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Taking A Stand: Challenges and Controversies in Reproductive Health, Maternal Mortality and HIV/AIDS
June 8, 2006

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LEE BOLLINGER: Before President Clinton speaks, I would like to introduce Stephen Lewis, who will speak for a few minutes helping to summarize the morning. Stephen is the U.N. Secretary General Special Envoy for HIV/AIDS in Africa. He has held this post since 2001. He is also Commissioner for the World Health Organization's Commission on the Social Determinants of Health. He chairs the Board of the Stephen Lewis Foundation, which is dedicated to easing the pain of HIV/AIDS in Africa. He is also a senior advisor to the Mailman School of Public Health at Columbia University.

It's my pleasure to give you Stephen Lewis.

[APPLAUSE]

STEPHEN LEWIS: It's enormously gratifying, as all of you can imagine, for one to participate in the extraordinary events of last night and today, sharing platforms with Bill Foege and Jeffrey Sachs and the numbers of eminent people on the various panels, and to be here with my good friend, Allan. I have to say it is and was one of the greatest privileges of my adult life to be present at the outpouring of affection and regard at the evening last night, Allan. I've been to a thousand evenings which attempted to show in celebratory form the appreciation for an extraordinary contribution to human well being, and I don't think I have ever been at an evening

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which approximated the intensity of feeling and appreciation as last night did. Thank you for that.

[APPLAUSE]

The panels today are an extension of that sense of regard. I'm not going to try to summarize them, other than to bowdlerize content. But I will note in the first panel on HIV and AIDS that Mark Harrington talked of political will and the power of civil society; that Nafis Sadik emphasized the resistance to women controlling their own sexuality; that Geeta Rao Gupta talked I thought most effectively about the way in which women attained equality and death that they so sought in life and made that comment about a glass one-tenth full; that Jim Kim wanted to see the opportunity to use treatment as a way of advancing the struggle against the pandemic, and of course he made the notable juxtaposition between the hundreds of billions of dollars which are spent on conflict and the relative smidgen which is spent on addressing the human condition; Seth Berkley told us that there is a renaissance in the scientific quest for an AIDS vaccine. He made reference to the Ugandan abstinence policy indicating in that delicious amorphous abstraction of his that there was some external factor which was involved in what was happening in Uganda. For those of you who missed it, that external factor is called the United States of America. And then Seth asked us to combine science and advocacy in a way which would provide the anger for

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intervention. I live a life of insensate rage. I couldn't agree with him more. In fact, I'm closer and closer these days to embracing physical violence. And then Wafaa El-Sadr, God bless her, talked of the strength and leadership on the ground and what fundamentally can be done on the ground.

The second panel I did not catch all of because I was backstage for a bit, but I was here when Deborah Maine talked about emergency obstetrical intervention available to be done everywhere, and that the value is in operationalizing individual ways the big ideas; Mary Robinson instinctively emphasized health as a human right, the work at an international level, and confronting the brain drain; Fred Sai talked about health as part of overall development, you will recall, and the holistic approach which that involves. And then there was that exquisite moment of visceral scorn for big brother; Faye Wattleton wanted us to move away from the preoccupation with mothers and to understand that we have to focus on women and women as sexual beings; and she expressed as well the fear of going backwards politically and legislatively, to which Lynn Freedman responded by saying that we must somehow get the pendulum to swing back, but also to pay attention to the nitty gritty on the ground that's so fundamental in all of these areas of women's health; and Steve Sinding commented on the resources that failed after Cairo and how the response to women's health has by and large been abysmal.

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I want to make, if I may rapidly because I understand that I am in the nature of a warm-up act, I want to make, if I may, some personal comments which I shall attempt to deliver with a rapidity which verges on the supernatural. I want to start, Allan, with a personal note. I actually three years ago was engaged in a kind of [inaudible] with the United Nations reminiscent of the gentle [inaudible] between Mark [inaudible] Brown and John Bolton that's going on today. I was on the verge of being out of the envoy job, but was frankly rescued by Allan in that extraordinary amalgam of decency and generosity that he brings to every part of his work. And therefore, I am more beholden to him than I can possibly say, because it's been an enormous privilege to be able to work in the field of HIV/AIDS, however anguishing and depressing it can be at times.

Allan's life, it seems to me, contains the same suffusion, always stepping in where others fear to tread. Allan never waits. It's on the single most consistent theme through his life that I've been able to discern from last night and today is stepping in to secure the needs and rights of women. When governments fail to reduce maternal mortality, Allan steps in; when governments fail to keep mothers alive in the pandemic, Allan steps in with all of his colleagues in Columbia and introduces PMTCT plus, where the plus represents the treatment of the mother and the children and the partners and the family.

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It's an astonishing legacy when you think of it, and I can't begin to say how important it is. Allan has devoted every fiber of his being in a fashion tenacious and indomitable to seek to achieve the single most important struggle on this planet, and that's the struggle for gender equality.

[APPLAUSE]

Last night, the Secretary General of the United Nations describing last week's session on AIDS in New York, emphasized the grotesque vulnerability of women, how little progress we had made in 25 years to empower women, to empower women to withstand the predatory male sexual behavior which is driving the virus. And I must say that the consequences of that behavior I see all the time on the ground, the incredible carnage amongst women and girls, the women in their late teens and 20's and 30's dying in hallucinatory numbers. I don't want to pretend that what I'm about to say is in any sense an analogy; it's not; but I was searching for some way of framing the human loss on a comparable scale, and I was reminded of all of the writers of the George Steiner's, and the William Styron's, and the DM Thomas's who try to capture the events between 1933 and 1945 and the Holocaust and never managed to pull it off, because that kind of human depravity can never be entirely encompassed by narrative form. The only person who came close I think is Ellie Wiesel. And then I thought, what in the future will writers and novelists do in an attempt to

capture what has been done to women in this pandemic. And again, I think it will prove utterly elusive because the devastation is so overwhelming. And not until we embrace gender equality, not until we confront gender inequality will we ever subdue this scourge of HIV and AIDS.

Every time I go back to a country on that continent - I do it with some regularity - I always encounter a moment which is visceral and desperately upsetting. I was three weeks ago in the little town of Thika in Kenya. I was visiting the local district hospital with the only post-rape counseling center in that entire part of the country. And that counseling center is now receiving over 30 formal complaints of rape every single month, which when you consider the numbers who don't report, is extraordinarily high. And in April of this year, they had 46 cases of reported rape; 22 were under the age of 18; half of those were under the age of 12. And then they told me something I hadn't heard before and stopped me in my tracks. They said to me, but Mr. Lewis, there is a pattern developing month by month, and the pattern is the rape of women between the ages of 65 and 80, because the men doing the raping believe that they can have unprotected sex without the danger of contracting the virus. And it's at moments like that when I think the world has gone mad. And I know, as Mary Robinson was saying about the Eastern Congo, that rape as a war crime, rape as an instrument of war is everywhere practiced when societies

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fall apart, whether it's Northern Uganda or Darfur or Eastern Congo, and the whole world knows about it, and the whole world raises not a finger.

Rape is the outer extreme of the continuum of all the things that are visited upon women, that whole panoply of indifference and neglect and violation of rights, from social and economic empowerment, through to legislative protections. Women's groups fight the good fight, but it's a long and difficult struggle. And the saddest thing of all for me, if I may say this as a friend, is that the United Nations, which I love, has had a largely lamentable history in its response to the predicament of women. Multilateralism has failed women. I've spent five years country to country in Southern Africa meeting with United Nations HIV and AIDS theme groups, and I want to tell you that over the period of those years, no one consistently speaks for women; no one has operational capacity on the ground of major strength and resources for women; no one has the kind of programmatic capacity of major resources and strength for women. Within the mandate of sexual and reproductive health the United Nations Fund for Population Activities does the best it can, but it is another one of those desperately under-resourced groups.

How has it come to this? How is it possible that more than 50% of the world's population is still neglected by the world's multilateral institution? And I raise it for two

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reasons, and I'll bring my remarks to an end. First, because dealing with these problems is a testament to everything that Allan has stood for in his life, and he has always attempted to confront these realities; and the second reason is that coincidentally and unexpectedly this is an auspicious moment in time, because we have an opportunity by virtue of the various panels appointed within the context of U.N. reform to perhaps force the emergence of a new international agency for women. There is nothing that approximates it, nothing that exists which is close to an agency for women which has resources and staff and programmatic capacity on the ground. I know all the arguments, you can't create a new agency; we don't have the money; gender mainstreaming will do; why should it be different. It will be different because we'll make it different, because the women of the world will make it different; because it will grow from the ground up instead of being imposed from the top. You don't think it's possible to have those kinds of visions to create a new world?

Back in the 1980's and 1990's, I worked for a man for whom I had immeasurable respect, and that was Jim Grant, who headed UNICEF. He authored with Bill Fagey(ph) and others the Child Survivor Revolution. They dealt with immunization; they dealt with oral rehydration therapy; they dealt with growth monitoring; they turned around the lives of children. I remember when Jim died and the great gathering came together at

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the Cathedral of St. John the Divine in New York. Hillary Clinton took the platform and said to the audience, Jim Grant and UNICEF have saved the lives of 25 million children. And I'm waiting for the day when a political figure, perhaps even a political husband, would be able to say that a women's agency had saved the lives of 25 million women.

Allan, I salute you. I love you Allan Rosenfield. Thank you for what you've done.

[APPLAUSE]

LEE BOLLINGER: It's now my pleasure and honor to introduce Bill Clinton, who is our neighbor, who has also been to Columbia a number of times, which I'll mention. He was also President of the United States. He has visited us before. He spoke at the 50th anniversary celebration we had of Brown v. Board of Education. He will join us here next week when more than a thousand Citiyear Corp members from across the country will be convening on our campus in a burst of youthful energy, largely made possible on a national scale by President Clinton's creation of AmeriCorp.

We look forward to having him here this fall for a conversation with President Vaclav Havel during a remarkable residency that President Havel will take up here at Columbia for eight weeks in the first semester. One more visit, Mr. President, and we will put you up for tenure.

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Through the Clinton Foundation, he has taken on a highly visible leadership role in developing and helping developing countries create the systemic changes necessary to increase their healthcare infrastructure and provide a comprehensive approach to HIV prevention and treatment. Through its HIV/AIDS initiative, the Clinton Foundation has been able dramatically to lower the cost of HIV/AIDS medication and tests and has begun to bring quality healthcare to children in rural areas around the globe. This is exactly the kind of endeavor Allan Rosenfield has been pioneering at the Mailman school.

In the past, President Clinton has said big things are expected of us, and nothing big every came from being small in the White House and in the world. And as a private citizen, President Clinton has expected and demanded big things from himself; and with is unparalleled gifts for conversation and connection, he is inspiring us to do and be more than we ever felt possible.

We are proud to have him as an upper Manhattan neighbor and a nearly - well, a tenure track member of our faculty; and we’re proud to have him here to honor Allan, who has also accomplished big things by never thinking small.

President Clinton.

[APPLAUSE]

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FORMER PRESIDENT BILL CLINTON: Thank you very much. Dr. Bollinger, thank you for your leadership for Columbia and for allowing me to come so much. I may be a de facto member of the faculty; if so, I am the least expensive member that he has, and it's an honor to be a part of this great university.

I'm happy to be here today to honor Dr. Allan Rosenfield for 40 years and more of leadership in public health. And as you might imagine, I am particularly grateful for the work he has done on HIV and AIDS both before and during my involvement as a private citizen in that issue. And in part, to borrow a phrase from Stephen, because I am a political husband, I am profoundly grateful having been educated on that subject by Hillary for the work he has done on maternal and child health all across the world.

And finally, as a citizen of Harlem, I am grateful for the public health clinics run by the Mailman School and especially the Harlem Health Program, which is just a couple of blocks from me. [APPLAUSE]

I think it's an amazing tribute to Allan that Stephen Lewis and Jeff Sachs and Jim Kim and Mary Robinson and Cokie Roberts have shown up for this program. But for me, I had to be here, because the work we do around the world would not have been possible without Allan and the Mailman School.

I want to also before I go any further to thank Stephen Lewis for the remarks he just made in his impassioned work

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around the world not only for gender equality, but also to give voice to millions of people, especially in Africa, who would be dying facelessly with AIDS if he didn't work so hard and so vigorously; and I'm very proud of what he has done.

When I first got involved with my foundation in the AIDS work just a couple of years ago, there was unbelievably still enormous resistance all across the world to the idea that poor people ought to get AIDS care and treatment. And there are all kinds of excuses and explanations, but I mean, really good people who were spending a lot of money on healthcare in the developing world said with an absolute conviction that we just had to work on education and prevention because the medicine would always be too expensive and the medical networks to properly provide care and treatment simply weren't there; and it was therefore a waste of limited money to try to save the lives the people who were already HIV positive.

At the time we started there were only a couple of hundred thousand people in the whole world getting treatment, just three years ago, and 130,000 of them were in Brazil where the government had made a very different decision with dramatically different consequences, reducing the death rate, reducing the hospitalization rate. And in one of the cleverest cost benefit analyses I ever saw, the then President of Brazil, Enrique Cardoso an his allies convinced a reluctant legislature to provide universal treatment by approving that in that

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devoutly Catholic country where everyone was entitled to a good Christian burial, it was cheaper to keep people alive than to put them in the hospital to die and then pay for their burial.

At that time, Allan was one of the lone voices saying that people deserve a right to treatment wherever they lived, whatever the color of their skin, whatever the size or lack of it of their financial resources. He knew that every moment of delay meant death for another man or woman, boy or girl. Already he was using his remarkable charm, experience and drive to raise money from private sources for this kind of treatment and to organize the institutional know-how simply because he wanted to keep people alive, people he would never meet, people who would never even know who he was.

Through Columbia's Prevention of Mother to Child Transmission Plus program, he was one of the first to begin AIDS treatment on an international level. And without his leadership, there are an awful lot of people in the developing world today who would not be alive, partly because in addition to his passion he has something I find quite useful in the non-governmental world. He actually knows how to get things done.

There is a great deal of talk and honest concern and profound passion, but translating that into action that saves people's lives requires knowing how to get things done; how to organize institutions, bring together diverse interests, hammer out the required compromises to do the right thing. It's been

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a great honor for our foundation to work with Allan and his colleagues in the Dominican Republic, Ethiopia, Rwanda, Tanzania, Mozambique and other countries; and I am profoundly grateful for his leadership and the work of his colleagues.

This all started for me at the AIDS conference in Barcelona nearly four years ago now, when at the time the global fund was not really very well funded; the money that President Bush secured through the Congress had not yet materialized; the Gates Foundation and others were out there working as they could in Botswana and other places, but it was basically a pretty miserable effort going on. Late in my second term, we had secured a tripling of overseas assistance for AIDS and a Congress finally willing to listening to it, but we were still only giving a paltry $600 million a year. So when President Mandela and I closed the conference, we still thought the work of the next several years would just be trying to hustle more money, and that's what our speech is about.

We had this great good cop/bad cop routine down that we had perfected first at the Burundi Peace Conference, where [inaudible], you'll find this hard to believe, I was the good cop and he was the bad cop. He beat them up and he said, if you fly all the way over here to the Peace Center in Abuja, he says, no one will believe it, so you can give one of those high flowing speeches you give, and he said, I'll beat them up. Then we did the reverse in Barcelona. I always felt

comfortable being the bad cop to his good cop and embarrassed when the roles were reversed. But when it was over, the Prime Minister of St. Kitts [inaudible] in the Eastern Caribbean, he was in charge of the Caribbean leaders AIDS effort and himself a doctor, came up to me and we were good friends. He said, you know, Bill, he said, we don't have a denial problem. We have a money and an organizational problem. And I said, well, Denzel, what do you want me to do about it? He said, I want you to fix it. And I said, okay. I had no clue what to do, not a clue.

We had 12 people working in our office in Harlem. We were running a small business initiative here, a few other programs helping India to recover from the Gujarat earthquake, trying to raise money to finish my presidential library and school of public service; and we didn't have a clue. But I had made a commitment. So I called my old friend [inaudible], who worked with me on healthcare and eCommerce in the White House and asked him to help figure out what we were going to do. One of the first people he went to see was Allan, and the rest was history, a history that might be worth recounting, because everything we have done is in part his.

When we first began to work, there were 6 million in need of desperate need of ARV [inaudible]. As I said, only 70,000 outside Brazil are getting any medicine in Thailand. In the United States at our Harlem AIDS clinic around the corner, we spend $10,000 to treat people a year; the Canadians and

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Europeans are spending somewhere between $3,000 and $3,500; the going generic price then was about $500 a year; even that was prohibitive since so many countries had per capita incomes of less than $1.00 a day.

A lot of progress has been made, of course, but we know that still there are more than 40 million who are HIV positive; five million new infections last year; 90% of the people don't know their status, and I'll say more about that in a moment; lots of AIDS orphans and exploding rates of growth in India, Central Europe, Central Asia and other places. But inroads are being made. The number of people accessing care and treatment has nearly tripled every year since Barcelona. We didn't make our 3 million by 2005, but there are more than 1.3 million people on treatment today in the developing world.

Our principal contribution to this effort has been two-fold. We organized the generic drug markets and the testing markets. We got the price of generic drugs from $500 down to $135 I think now a year. And the average price is now well under $200 is the whole price structure that followed that. There were no generic producers of the CD4 and viral load testing equipment and material; it was $200 to $400 a year depending on how many tests that you did here. We got it down to $20 to $40. And I honor the big companies that were involved in making that decision.

The pediatric medicine went from $600 down to something

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south of $200. The instantaneous tests we took from a dollar or more down to $.50 to $.65. We're now working on second line drugs and have secured lower prices for two of them. It's going to be very important because the demand for second line drugs will explode as we keep more people alive.

And the other thing we did was try to help develop innovative ways of training people to diagnose, treat and care for those with HIV and AIDS. In places like India where there are a lot of doctors, we trained 150,000 doctors. In places like Rwanda, we've been fortunate to have Partners in Health, Paul Farm can go out there and try to build in rural Africa the same sort of interesting, innovative structure they built in Haiti and variations of that everywhere. Meanwhile, a lot of governments have turned around. China and India once in denial are working hard on this.

Pakistan became the first non-African Muslim country to sign an agreement with us on national television because they wanted to symbolize the fact that they were getting out of the denial and [inaudible] stigma, something which I honor. And of course, there has been an enormous outflow of funds not only from governments, from the PEPFAR program, the Global Fund, the countries that helped us, especially Canada, Ireland, Norway, Sweden and the Caribbean, the UK and France, but also from foundations; the Gates Foundation has spent an enormous amount of money; our children's program was funded in the beginning

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entirely by a young couple from the United Kingdom, Chris and Jamie Cooper Hahn and their Children's Trust, and we are going to be able to treat lots more kids this year with money from private donors, as well as from governments.

Three years ago we just had a few people. At one time we had 300 people, and almost half of them were volunteers. They worked all over the world for transportation, room and board. It lowers the cost of treatment quite a bit if you can do that. Today, we have 450 people working in more than two dozens countries, and the medicine is available to people in 55 countries. Over 30 of them have already accessed it. By the end of the year, we'll have 55 countries buying the least expensive medicine available.

So I feel good about this. And of the 1.3 million people receiving the medicine, about 350,000 of them have purchased or are being served by drugs bought off this contract. I say that because none of this would have been possible if it hadn't been for the help that we got from Allan and his colleagues in beginning this endeavor. In organizing the medicine market, all we basically did was go to these generic drug companies and say, even though you're cheaper than the big pharma, you're still operating like a jewelry store, low volume, high margin, uncertain payment for the expensive items. We want you to shift to a grocery store model, high volume, low margin, absolutely certain immediate payment; I'll

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do that, and they did it. And it's not rocket science. We didn't ask any of these people to lose money. But it made a huge difference. And as I said, now it seems to me the big barriers are the second line drugs, the pediatric drugs, and a lot of governments have been reluctant to spend a lot on that because they were more expensive and they're trying to keep the young adults alive.

The networks is still horrible problem in South Africa, where medicine is being given out in a lot of these urban hospital centers that are really fine, but there are just nothing in a lot of big sections in the rural areas now. So people are still dying [inaudible] there. And that's why I'm very grateful to the Mailman School and to Jim Kim and Paul Farmer's Partners in Health for helping us where we're working. We have to do that more. And there are only so many countries I can do this in. We won't go into a country unless we're absolutely sure we can do a good job at this. So more people need to help on this infrastructure.

[Tape problem] fight stigma and guarantee medicine we've got to do more testing. And this is a sensitive subject, because when it came up in the '80s and people were terrified of AIDS, AIDS activist groups were all against pushing for testing too much because, first of all, it was just a death sentence, and secondly they though it would make people run and hide and not come for treatment. So we waited until people got

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really sick. The problem is in a world where you've got this many people who are HIV positive and five million new cases a year, to the uninitiated it looks like there must be a whole lot of irresponsible people out there in the world if there are five million new cases a year. But the truth is there's not since 90% of the people who have it don't know their status. All the numbers we have, about the number of people who are HIV positive, are extrapolations from what we know, which is why there was a big UN brouhaha recently about readjusting some of the numbers in some of the countries. All we can do is extrapolate from what we know. Somebody dies of AIDS, you mark it down; somebody is so sick they come in and you give them medicine, you mark it down; then you know 10 to 15 percent of the population with HIV will have to have medicine to stay alive or they will die, you take those numbers and ramp them up and figure out how many positive people you have. You have no idea who these people are.

So I really like that Lisutu(ph) and Malawi and others have not made mandatory testing, but they make testing available. They let people opt out. But they are trying to save people's lives, and they tell them, we are fighting stigma, and we will give the medicine to stay alive. But if you want to live and you don't want to perpetrate this problem ad infinitum, you have to know your status. It should be a source of pride.

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One of the most moving things that happened to me last year when we went to Africa is that when we went to Tanzania we went to Zanzibar, which is almost 100% Muslim, and I went to an AIDS support group meeting, virtually all women, not entirely, but most of them were women. And after the meeting, they walked down the streets of the capital city Stone Town with T-shirts on that said, "I am HIV positive." This is inconceivable in a Muslim society just a few years ago. When the Tanzanians announced their national plan, they had all the religious leaders from every major religion, plus the tribal folks, they were all there standing up on the stage with the president saying we are going to deal with this together. So I think we have to do more on this.

It was interesting, when I went to China last year, the Chinese government asked me to go out in to the rural areas and have dinner with people who were HIV positive and be seen playing with children. because they thought I could help to diffuse the stigma in the rural areas of China when it was on television; and it was encouraging for me to know or to be reminded that there is politics and public opinion even in non-democratic nations. Even though in this case I didn't like the state of politics or public opinion, I was honored to try to change it.

So I say all of this to point out that we've come a long way, but we've got a lot to do if we're ever going to get

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ahead of this. I just recently did a program on CNN at a Harlem church quite near here, moderated by Dr. Sanjay Gupta, and we were all asked, all of these AIDS activists said, imagine AIDS is a thing of the past 25 years from now, how did we get there? And we know there is no silver bullet. But also, every one of us who has been involved in this knows what we have to do. We're still ramping up treatment too slow. We really haven't gotten this second line drug issue worked out. We have got to intensify and continually recalibrate this prevention and education effort, and we don't need to get in a big useless fight that is often occurring now around the world over this abstinence issue, because we actually have good data now. We know what it does.

We know that abstinence actually, if you do it well and it's intelligent, and you're not just boneheaded about the way you preach it, it actually does delay the onset of sexual activity among young people. But we know that if you do abstinence only, that then when the young people finally do have sex, as they will, they are more likely to become HIV positive because they have not been also told about prevention strategies.

So we know how to deal with all of this stuff and how to tailor these programs to the cultures and the values of individual countries and areas, but we have to do more. I would also say it is not entirely clear that universal access

to generic medicines will not be in peril by currently ongoing trade negotiations, even though in theory the law makes it clear that they won't be. That needs to be made clear, unambiguously clear, that all of this money we've been out here raising can be spent so that people get the biggest bang for the buck, and that we will be able to treat the largest number of people. Because every time you have to spend too much, people die, every single time.

And so there's a lot to do. But on balance, I am encouraged. I would like to however, make one final set of comments to ask you to see this in context. I think this AIDS issue is not only a great moral test for us and a challenge of staggering, logistic, financial and intellectual implication and [inaudible], it also stands for what I think will be one of the principal security problems in the next 30 years, public health. You all know, those of you involved in this, a quarter of all the deaths on earth this year are already coming from AIDS, TB, malaria and infections related to dirty water, cholera, dysentery, diarrhea; in the latter category, 80% of those who die are under five years of age.

One of the things I like about the work we do in the countries building infrastructure - and I want to thank the people who are here working with me, Ira Magaziner, Ruby Shang, who helps us in Southeast, runs our program there and set it up in China; and Joe Cashin(ph) is that we think if we do this

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right, when we leave, because the national governments have to approve these plans and because we try to train people, it will also improve the ability to deal with other things, with TB and malaria where they're relevant; with other maternal and child health issues. But we have to remember that almost nobody in America, almost nobody in this audience who lives in the United States will know anybody who dies of one of those things this year; and certainly not 1 in 4 of the people who die will not die of those things. But that's the toll right now.

We also have to face the fact that we will become, as we are more interdependent, more vulnerable to other forms of disease. I think it's fascinating; you turn on the evening news in the United States, and if there is a chicken in India or Romania with avian influenza, you know it, and you know how many chickens were killed within a three square kilometer area of where that chicken was found. Now, you're laughing, but that's good. That's a good thing. It means we understand our interdependence and our shared vulnerability to what could be the first great epidemic since the influenza outbreak after World War I, which killed in a much smaller world 25 to 50 million people in three years. The epidemiological data are not good, so nobody really knows, but no less than 25 and maybe somewhere just a little north of 50.

Almost no matter what we do now, there will be adverse consequences from climate change. And there are a lot of

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experts who believe that the world will run out of recoverable oil in the next 40 years, which means there will be a lot of disruption, economic disruption as growing countries crash into the wall of declining oil. Even if we do everything we should do about climate change, you're going to have species destruction, greater forest destruction, greater decertification, food problems, and all of these will generate a whole rash of other health issues which will be public health issues on a global scale.

So my view is we should see this work to set comprehensive, effective healthcare networks in poor countries, not just in the capital cities, but throughout the countries to prove that we can go quickly to rapid production of life saving medicines at an affordable price; to prove that we can get populations into the act of finding out their status without diminishing them or discriminating against them; to prove that we are not going to treat women and their children like they are second class citizens, or in some cases even subhuman. We should see all of this not only as conquering AIDS, but as setting the stage to enable the world to survive and prosper in the 21st century, because, believe me, there are more global health problems on the way. And if we can do it, I still believe this is likely to be the most peaceful, prosperous, interesting time in human history. But if we don't there will be hell to pay.

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Therefore, in my opinion, we can't do enough to honor people like Allan Rosenfield. But the only really important way we can honor him, the only way that really matters is to follow him, to solve problems, and save lives, and see the future in the face of every child. Thank you.

[APPLAUSE]

LEE BOLLINGER: It is now my pleasure and honor to give you Allan Rosenfield. Allan?

[APPLAUSE]

ALLAN ROSENFIELD, M.D.: Thank you. I will be brief. It is not particularly easy to follow Stephen Lewis and President Bill Clinton, two of the most powerful public speakers that I've ever known. Let me say to Stephen, thank you so much for all you said, but much more importantly, thank you for the incredible role you play in alerting the communities of the world as to what's happening in Africa. No one is more articulate and more effective than you've been in your campaign in the last four or five years as Special Envoy for AIDS in Africa; and I'm delighted that you've continued at least for one more year in that very important role.

And although the President has left, I want to thank him and his foundation for the extraordinary role that they've played in the AIDS pandemic, particularly in the

extraordinarily creative way they've gone about the low cost of drugs; generic drugs; and helping make those available globally. When you think at one time in this country it costs I think $10,000 or $12,000 per person per year, and we're now talking $150 to $200 per person per year, in which the President and his group have played a major role in helping bring these generic drug prices to a level where companies can still make a minor profit, but it suggests the kind of issues we have not only for HIV/AIDS, but we should have for all kinds of medications that are needed in poor countries where people do not have access.

I did read a quote on President Clinton last week in which he was talking about the healthcare system in our country. It is to my mind an obscenity that over 40 million people have no healthcare insurance, of which 70% or more are working poor people. President Clinton was quoted as saying, our system is broken, overly expensive, flawed. We need to follow the model of Canada, Great Britain, Europe, anyone not here.

[APPLAUSE]

I would like to thank all of the people on the two panels, all of who are good friends. The panels I thought were wonderful, and each of you did a spectacular job. So thank you all so much for taking the time to do that. I want to also once again thank my family for putting up with me all of these

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years. Claire, my wife; my son, Paul' daughter, Jill; Rachel and Mark, their spouses; my brother; and all of our families for all they've done to be helpful to me.

Let me just make two other brief comments. We spent a lot of time talking about girls' education. I just want to give you one example of a remarkable thing that actually Lee and I visited together, and that's an organization in Bangladesh called BRAC, which is probably one of the world's most successful, non-governmental organizations, led by a brilliant man named Mr. Abed, who has been there now for 30 years. He focused early on on girls' education in a Muslin country; and only a few months ago I read where there are now more girls in high school in Bangladesh than boys, and that is an extraordinary tribute along the lines of what Mary and the others were talking about about girls' education.

Finally, just to comment on abstinence. Some of you have heard me say this before. Abstinence is okay if you use it in moderation.

[APPLAUSE]

Let me thank again Lee Bollinger and all of his staff for hosting this event last night and today. I can't really adequately express how much I appreciate that; and thank you, Lee, so much.

[APPLAUSE]

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LEE BOLLINGER: Thank you, Allan. And I think today is not only a tribute to you personally, but last night and today are a celebration of the values, the ideals, the efforts that you have put into life for everyone. And it is as much about ideas and ideals as anything, and I know that's how you would want it. But this is also a tribute to you personally. And I want to thank everybody for coming. And that's the end of the program.

[APPLAUSE]

[END RECORDING]

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