multinational corporations have failed.

But I'm very optimistic. And I'm very optimistic because I think there is a new passion, and there's a new partnership that is arising. There's a new conviction and concern about these issues, particularly global health, and there's a new cooperation. And if you don't believe that, just look at the list of participants on this next

couple of days because you've got people from every angle, every different spectrum, who are coming together to say, "Look. Let's work on the stuff we can work on together." And one of them is global health.

Now I'll just let you in on my bias. I believe that the solutions to global health are not money or medicine alone. We've got plenty of medicine, and we've got plenty of money. Money flows to good ideas. What is lacking is motivation and mobilization. Those are the things that are keeping people both in poverty and in poor health. What is unconscionable to me is that we have billions of people dying and suffering from diseases that we found cures for, at least how to prevent, in the nineteenth and twentieth centuries, and it's the twenty-first century. We need leadership that says, "Enough is enough. We're not going to let this go on anymore. We're going to stop this." We need some leaders who will say, "We're going to the moon."

When John F. Kennedy said, "We're going to the moon," it was physically and technologically impossible to do it. Everybody knew it was an

impossible goal. It had never been done. But Kennedy did not confuse the decision-making phase with the problem-solving phase. He said, "We're going." And then they began to solve the problems. And I think it's time for a group of leaders to say, "We're going to eradicate these diseases that we already know." Three hundred million people suffer from malaria this past year. We found out how to cure that and how to prevent it under Teddy Roosevelt's administration. Why is this still going on? Three thousand children will die every day from a mosquito bite. That's unconscionable.

And so the problem is not money. There's plenty of money. As I said, money flows to good ideas. And the problem is not even medicine. If we had a cure right now for AIDS, which we don't, but it is an almost totally preventable disease because it's behavioral-based. You don't get it out of the air. And so we know how to prevent it. And still, if we even had a cure for AIDS and for a lot of other vaccines, we could not deliver them on the existing distribution channels.

So what's it going to take? Well, later on I'm going to talk about, in one of my sections,

about the cooperation between the private sector, the public sector and the faith sector, or in other words: government, business and churches. And we're actually working on this. I've had quietly, under the radar, we've been working on a thing called the Global Peace Plan in 131 countries for the last two years. And we're actually going to go public with it here at this conference.

But it's going to take four things. And I'm going to stop at this because we want to have lots of questions. It's going to take courageous leadership, it's going to take universal distribution—and by the way, the only way that will happen is using churches. I can take you to a million villages around the world that don't have a clinic, don't have a post office, don't have a hospital; never will, but they've got a church. It is the biggest distribution center in the world. And it also has the biggest number of volunteers. Just in Christianity alone, not counting Islam, Judaism and Buddhism and all, in Christianity alone there are 2.1 million people who claim that name. What if just half of them were mobilized? That's bigger than even China. So the issue is mobilizing

manpower, universal distribution, and then long-term motivation. And there's a motivation, and it's called love.

Now one of the guys who's doing a good job at this is Bishop Machado, United Methodist Church bishop from Mozambique, who has had a very successful program in reducing malaria. And I would like to introduce him. Bishop?

Bishop João Somane Machado: Thank you. It is really difficult to talk about malaria. A person who had more than 85 times the disease of malaria in his body. It's very difficult. And the one who are still see children dying every day. We're still seeing the hospital full of children. Sixty-eight percent of the internalment [ph] in Mozambique, for example, is only malaria. And I want to just say that what we need is just education for the people, which [inaudible] like that, community of writers for example, we can educate the people in Mozambique, telling them about how we can prevent malaria. It's something very simple. You not make [inaudible], and then the family can come together and hear in their local language how to prevent

malaria. I ask my [inaudible] only to be united because this is not African issue, is not only for the poor country issue. It's global. We need nets, bed nets, treated nets. And I thank the United Methodist Church because they are involved in worldwide [inaudible]. We have our generous Reverend Randy Day, who is leading the church in all over the world to work against malaria. Our communication department in United Methodist Church, they are trying to help with giving skills to bishops and the parsons [ph] how to educate the people of this disease.

Just in 2004, in Mozambique, 4,000 children died by malaria. Last year. And as you know, we are in the cross [inaudible] of Africa, and then we are in the Indian Ocean course. And all the rivers from southern Africa come to Mozambique. And then we are in the valley. When rain comes, more producing of mosquitoes on our country, especially in the [inaudible].

I want to close by saying that we are together, praying, fighting against AIDS. Why not against malaria? Malaria is possible to end. I know it's possible. We need only people who know

that we are one world. We need to fight against these—in one side, the HIV is killing young people. In my country, 500 young people each day they are catching AIDS. Each day. And then in others, like children from zero to five years old are dying. What kind of future will we have? This is my question. When we talk about poverty, we talk about fighting poverty, we need these young people tomorrow, these children who are dying today to have the skills for tomorrow.

Again, I want to say this is our problem. Not African, not Latin American or Asian problem, it is a global issue. And I want to ask my generous fellow, Reverend Day, to say something about the program of United Methodist Church. Thank you.

The Rev. R. Randy Day: Thank you, Bishop. I just wanted to agree with both of my colleagues here, and to say that the health crisis in Africa is really a problem for those of us who live in the United States, which includes not all but a good part of the United Methodist Church. And we believe that God is calling us, especially those of us who live in the United States, to do everything that we can

to improve the health of those who live in poverty in Africa.

I don't often cite a lot of statistics, but it's important for us to understand the scope and the seriousness of malaria in the world and in Africa in particular. And the numbers are indeed staggering. Forty percent or more of the world population has malaria. But then understand that of that, 90 percent of all of those persons live in sub-Saharan Africa. So of the one million people that die of malaria each year, 900,000 live in Africa. And that's really quite staggering. Malaria's the cause of the deaths of one fifth of all the children under five. So one out of five, under five, die of malaria in Africa.

Now these are the chilling facts, if you will, about the magnitude of malaria, which both of them have touched on. But also we believe that it's very important for all of us in the church and in the society to understand the very sobering reality that is: no one, absolutely no one needs to die of malaria in the world today. Malaria is not an Africa problem; malaria is a world problem. And we believe that we have a moral responsibility to stop

this preventable disease.

So the general board of Global Ministries of the United Methodist Church will be in Sierra Leone the first week of December for a pilot project on malaria. We've invited persons from a number of neighboring countries: Liberia, Nigeria, Cote d'Ivoire, Guinea, the Democratic Republic of Congo to also be there with us. We have the infrastructure in Sierra Leone, and also the rate of malaria is very high there. We will be working with the churches in that country and then in other countries in Africa. We've been present in Africa with our colleagues for more than 150 years.

The church, as Rick pointed out, has the infrastructure. We have the clinics and the hospitals. We have the schools, we have the church buildings, and we especially have the people. You know, often in the NGO circles—we're an NGO also with our United Methodist Committee in Relief, we talk about grass roots infrastructure. And that's fine; it's a good term. But those of us who are pastors know that we're really talking about congregations. And we have all the congregations, along with the hospitals, the clinics, and we have

the people, especially the people. And the people in Africa have the will to save the lives of their children. So now we have the chance to be in a partnership.

So we are inviting other persons: churches, individuals, other organizations in the United States, to join us, to partner with us. There are all kinds of things to do, such as getting mosquito nets, and the radios that don't need the batteries, the ones that are solar powered or wind-driven. You can pick those up, they cost about \$30 each. A mosquito costs about \$5. Now you can get a whole kit for a radio station, which is especially important in the rural areas—much of Africa is rural—for about \$18,000. All of this will help communicate in terms of how to prevent the disease and do this as a community-based effort.

We feel there's an urgency in all of this, and as soon as we finish the pilot program in Sierra Leone, we're moving into Liberia, Nigeria, and we're going to Angola, Mozambique and Zimbabwe. The urgency is there because every 30 second, a child dies of malaria. So just since I've been talking nine kids have died, seven in Africa.

So we thank TIME Magazine, we thank the Gates Foundation. This is an incredible moment for raising the public awareness about this. And we believe, we have a can-do attitude, that we can save the lives of those children. Thank you.

Male Speaker: We will now entertain questions. Please identify yourself and your news outlet and give them the question [inaudible].

Frederick Wright: Hello, my name is Frederick Wright, and I'm with the AIDS Institute and we're actually podcasting this, a new communications tool connected to the radio. And we, Pastor Warren, I'm taken aback by your spirit of hope, and the ability to bring the church together because I'm sure your particular statements about the church include everybody in the community and outside the community. But I do have a question following malaria treatment on DDT. It was used successfully in Panama, used successfully in South Africa. The bed nets that Dr. Jeffrey Saxe is calling for, the 500 million bed nets are important. But do you think DDT has no place in malaria control anymore,

or can it be used in a responsible way?

Dr. Rick Warren: Oh, I personally have no doubt it can be used in a responsible way, without a doubt. And the issue, when lives are at stake, I'm in favor of anything that saves a life, without a doubt. And yes, it can be used in a responsible way.

The Rev. R. Randy Day: I pretty much agree with that. I want us to be sensitive to the environment, but South Africa, I know that they've reintroduced DDT and their rate of malaria has gone way down. So I think we need to look at all the options. When we're talking about the mosquito nets, we're talking about insecticide-treated mosquito nets. Right now you have to treat them every six months, but one of the newest things that's come out, you can do one of these treatments and imbed the insecticide in there and it's good for five years.

Dr. Rick Warren: Five years?

The Rev. R. Randy Day: Yeah. When your baby is born, give them a net at the hospital. You can save

that child as long as that child sleeps under—you can't do it five nights a week—but seven nights a week for five years, you've covered that one child. So there are some things that are breaking that are very promising.

[Inaudible] Davis: [Inaudible] Davis, ABCNews.com. I'm just sort of confused. Bishop Machado, how are you connected to the two other gentlemen? Are you going to be benefiting from the new program in December, or are you already working on containing your country?

Bishop João Somane Machado: Our United Methodist Church is a global church. I am connected with him because I am Bishop of United Methodist Church. And in Africa we call central conferences, which will have a bishop in many countries, bishops who are—and the project is a project of United Methodist Church. He is only someone who is make coordination and a start in Sierra Leone and then come down into southern Africa.

Tony Carnes: Yes, my name is Tony Carnes; I'm with

Christianity Today. This is for Rick Warren and anybody else who would like to comment. You say that we need motivation, mobilization, but part of mobilization might apply to what we are willing to use. And there's a controversy over how to approach the AIDS epidemic in Africa, whether to use abstinence programs or condom programs or something like the Ugandan program. I was wondering if any of you gentlemen have a comment.

Dr. Rick Warren: My personal position is I will use whatever works. And with people who don't want to use condoms, if there's certain people who have religious beliefs on that, well then I will work with them in other ways. Those who will use them, and I'll encourage them in that, too.

I think the bottom line is again just mobilization of—these issues of poverty and disease and illiteracy and things like this, and all of the global health concerns, they're not religious issues. They're human issues. And so why cannot people, even with differing religious views, agree on these? I don't know anybody who doesn't want to save a person who's sick. You know, Nancy I see

here is from TIME. But if you haven't read this issue, you really ought to read the issue. But there's a quote in here that Nancy gives, and she says, "To combat the global health problem, we need an army as nimble as a virus, as huge as hunger and as brave as a Marine." Amen. Amen. You know what that means? It means it's going to take all kinds. It takes all people working together on this.

The motivation part, I am not—I'm coming from the fact that Jesus said, "Love your neighbor as yourself." So what motivates me is not politics or profit or anything else. What motivates me is: love your neighbor as yourself.

I am not opposed to a company making a profit while they're doing good at the same time. I mean, that's fine with me. In fact, in terms of politics, I think global health is good foreign policy. You help people who are sick get well, they become your friend. I don't know if you've noticed that or not, but that's how you make friends. But to me, the issue is not politics or profit. The issue is passion. Do we really care about our neighbor and love them as ourselves?

Female Speaker: [Inaudible]

Female Speaker: We do have a question from the phone line. It's from Anne Rogers from the *Pittsburgh Post Gazette*. Please go ahead.

Anne Rogers: Somebody already asked my question so I will pass. Thank you. [Laughter]

Tammy Holden: I'm Tammy Holden from AllAfrica.com. Could you talk about what kind of plan you're developing to concretely relate congregations around the world to congregations in Africa, for example?

Dr. Rick Warren: I mean, that could have not been a better set-up question. For the past two years, in my own church, we have been testing a prototype of something we call the PEACE Plan, P-E-A-C-E. It's an acrostic that stand's for Partner with congregations, Equip servant leaders, Assist the poor, Care for the sick, and Educate the next generation. This PEACE Plan, we've kind of kept it under wraps until today. You may have heard about it; once it got mentioned in TIME earlier this

summer as something we're doing in Rwanda.

But I have had 4,500 members of my church in 131 countries working on this PEACE plan for the last two years. And we've been working on a prototype: can average people, normal, ordinary people who are busy just like you and me, they go to parties, they go to school, they go to work. Can they take a week out of their lives and make some kind of difference? And how can you make it so simple that anybody could say, "I could do this." And we are now doing this PEACE Plan and actually this weekend at Saddleback church I commissioned over 15,000 PEACE ambassadors out of my church who committed to go overseas in the next two years. That's 15,000 people. That's just one church.

Now we're going to take this to the hundreds of thousands of other churches that we've been involved in training in our network. We actually set up a three-campaign system. You may have heard of one of them. I'm trying to move the American church from self-centered consumerism to unselfish contribution. But to move a church from here to here, how do you get them? Well, we've done actually three things. We have a Forty Days of

Purpose campaign which now ten percent of American churches have gone through. Thirty thousand churches have gone through the first campaign. That's the first module training.

The second one is called "Forty Days of Community," which reaches out into your community and you practice it in your own community. When we did "Forty Days of Community," we fed every homeless person in Orange County three meals a day for 40 days. That was 42,000 people. So it was 126,000 meals a day, and we did it for 40 days. It took about 9,300 volunteers.

And then the third one is Forty Days of Peace. And as we move these churches through, we are mobilizing them to make a difference. I've asked every one of my small groups—we have 3,000 small groups in our church—to adopt a village. And they go in and they find a man, a person of peace, and they do the PEACE plan. I'm not trying to get into the details of that, but you asked a great question.

Male Speaker: [Inaudible]

Dr. Rick Warren: Yes it is.

The Rev. R. Randy Day: I might just add very quickly that we're one of the most connected denominations globally. We're the third largest denomination in the United States, so we have bishops and superintendents and pastors. We have all kinds of teams going from one country to another. And we have tens of thousands of volunteers moving from one country to another. I think the challenge would be to invite more doctors, nurses, those in the medical profession, to come forward, maybe some who have recently retired. We would invite you to contact us, contact others. Dr. Cherion [ph] Thomas is a doctor, a full-time doctor on our staff, and we would happily like to connect more of the medical people in Africa and medical people here in the United States.

Female Speaker: Inaudible.

The Rev. R. Randy Day: All right. Thank you.

[END RECORDING]

