

TIME Global Health Summit
More Heroes
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Heroes:

Kimberly Chapman, Director, Carolina for Kibera, USA

What would we do without the passion of college students? While still a student at the University of North Carolina, Rye Barcott traveled to Kenya and became interested in the sprawling and violent Nairobi slum of Kibera, which receives no city services. He started a soccer league for the youngsters of Kibera with an unusual requirement—before each game they had to pick up trash in the neighborhood. The soccer league became the flagship program of Carolina for Kibera, a not-for-profit organization Barcott started in 2001 while still in school. He is now serving in Iraq and so Kim Chapman will share the Caroline for Kibera story.

Peter Okaalet, Africa Director, MAP International, Kenya

With degrees in both theology and medicine, Peter Okaalet believes that churches and church leaders have been a largely untapped resource in the struggle against AIDS. But, sad to say, there's been a lot of antagonism between medical personnel and clergy in sub-Saharan Africa. Okaalet has broken through many of the barriers that have kept doctors and clergy apart with an innovative AIDS curriculum that is being taught in seminaries and Bible colleges throughout Eastern Africa.

Ram Kumar Shrestha, Senior Associate, Community Health and Nutrition Initiatives, International Science and Technology Inc., USA and Nepal

By the 1980s it was clear to doctors that a lack of vitamin A in the Nepalese diet was contributing both to the high rates of infant mortality and to a form of night blindness. All it would take to reduce both the eye disorder and the mortality rate was a cheap vitamin A pill swallowed a couple times a year. The challenge was education and distribution. Ram Shrestha returned to Nepal in 1991 just as the vitamin program was getting underway and offered his assistance. He thought of the grandmothers. They have both time on their hands to distribute the pills and the moral authority to see that the children took them. Since the 1980s, infant mortality in the country has been cut in half; the program is now getting the vitamin to pregnant women as well, among whom eye disease has plummeted from 23% to 3%.

Ezra Teshome, Member, Rotary International, and Representative, The Rotary International Polio Eradication Program, USA

If, as many health experts hope, polio is eliminated from the world in the next year or so, the Rotary Club will deserve a lot of the credit. Members from around the globe, including Ezra Teshome of Seattle, have helped to raise millions of dollars for vaccination programs and provide volunteers to help with mass inoculations. Teshome organizes annual trips to Ethiopia, the land of his birth, to help with vaccine campaigns there and to raise awareness among Americans who often have the false impression that polio is a disease of the 1950s.

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: Ladies and gentlemen, please welcome Glenn Close.

GLENN CLOSE: (INAUDIBLE), people come in during the course of this little section and you had a good evening in New York last night. It is my great, great honor to be here this morning to introduce our final group of heroes. I will start right now with Kim Chapman.

Kim is the Director of Carolina for Kibera. A colleague Rob Barcourt (ph) started a soccer (INAUDIBLE) in Nairobi (INAUDIBLE) that became the flash point for an organization that has raised the social high water mark for thousands of people in need.

In addition to her role with CFK, Kim has worked extensively with youth development and HIV-Aids initiatives in a number of communities throughout the (INAUDIBLE), Africa and Southeast Asia. Rob Barcourt (ph) is currently serving in Iraq. So Kim is here to share the inspiring story of CFK. Please welcome Kim Chapman.

KIM CHAPMAN: Good morning. Kibera is Africa's largest urban slum. Close to one million people live in an area the size of New York Central Park. You won't locate them on any map of Kenya or count them in any formal census.

These are voters and taxpayers but they are otherwise invisible. In fact Kibera does not officially exist and therefore receives no government services. Most you have seen first hand the overcrowding squalor, waste and crime that results from scarcity of basic resources, lack of permanent housing, clean water, sanitation, food, health care.

To complicate matters Kibera is separated along tribal lines. Six different ethnic groups live in this area and the division has erupted in a number of intense, bloody, ethnic clashes over the years. In each case of collective violence youth are the majority of combatants.

Carolina for Kibera or CFK uses soccer as a means to promote reconciliation and prevent future conflicts by engaging youths and creating leadership opportunities and public service. Our flagship program began with ten soccer teams and has grown to 200. They bring together players of mixed ethnicity on each team.

But in order to play in the soccer league youths are required to participate in public service campaigns such as community garbage clean up where youths literally comb the slums with rakes and spades, unclogging the trenches and picking up trash by the wheelbarrow full.

As an incentive teams can earn three points for a win in a soccer match and three additional points for participating in a clean up. As you can see from the photos, Kibera generates tons of trash every day. And CFK leads another effort called Toikanipato which in Swahili means trash is cash.

It engages youths in solid waste management and recycling programs where trash is sorted and stockpiled. Plastics and metals and organic food scraps are used to make compost. These materials are sold back to business and industry for profit. A kilogram of compost can be sold for ten shillings.

A few weeks ago one of our youth groups sold seven tons of compost. Binti Pamoja which means daughters United is a safe space for girls in Kibera to come together and raise awareness about the plight of young women. The Binti Pamoja Center uses photography, drama, newsletters and pure education to

create dialogue of the issues of concern to them such as domestic violence, rape, HIV, early marriage, stifling domestic responsibility.

Binti Pamoja is successful simply because it demonstrates what history has proven. When you give young women a voice you can upset the status quo. Finally CFK operates the Tabitha Clinic, a primary care clinic that serves residents of a slum on a sliding fee basis.

This remarkable story named after the late founder of Tabitha Festo, a widowed registered nurse who realized her dream of opening her own clinic from a grant of \$26.00 U.S., that Tabitha used to buy vegetables in Kibera, sold them for profit in another community and invested her earnings in a women's merry go around, a cooperative savings scheme.

Six months later Tabitha had saved enough money to open her own clinic that continues to provide basic health care and a home based care program for HIV-Aids patients. Our programs reach nearly 7,000 community members every year and we operate on a budget of under \$100,000 U.S. At this end CFK is an all volunteer effort. Our only employees are on the ground in Kibera.

So we keep our overhead low and we can insure that funding gets to the ground where it is needed most. As a small grass roots organization we really hope to harness the awareness and energy of this Summit to help launch our endowment campaign. If CFK can raise \$2.0 million for an endowment we can operate on enough interest to cover our annual operating expenses and insure financial stability for the foreseeable future.

It would enable us to focus our energies on program development and expansion rather than live hand to mouth on donor whims and shifting priorities of foundations. CFK's early success can be contributed to an unwavering commitment to a true model of participatory development where the community we work with identifies their needs, sets their priorities and manages their own budgets.

CFK is not about one person or one approach but is focused on ground up development, principle leadership, creative solutions with an eye towards sustainability and the basic understanding and respect that the residents of Kibera possess the motivation and ingenuity to solve their own problems.

As outsiders we can help by providing desperately needed resources, skilled development, training, networking, oversight but ultimately solutions to problems involving poverty are only possible if those affected by it drive development. There is a general need to view economic and social change in terms of empowerment of destitute but capable people who want to help themselves and their communities.

CFK is not a charity for helping the poor and we do not give handouts. The youth involved in our soccer teams pledge to abide by a fair play code which includes as one of its tenants that everything is earned because nothing is free. There is an unofficial motto you will often hear around our offices in Kibera that simply says "you do something, we do something, you do nothing, we do nothing".

We hope that CFK can help to promote a model for sustainable growth in other urban slum environments around the world where the incredible power of sports can be used to engage youths and promote leadership and public service. After all, kids play all over the world. And youth are arguably our greatest asset for tackling some of these difficult issues in global health.

I gratefully accept this honor on behalf of Carolina for Kibera with sincere thanks to Time Magazine, the Bill and Melinda Gates Foundation and the University of North Carolina at Chapel Hill. We never considered ourselves heroes in any sense and on a personal note it has been completely humbling to be recognized alongside the other honorees at this Summit, people that I have admired and tried to emulate but never imagined that I would share a stage with and not at this point in my life.

But as we have heard already, the real heroes of global health can be found around the world in communities like Kibera where people live on a dollar a day, maybe less, owe the world nothing and still get up every morning to try and make their communities a better place to live. Thank you very much.

GLENN CLOSE: Thank you, thank you Kim. Next we are going to hear from Peter Okaalet. Peter is the African Director of MARK (ph) International, Kenya. MARK (ph) fights sickness and disease by providing free medicine, improved water supplies and knowledge to communities in dire need.

He has degrees in theology and medicine and serves as a bridge between the voices of science and medicine and the entrenched ways of local communities. That is a critical dialogue. Peter Okaalet has proven himself a worthy translator, ladies and gentlemen, Peter Okaalet.

PETER OKAALET: Good morning. Today I have difficulty attending here because there are many who have done greater things than. There are people like Reverend Merrick in (INAUDIBLE) who from (INAUDIBLE) in Nairobi have brought knowledge and light to 350 of her peers. (INAUDIBLE) of Ecuador who is challenging cultural traditions (INAUDIBLE). Each of you (INAUDIBLE) here today likewise give (INAUDIBLE) to suffering using your gifts to lighten the darkness (INAUDIBLE) and give strength to bonds of humanity. Yet I am here standing before you as a medical doctor trained to first do no harm, standing before you as a minister trained in the teachings of Jesus who said to love one another as God does.

I could not have come here today but for the experience of holding the hand of a sick man. My family knew him very well and also knew his parents. A friend who was dying from AIDS because I was a doctor. The picture of him lying in frail on his bed comes back to me almost this day. I can still count his bones. My friend could barely speak. But his (INAUDIBLE) spoken words have weighed heavy on my heart since that time that I met him.

Before this man died he challenged me with a question. What more can you do to save my life? I told him I was doing all that I could using all the knowledge and training as a medical doctor. He told me I needed to do more. I prayed with my friend. I told me of my own faith (INAUDIBLE), of the promises of God and Abraham and the promises of abundant life through Jesus Christ.

Lacking afraid in a higher power, my friend could not see beyond his own existence. He was afraid. I was too. I felt like I was sent to rescue a drowning man yet not knowing how to swim myself and my friend died four days later. For two years this dying man's challenge (INAUDIBLE) in my heart. I needed to learn more. Could I have prevented his death from AIDS?

How could I have prevented him from contracting HIV? I cared for many patients have his experience but I was unsettled. I came to the conclusion that only faith could have comforted him in his last days so I accepted his challenge. After graduating with master's Degrees in Divinity and Theology, I found a chance full of judgment and (INAUDIBLE) compassion for people like by dying friend. I was still unsettled.

I witnessed (INAUDIBLE) of the love the AIDS wards of the hospital and waving hands to caregivers and their bedsides. God Bless You they would say and then they would walk away. And this was considered progress in Kenya then. By stigmatizing people who are living HIV and AIDS, the (INAUDIBLE) was doing harm adding pain to their sorrow.

I then joined (INAUDIBLE) many of you may not have heard of, MARK (ph) International, the medical assistance program. I joined MARK (ph) International in Kenya because it expressed the holistic vision of the fight against HIV and AIDS, a vision drawn from the Hebrew (INAUDIBLE) shalom and the Greek work sozo (ph), all of them implying total health, comprehensive health.

This concepts of (INAUDIBLE) wholeness and physical healing (INAUDIBLE) and a lot of MARK (ph) International that we conducted (INAUDIBLE) my head. At that time MARK (ph) was concluding a landmark (INAUDIBLE) in Kenya of (INAUDIBLE) attitudes to our HIV and AIDS. The study identified the (INAUDIBLE) compassion and passionate opinions about HIV and AIDS and these opinions were expressed without much knowledge. 97 percent of the (INAUDIBLE) knew HIV and AIDS was a problem in Kenya. 70 percent say there are people in their congregations who are living with HIV and with AIDS.

Over 60 percent had no training on HIV and Aids, neither did they know about sexually transmitted infections and diseases. My bible tells me we are people who lack knowledge, they will perish. From this research, a theological (INAUDIBLE) educational materials have developed to bring light where there was darkness. Today in Africa 1,000 seminary students and even more have been trained in the knowledge about HIV and Aids.

Through the development of this curriculum and as the program advances thousands of clergy are walking with the people living with HIV and Aids not walking by them but walking with them. Since the development of the curriculum and as the program advances, thousands of clergy continue to help those who are infected and are affected. But our agenda is still only beginning.

There is still darkness and ignorance out there. Yet, our purpose is very clear. We must empty our lives of judgment and fill it with compassion and knowledge. This is a journey of a thousand miles. You know this because you have already taken those steps. That is why you are here. You have a unique purpose to you're your gifts to bring knowledge, to help others comprehend the global health crisis facing our world today.

In our own professions and disciplines there needs to be a thousand more of you. There is only one (INAUDIBLE). There needs to be a thousand more, a thousand more Bonos willing to write beautiful songs brining messages of love and hope to humanity and the youth. A thousand more Christian Bomans willing and well informed to write stories about challenges of global health and hope in Africa. From here we must go and challenge humanity to comprehend and to care.

This means (INAUDIBLE) corporation and (INAUDIBLE) with people and of the (INAUDIBLE) who are different or no faith commitment. In every community there is an institution that is always present with influence and with resources. I call it to the Church. Some call it Mosque and still others call it the synagogue. In Kenya, MARKS (ph) International organization is working in cooperation and (INAUDIBLE) with Moslem leaders.

We have shared relevant biblical verses and then also this verse is from the bible points to similar ones in the Koran that speak of doing no harm but loving those who are infected and affected and expressing compassion towards them. The Islamic medical organization of Uganda working with the religious leaders and government has built a best practice in prevention of HIV and Aids which has also been recognized as best practice by UN Aids.

The first steps of our journey are happening. Comprehension and knowledge are spreading but in enough places. Cooperation is happening. Compassion is building and the commitments are there but not enough in people's hands. Yet in the United States, the (INAUDIBLE) billion dollar commitment made by your government and those made by other churches do humble me.

But let me ask this question. What would we do for the global (INAUDIBLE) HIV and Aids if you did not have money to send out there? There are a thousand answers to this question. Many of you would say I can offer prayer. This is what I did offer my friend in 1988 when he was dying. This is what I continue to offer him accepting his challenge in my own work.

Whether you choose to call it (INAUDIBLE) you are (INAUDIBLE) to bring attention to the global health needs of humanity in hopes of saving life is very much itself prayer. Why should we be here in this room if we are not involved in loving humanity the way the I believe God loves humanity? Call it what you will. I am pleased to join you n this walk. Thank you very much.

GLENN CLOSE: Thank you Peter. Next we are going to hear from Ram Shrestha. It doesn't take much to save the lives of sickly children, a little money, some medicines, the right food. In Nepal they have discovered one more factor, the power of the grandmother. It was Ram, a (INAUDIBLE) an international health specialist who figured out how to unleash it.

A one time Peace Corp employee he returned to Nepal in 1991 just as a vitamin program was getting underway and offered his assistance. Today, because of Ram's work there are 49,000 grandmothers distributing vitamin "A" to 3.5 million Nepalese children a year. Since the 1980s the infant mortality rate has been cut in half.

The program is not getting the vitamins to pregnant women as well and eye disease has plummeted from 23 percent to 3.0 percent. Ram, we are delighted to have you here today. Welcome.

RAM KUMAR SHRESTHA: Good morning everybody. I am from Nepal and in Nepal I was working for a non-profit organization called Nepal Technical Assistance Group which provides technical support to the Ministry of Health to implement community based programs and the national vitamin "A" program was one of them.

I have been involved in public health programs, after I graduated from Tufts University, a School of Nutrition in International Health. During my you know graduate course we were having a lot of discussion you know for primary health care, the role of community health volunteers are very important, very crucial.

Looking at all the program implemented in different countries it look like you know there is always barrier of factors these volunteers you know either not motivated or inactive or you know they get motivated certain period time when they get incentives and then again get de-motivated. All right. So we used to talk a lot about how we can do that. You know and that was my very much concern and I now (INAUDIBLE) to do some on that field.

So after graduation I went back to Nepal and started working in the national (INAUDIBLE) program because the Ministry of Health established this program because there was research in Nepal shows that if we give vitamin "A" capsule to a child 6 or 60 months you can reduce mortality by 30 percent you know.

That study was done by John Hopkins University and you know that was very much you know exciting for the government and they said let's go the vitamin "A" program because when in the condition Nepal has you know the poverty, all the sanitation environment and conditions right. Even you know it will take time to prove that. Let's go for vitamin "A" supplementation which can reduce the mortality.

So and the question was how to deliver vitamin "A": capsule you know looking at Nepal's you know geographical terrains from dry to all the way to mountain you know, how we could do that right. And there you know the possibility was using the volunteers which was established in Nepal in 1980 and as in other countries it was very difficult to you know motivate them.

You know because in the beginning the government gives some incentives and after that they didn't get anything so it was kind of dysfunction right. So our job was how to motivate this volunteers. What could be the strategies right? So what we did that we started talking to the you know volunteers mother's groups, committee members, the health (INAUDIBLE) people and see what are the you know the strategies we can use to motivate these volunteers.

And then finally you know we (INAUDIBLE) which can be used to motivate this (INAUDIBLE) of volunteers and we implemented vitamin "A" program (INAUDIBLE) in Nepal. The (INAUDIBLE) was (INAUDIBLE) and not it scaled up to the 75 to (INAUDIBLE) whole country.

And today, the vitamin "A" capsule in Nepal gets supplemented, a pill 9920s up to (INAUDIBLE) 9920s and that was actually you know started before polio campaign in Nepal and that is a different (INAUDIBLE) country than Nepal. And now that program mobilizes 49,000 volunteers all over Nepal.

The ward is (INAUDIBLE) immunity in Nepal. Every ward has one volunteer activist and this 49,000 volunteers that supplement vitamin "A" capsule to 3.5 million children in two days. So look at, look at the (INAUDIBLE). In two days 3.5 million mothers are in touch with a volunteer, with a health worker. See how much massive can be given and how much strength now the Ministry of Health has right.

And this program has been going on for more than a decade. All right, and the (INAUDIBLE) of the capsule is over 90 percent. So with this figure you know, this program saves almost 20 to 30,000 child's lives per year. And the cost if you look at that is not very high you know. In the beginning the cost was 0.32, 0.35 per child that that includes capsule and the program cost.

The program cost was very high because this program was orienting all the sector people, agriculture, education, health, local government, thinking health of the children belongs to all sectors not only health sectors. So this program wanted to have an ownership of the program to the all sectors not only health sector that was another duty of the vitamin "A" program in Nepal.

And so what is that meant? What has done? Not only the saving thousands of child's lives n Nepal, but it has developed a network throughout the country from dry all the way to (INAUDIBLE) right. That is one another duty of that. Another thing was it developed a self-confidence among the volunteers and if you look at that so this is how they distribute. So if you look at that, look at this volunteers, they are the volunteers who doesn't get any support, I mean any incentives.

But still you know they think this is their program right? And they have developed you know they are marching on the road and talking about their (INAUDIBLE). Before people were marching on the road for political parties. Right, now they are marching you know save child's life. Come and take vitamin "A" capsule, reduce child mortality. That was their slogan right.

So these kind of activities has really made this volunteers a very much motivated all right. And they also started planning right. They were not waiting for the health staff to come and tell them to plan. They used to sit there and say how they can distribute the vitamin "A" capsule with the support of the community people.

So, as a result of all this activity you know, self-confidence, ownership, you know the network, what happened the environment in Nepal at the community level was very conducive for the community based program. So as a result of that now you know 2.7 million children get (INAUDIBLE) in two days and imagine how much nutrient (INAUDIBLE) you know can be saved.

All and not only that now the Nepal has community based pneumonia program where the children get treated pneumonia at a community level by this volunteers all right. And that is saving thousands of lives. Not only the lives but remember like health (INAUDIBLE) you know the (INAUDIBLE) has also been decrees to this right.

So what actually all these things tell because a lot of people they ask me you know do you think a vitamin "A" is the solution right. But this program really shows you know you have to pave the road when you do the community based program. Once you do that, once you develop the community network right that is where you can do a lot of (INAUDIBLE) programs and that is what this program has done in Nepal.

It started with a vitamin "A" program but it has developed in this environment where we can have all the other programs can be done there. For example we haven't done it but I can give you one example. If in Nepal we had to distribute (INAUDIBLE) today right, in two days we can distribute to 3.5 million families. Look at that. So that is another beauty of this program.

So finally what I would like to say that the Nepal vitamin "A" program is not only for vitamin "A" program but it has developed a very nice network right. And another thing people ways ask, can a volunteer you know work forever without any incentives right. And as I told you before we have developed a set of steps you know for motivation of these volunteers and one of the steps is recognition right. You know hearing the steps doesn't make that much sense right because everybody does that.

But you have to understand the process, the way you recognize them right. And one of the things that we have really learned that recognition should be from the community. Community people should recognize them because that gives them more what you call more insight for the section than giving you know

recognition from outside. Later you can do that but in the beginning recognition should come from the community because these women are (INAUDIBLE) right.

They are not recognized before all right. They have not any status there so that is why they need to recognize in the beginning. So the vitamin "A" program use the respect recognition first and then you know we use the respect you know because you know people sort of speak politely you know. Just as speaking politely to them, that motivates them.

The product that we use is the status. If there is any function or any governmental representation anything, invite them, ask them to talk about their achievements, what they have done right. And then, and then other thing is opportunities. Give them opportunities. If there is any income generating project give the preference so that you can you know provide something to the families so that the families will help them.

So these are the steps we use and now we are in the step of supporting to the volunteers and one of the picture you show there was you know showing that if you think that only the volunteers can do it the program will not sustain, but if we help, if we develop a support from the committee the program will be sustainable. So thank you very much.

GLENN CLOSE: Thank you. Now I would like to bring up Ezra Teshome. Ezra is a driving force in the U.S. Rotary International Polio Eradication Program. Contrary to what many in the United States believe, polio is not a conquered disease. Ezra's work in the U.S. and Ethiopia is fighting the disease and raising awareness, both valuable contributions to the cause. Please welcome Ezra Teshome.

EZRA TESHOME: Thank you, good morning ladies and gentlemen. It is indeed a pleasure to be here with you this morning to be honored on behalf of the 1.3 million Rotarians for the great work that we do throughout the world. Rotary International is the world's first and largest humanitarian service organization with a global network of 1.2 million members.

We visited more than 160 countries. This morning I would like to share some of the wonderful things that we have done in Ethiopia which is my mother land where I was born and grew up. In 1996, I went back to Ethiopia to attend a peace conference which was held by the Rotary International President Mr. Ken Ross. The purpose of this meeting was to understand poverty, understand the conflict that was held in so many of the African countries in those days.

During that meeting for the first time I have learned the poverty what it does to so many of my Ethiopian fellows. I have learned that there were so many women, about 17,000 women with children who were living in the street of (INAUDIBLE) and there what they called home was a cardboard box with a visquin (ph) plastic on top of their head.

We visited those sites with Mr. Ken Ross and some of the delegates from the United States and it just brought tears to my eyes. I have four children of my own and for someone to raise their children in that kind of condition where you have feces right there and you eat and sleep right there and this was condition that I though should not exist in Ethiopia or anywhere else.

And at that moment I have said what can I do? How can I use the vehicle of Rotary to achieve to help me solve some of this problems and get enough, Ken Ross at that time said what good it would do if we provide help if we provide (INAUDIBLE) education for this people if we don't have roof on top of their head?

So the commitment was made to do 50 homes for this women. Each home was to cost about \$2,000 U.S. And I worked with the team to establish that and the money came and we were able to do 107 homes for the women to move from the street to this beautiful location. That was good enough to move them into this home but did we improve their life because we take them from a nice for them it was a nice living at that time to a nice place.

So I worked on a micro banking project and through the vehicle of Rotary gain we collected about \$20,000 to start the micro banking for this women. And this women and children are now thriving and living in what they call the Rotary village. Rotarians are angles to this women. They have changed their lives drastically. Again, we didn't stop there.

We, by we I mean I have taken for the last nine years anywhere from 40 to 70 Rotarians from the U.S. and Canada to go back to Ethopia and participate on the polio vaccination throughout the country as well as connecting them with individual Rotarians and individual Ethiopians. When we go to the different villages, we walk door to door, village to village and see for first hand what poverty in terms of Aids, in terms of poor conditions does to people.

Rotarians come away with so much, most of this Americans or Canadians have never set a foot in Africa. They come back to the United States with a mission to make a different to this families and individuals. And as a result the individual Rotarians have committed to dig water wells for the Fistula (ph) hospital, to take an ambulance to Ethopia which last week I and 35 Americans in Ethopia have donated the ambulance to the hospital.

We have taken computers to schools. We have built libraries and all this came because of this vehicle that I have which is called Rotary. The 1.2 million members of Rotary have always stood behind me to achieve, to achieve my goal and each person when they go they bring; they are allowed to bring two bags.

They bring two bags and in one bag they always bring medical supplies and school supplies to the Ethiopian children. And it is my privilege and honor again to accept this honor on behalf of the Ethiopian children, on behalf of the many medical workers and on behalf of the millions of Rotarians who have worked so hard to make a (INAUDIBLE) experience to Ethiopian children and children throughout the world.

And we have here today so man Rotarians and we have Frank Devlin who is the past President of Rotary International and the Chairman of the Trustees. So if any of you have any project please see Frank and I and contact the Rotary clubs n your town when you go back.

And for that honor I would like to thank Time for honoring Rotary and for the work that we do and my friends thank you very much and keep up the good work. And now allow me to please present a polio vaccination T-shirt for Glenn to go along with the (INAUDIBLE) T-shirt she received yesterday.

GLENN CLOSE: Thank you very much. Thank you. Thank you. Well thanks to all you in the room, the heroes, speakers, guests, the work you are doing here and in your towns and communities is absolutely invaluable. It has been said for two days, I believe it in my hears and may my words today become progress tomorrow and may the inspiration of the heroes that we have heard from these past two days who have graced our presence spark us to action. Thank you very much. Have a wonderful day.

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