

**HEALTH, DEVELOPMENT, AND CONFLICT:
LESSONS LEARNED**

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Executive Summary

The links between human health and global security are crucial to explore. When we take note of the seriousness of global health problems in the contemporary world, it is also necessary that we give adequate recognition to the fact that health insecurity is not a new problem. More than three-and-a-half centuries ago, in 1643, Sir Thomas Browne, the distinguished medical author, had remarked: "The world is not an inn, but a hospital." Illness has been a momentous part of the human predicament for a very long time indeed. The nature and source of dangers have altered and, in some cases, intensified, but adversities that plague the people of the contemporary world are, in many ways, continuations of age-old problems: medical neglect, general economic poverty, the inadequacy of medical knowledge and understanding, and a lack of social arrangement for health care and social support.

*—Amartya Sen, Nobel Prize Laureate in Economics and
Lamont University Professor at Harvard University*

This international conference was hosted by the Conrad N. Hilton Foundation in conjunction with the ninth annual presentation of the Conrad N. Hilton Humanitarian Prize. The 2004 Hilton Prize was awarded to Heifer International at a luncheon during the conference. Dr. Lee Jong-wook, Director General of the World Health Organization, was the keynote speaker at the Prize ceremony. Heifer International is an American-based organization dedicated to ending poverty and hunger. For 60 years it has been helping millions of families around the world become self-reliant through the gift of livestock and training.

"Health, Development, and Conflict: Lessons Learned" brought together 255 participants—leaders, policymakers, and activists in the fields of humanitarianism and human rights. They were representatives of governments, foundations, non-governmental organizations (NGOs), corporations, multilateral institutions, and the media.

Amartya Sen, the 1998 Nobel Laureate in Economics, set the theme for the day in his keynote address on health and global security. People had gathered to share lessons learned and Professor Sen pointed out that historically the social pursuit of health has had a bearing on human security and prevention of conflict, noting the connection between the perception of inequality and injustice on the one hand and violence, even terrorism, on the other. More than that, however, he took a long view, almost as long as recorded history, in establishing the connections, and in doing so he took his specific topic and made it a comprehensive perspective on humanitarianism. As the day progressed, all of the speakers followed the same course, connecting their lessons into an active look at the world through a humanitarian lens.

As one speaker, Dr. William Foege, observed, *"I will drift into development and conflict as I talk about health because the real lessons aren't health lessons, they are generic lessons about life itself."*

One overarching lesson learned that can be inferred by the examples enumerated by the panelists is an overall conviction that humanitarian intervention can and does work. Humanitarians have not only been learning from their mistakes in the field, mistakes they did not shy away from in their presentations, they are also learning from experiences that have produced results—against great odds.

In his opening remarks, Ralph Begleiter, the conference moderator, referred to the daunting work that needs to be done in the most difficult places in the world such as Afghanistan— *"hospitals, schools, farming, industry, civil rights, just to name a few. In Iraq and Sudan there is still an uncertain future, while humanitarian groups attempt to envision a more peaceful future where hunger and cultural strife give way to health, development, and prosperity...So conflict is very much entwined in the issues of development and health, whether we like it or not...There is always good reason to celebrate success and accomplishment, but there's also good reason to explore the obstacles in the hopes of overcoming them."*

Three thematic panels focused on lessons learned in health, conflict and development respectively:

PANEL ONE - HEALTH

- Health Lessons: Learned and Relearned
- Human Rights Education: The First Step to Health
- Facing MDR-TB: An Opportunity to Get Involved

PANEL TWO - CONFLICT

- Women, the Key to Winning the Peace
- Understanding the Al-Qaeda Network
- Divided Nations: Protecting Vulnerable Populations

PANEL THREE - DEVELOPMENT

- Developing Tools for Transition
- Reaching the Poorest through Microcredit
- Private Sector Expertise Can Stretch Resources

Steve Hilton welcomed participants who had gathered to share inspiration and knowledge—learning from each other. In his welcoming letter he stressed the urgency of the times, when humanitarians must operate against a volatile and dangerous backdrop. He cited the ability of his grandfather, Conrad Hilton, *“to take the lessons learned from decades of experience...and apply them to a vision for the future,”* and urged the participants, to *“share our lessons in that spirit, not to write our collective memoirs, but to take action.”*

The three panels may have separated out three themes, but what became clear as the day proceeded is that the issues are entwined. This was evident in every speaker’s remarks, and it was not hard to see that many of the successful lessons that have been learned may be attributed to this recognition and the fact that people are acting on it.

The “new humanitarian space” is becoming discernible. Last year people faced the fact that the nature of violence, conflict, and terrorism are shrinking the humanitarian space in which they carry out their mandates, making it difficult and sometimes impossible to operate. They could not say what the “new space” would look like. In one year, the language framing the debate has started to change. Gene Dewey gave it the most shape, describing the humanitarian space in terms of transition. Where development can connote a static and passive world awaiting outside action, and disaster indicates chaos, transition more accurately describes the flux. Societies are splitting up; states are heading for disaster, emerging from conflict. There is movement, and humanitarians face a situation that is dynamic and fluid. They must engage that existing dynamic and become a part of it, in order to have an impact.

Success will come from a holistic approach to humanitarian intervention. Just as relief and development are two overlapping phases of one process; just as issues such as health, education, poverty, and economic development are distinct, they cannot be treated in isolation because they do not exist in isolation—so, too, must the actors connect. Multilateral and bilateral government agencies; international and local organizations; military forces; and business; all have a role to play and can enhance each other’s capabilities and delivery. The concept of a global alliance is an expanding and flexible one, adapting necessarily to the needs of a situation in flux.

There is reason to be optimistic about humanitarianism. Despite all the fraying of the social fabric, first evident in the days after the Cold War ended, and blindingly undeniable after 9/11, there is optimism. However, optimism requires taking responsibility. Dr. William Foege put it most bluntly: *“This is not a*

fatalistic world. We earned the mess we are in, and if we are wise, we can get out of it.” Amartya Sen reminded us that “The lives of people in different regions of the world interrelate, and so do the causal antecedents of the diverse but linked predicaments from which human beings suffer...The reach of well-reflected and committed social action can be very extensive indeed.”

The Conrad N. Hilton Foundation held its first humanitarian conference in 1998 and called it “*Humanitarian Aid Challenges in the New Millennium.*” That was not so long ago, but in many ways it seems so. There were premonitions of what lay ahead. The end of the Cold War was already defining itself not so much as a victory as a disruptive cycle of events. A cynical sovereignty was cloaking itself in righteousness to prevent humanitarian intervention from reaching peoples oppressed by their own state; the concept of impartiality was being rejected as the lines began to disappear between combatants and non-combatants. But for all of that, we didn’t know what a frightening place the world was about to become. And yet, if this year’s gathering is any indication, the people who walk into the most frightening places the world has to offer—humanitarians delivering succor to the oppressed and neglected—will not be deterred. They may pause and regroup, but they go on, heartened by each victory and always ready for the next challenge.

Opening Comments

Steven M. Hilton, President, Conrad N. Hilton Foundation



Steven Hilton has worked in the field of philanthropy for more than 20 years and was appointed president of the Conrad N. Hilton Foundation in 1998. The grandson of hotel entrepreneur and founder, Conrad N. Hilton, he joined the Foundation in 1983 and was named vice president in charge of programs in 1989. In this capacity, Hilton directed the Foundation's grantmaking activities and had primary oversight of programs for the multi-handicapped blind, mentally ill homeless, international water development, and early childhood development. Prior to joining the Foundation, Hilton worked for five years in hotel management in Alabama, Georgia and California with Hilton Hotels Corporation and was involved in aquaculture (fish farming) businesses. A graduate of the University of California at Santa Barbara, Hilton earned his Masters of Business Administration (MBA) degree from the University of California at Los Angeles (UCLA). Hilton serves on the boards

of both the Foundation and the Conrad N. Hilton Fund. In addition, Hilton is a board member of St. Joseph Center and Southern California Grantmakers.

It is a pleasure to welcome you today as we discuss *"Health, Development, and Conflict: Lessons Learned,"* and as we are joined by Dr. Lee Jong-Wook, Director-General of the World Health Organization, at lunch time to honor this year's recipient of the Conrad N. Hilton Humanitarian Prize.

This is the ninth year that we have awarded the Hilton Humanitarian Prize and the sixth international humanitarian conference we have sponsored. Nine years is a short time and six conferences are not many. However, they are sufficient enough to suggest to us that it is time to talk of lessons learned.

So many of you have been regular participants over these years that by now, we at the Hilton Foundation feel that these annual gatherings have become the catalyst for the formation of a special community of humanitarians. Year after year, decision-makers and actors from the world's most effective humanitarian and development organizations, together with multilateral and government agencies, have come together under our auspices for a short time. Joined by newcomers each year, we all have taken the time to step back from the day-to-day work that consumes us to take a look at the larger picture and challenges facing us. Nine years may be a short time, but as we all know too well, this is not the same world it was nine years ago. The urgency and importance of humanitarian efforts have increased in the midst of a volatile and shifting backdrop. From our shared experiences we can better shape our course of action as we move forward.

This time, as we continue to look toward the future, we have decided to take stock of lessons learned in health, development and conflict. We have assembled an impressive group of people who will share with us the lessons they and their organizations have learned in these fields. But we look to you, too, to share your hard-won experience with all of us.

My grandfather, Conrad Hilton, was not only a humanitarian and visionary, but a man of action. There is a photograph of him in our office standing beside Egyptian President Nasser, opening the Nile Hilton in Cairo in 1959. This was at a time when even a trip to Europe was not possible for most Americans, and Egypt was considered beyond the known world. This was a bold move, but not an impulse. He was able to take the lessons learned from decades of experience in the hotel business and apply them to a vision for the future. It would prove to be the right move. Today let us share our lessons learned in that spirit, not to revisit the past, but to take action for the future. It is a privilege to have you with us. We have a lot to learn from each other today.

Ralph Begleiter, Distinguished Journalist in Residence, University of Delaware and former CNN World Affairs Correspondent

Ralph Begleiter brings more than 30 years of broadcast journalism experience to his appointment at the University of Delaware, where he teaches communication, journalism, and political science. During his two decades with CNN, Begleiter was the network's most widely traveled correspondent (having visited some 91 countries) and covered the U.S. State Department, hosted a global public affairs show, and co-anchored CNN's prestigious "International Hour," aired daily on CNN International. In 1998, Begleiter wrote and anchored a 24-part series on the Cold War. He covered many historic events of the 1980s and 1990s, including virtually every high-level Soviet/Russian-American meeting; the Persian Gulf Crisis in 1990 to 1991; the Dayton Bosnia Accords; Middle East peace efforts; and the aftermath of the assassination of Israeli Prime Minister Rabin. He has received numerous press awards including, in 1994, the Weintal Prize from Georgetown University's Graduate School of Foreign Service, one of diplomatic reporting's highest honors. Begleiter has moderated each of the previous Hilton humanitarian conferences.



Thanks very much Steve for getting us off to a good start for this year's humanitarian conference. It is a pleasure to be back here with you. I enjoy working with you and with the speakers, and it gives me an opportunity to realize annually the depth of the kind of work that each of you is doing. This is an unusual conference; I think in my experience it is because virtually everyone in the room is of equivalent stature. You are all founders of something or initiators of something else, or creators of ideas that have gone off to great success. This is not a case of people listening to a few stars at the podium who have pearls of wisdom to pass on; it's really a case of exchanging ideas.

Our theme this year I think perfectly describes in just a few words the challenges of everyone working in this arena: ***Health, Development, and Conflict: Lessons Learned***. It illustrates obviously both the promise and the challenge, the difficulties in the field that you all work in. We are gathered here in New York at what I think is something of a strange moment. I think it is fair to say on the basis of my observations and my conversations with you and contacts abroad, that many people around the world are collectively holding their breath at this very moment for perhaps just a few days as America decides its leadership for the next four years. Of course, no one but American citizens are going to be voting in the election just ahead; but so many people in so many countries and in so many organizations know that their futures—your futures in one way or another—will be influenced by the choices that Americans are about to make in the election.

Last year at this very time, we were wondering how things would turn out in Afghanistan and Iraq. Today we know that Afghanistan has held its first democratic election, an event that is made most significant by the fact that women, who were longtime disenfranchised, waited in long, long lines to exercise their vote. But the election in Afghanistan as we all know is only the beginning or only a beginning really of many beginnings that are already under way there. There is so much humanitarian work to be done—hospitals, schools, farming, industry, civil rights—just to name a few—among the many tasks that lie ahead in Afghanistan, and that is just Afghanistan. In Iraq such humanitarian questions remain very much in the uncertain future. The war continues not just among armed forces, but in a battle over when humanitarian operations will be able safely to take the place of security tasks, and who in the world will actually contribute to those humanitarian tasks. On an adjacent continent, for the second or third time in just a decade, conflict over resources in Sudan is again killing tens of thousands while humanitarian groups like yours attempt to envision a more peaceful future where hunger and cultural strife give way to health, development, and prosperity. And this particular conflict is taking place virtually unknown here in the United States where most people—I think it is fair to say—would not be

able to point to Darfur or perhaps even to Sudan on a globe. So conflict is very much entwined in the issues of development and health, whether we like it or not.

Regrettably, I'm sorry to say these themes are not particularly new to all of us. Throughout the past decade, the Hilton Humanitarian Prize has sought not only to reward the most successful and meaningful work of organizations like yours, which it does do, but also to face uncompromisingly the toughest issues standing in the way of success. Today won't be any different. There is always good reason to celebrate success and accomplishment, but there is also good reason to explore the obstacles in the hopes of overcoming them and sharing useful answers. We'll start the day by exploring some health issues. We'll move from conflict situations and understanding Al Qaeda to understanding the role of women, challenging sovereignty claims, and finally transitioning into development.

A couple of administrative notes on our schedule. We have a very full day ahead of us, as I'm sure you all realize, including the key event, of course, the awarding of the Hilton Prize at lunchtime. I know all of you will want to be active throughout, and of course you'll want to take part in the celebration at midday. There may be times when we need to move on despite pressing questions, not because all the questions have been answered, but because there is so much more to discuss. I hope you'll bear with me through those moments. At the awards ceremony we'll hear from Dr. Lee Jong-wook, Director-General of the World Health Organization.

I have a substitute to announce on a panel. In the panel on Conflict we are very sorry to let you know that Betty Bigombe, former Minister of State of Uganda and Fellow at the U.S. Institute of Peace, will not be with us today. She sent a note just the day before yesterday in which she let us know that this is a critical moment for the Ugandan rebel mediation process in which she is involved, and she said "*I have to stay around.*" So she sends her regrets and we are sorry that she won't be with us. We are delighted, however, to be able to let you know that Francis Deng, the former Representative of the UN Secretary-General on Internally Displaced Persons, is here and will fill that slot in the panel. Those of you who have heard Francis speak before know that he is an outstanding participant in these conferences.

Many of you have placed some literature, some documents, some information about your groups. Please feel free to take advantage. As Steve mentioned, this is really an incredible opportunity to meet people that you have always wanted to meet, people you haven't seen in a year or two, to really connect. This is really an important product of this get-together. Before we get to the program, I want to just tip my hat in a very significant way to Judy Miller and her staff and the Hilton family for bringing us together and making this event possible.

You know it isn't very often that I get a chance to introduce a Nobel Prize winner. There are lots of Nobel Prize winners but there still aren't enough of them to go around, for each one of us to have an opportunity to meet one and introduce one; and I'll bet a lot of you haven't met one either. Professor Amartya Sen won the Nobel Prize in Economics for his work on relieving poverty. His writings have covered everything from famine and freedom to poverty and economic inequality. He's held distinguished teaching and research positions at Harvard, Oxford, Cambridge, the London School of Economics and Delhi University, among others. In fact, he says with a kind of funny humility, that he hasn't held a real job; he hasn't done anything serious out of academia. And so, we'll just assume that he's not a serious person after all. His topic with us today is "*Health and Global Security.*" So please let's welcome Professor Amartya Sen.

Conference Keynote Address

Professor Amartya Sen, Nobel Prize Laureate in Economics and Lamont University Professor at Harvard University

Amartya Sen received the 1998 Nobel Prize in Economics for his work in welfare economics. He is recognized for his contributions to poverty alleviation and the development of human capabilities. His research has spanned the fields of economics, philosophy, and decision theory. Professor Sen was Lamont University Professor at Harvard University from 1988 to 1998, and recently returned to that position. In 1998 he was named Master of Trinity College, Cambridge University, U.K. Prior to joining the faculty at Harvard, Sen had been Drummond Professor of Political Economy at Oxford University and Professor of Economics at the London School of Economics and at Delhi University. Sen has served as President of the Econometric Society, the Indian Economic Association, the American Economic Association, and the International Economic Association. He has authored several books on such subjects as poverty, famine, economic inequality, collective choice, and freedom; the books have been translated into many languages. Amartya Sen has received honorary doctorates from universities in North America, Europe, Asia, and Africa. He is a Fellow of the British Academy and a Foreign Honorary Member of the American Academy of Arts and Sciences. In addition to the Nobel Prize, other awards Sen has received include the Bharat Ratna from the President of India; the Senator Giovanni Agnelli International Prize in Ethics; the Alan Shawn Feinstein World Hunger Award; the Edinburgh Medal; the Brazilian Ordem do Merito Cientifico (Grã-Cruz); the Presidency of the Italian Republic Medal; the Eisenhower Medal; and Honorary Companion of Honour (U.K.).



Health and Global Security

I feel very privileged to be at this marvelous conference, and to have the opportunity of meeting so many interesting and dedicated people whose work I admire greatly. I would also like to thank the chair for his very kind introductory remarks.

In a recent issue of “*The Lancet*,” the medical journal, its editor, Richard Horton, asks: “*What are the prospects for human health in a world increasingly threatened by AIDS, terrorism, environmental destruction, and political indifference?*” This is indeed a question that must be faced and addressed today. More generally, the links between human health and global security are crucial to explore.

When we take note of the seriousness of the global health problems in the contemporary world, it is also necessary that we give adequate recognition to the fact that health insecurity is not a new problem. More than three and a half centuries ago, in 1643, Sir Thomas Browne, the distinguished medical author, had remarked: “*The world...is not an inn, but a hospital.*” Illness has been a momentous part of the human predicament for a very long time indeed. The nature and sources of dangers have altered and in some cases intensified, but the adversities that plague the people of the contemporary world are, in many ways, continuations of age-old problems: medical neglect, general economic poverty, the inadequacy of medical knowledge and understanding, and the lack of social arrangements for health care and social support.

When, twenty-five hundred years ago, young Gautama—later known as Buddha—left his princely home in the foothills of the Himalayas, in search of understanding, he was moved, in particular by the misfortunes of human lives. Buddha's concern with these problems was intensified, as we know from his

biography, by the sight of mortality (a dead body being taken to the cremation), morbidity (seeing a person severely afflicted by illness), and disability (observing a person reduced and ravaged by old age). Gautama Buddha's concern about the deprivations and insecurities of human life, particularly those of health and survival, has served as a powerful image of caring humanity throughout the ages, and it remains deeply evocative today. But, in addition, the search for knowledge to which Gautama was led by his recognition of these misfortunes (his focus on enlightenment is even reflected in his being renamed, Buddha, which is derived from the Sanskrit word for enlightenment) also remains vitally relevant today.

While Buddha, ultimately, sought understanding in a very special way in solitude and reflection, he remained extremely keen on communication, and the societies that were influenced by the ideas of Buddha have historically been in the forefront of developing public discussion and social intercourse. For example, Chinese and Indian Buddhist intellectuals in the first millennium AD devoted a good deal of their energy and attention to studying each other's health care systems and medical knowledge (as I try to discuss in a forthcoming paper in the "*New York Review of Books*"). Enlightenment, in the broad sense, is badly needed in addressing contemporary problems of human insecurity—not least in the field of health.

The importance of public discussion in dealing with societal problems would be hard to exaggerate. The need for this has been recognized for a long time. When I visited the Greek island of Kos last year, where Hippocrates had his pioneering hospital and medical centre, it was interesting to see how the local arrangements catered not only to medical attention, but also to facilities for discussion and dialogue. It is on the role of public discussion that I want to focus in this presentation.

One of the subjects on which there is much scope for public discussion concerns the magnitude of the problems of preventable mortality and avoidable morbidity, and related to that, the extent of effort and that of financial commitment that are needed. Even though the seriousness of the health problem facing the world is widely accepted, the relative magnitudes involved are frequently missed in the presentation of global news. Since the battle against terrorism has become the central motif in world affairs, it is worth noting that there is not a single day in the history of the world in which more people died from terrorism than from entirely escapable fatalities related to avoidable or controllable illnesses. Indeed, even on September 11, 2001, many times more people died of AIDS than from violence on that very day, even after taking account of all the people who were slaughtered by terrorists in the USA.

While terrorism may kill thousands, and sometimes hundreds of thousands, it is estimated that more than 20 million deaths from illnesses each year (out of a total of 57 million total mortality in 2003) are entirely preventable. And yet the money spent on aiding health care in developing countries is a tiny—a comparatively negligible—fraction of what goes into military expenditure, including the “war on terrorism.” We must not, of course, complain that the beastliness of planned and premeditated killings generates such revulsion around the world—they are indeed atrocious and have to be confronted. But so long as we have an inadequate appreciation of the vast numbers of preventable deaths and terrible suffering generated by avoidable illnesses and disabilities, the world may not be able to concentrate adequately on confronting the health disaster that surrounds us.

The recent report of the WHO Commission on “Health and Macroeconomics,” chaired by Jeffrey Sachs, has brought out very clearly that good health has side effects on economic performance as well. Economic growth as well as distributional equity may both be strongly influenced by the cultivation of good health in the society in general. These connections must be noted and affirmed. And yet, the primary justification for focusing on health is not the fact that good health has *other* good consequences, but that good health is a constitutive part of the quality of life that we can enjoy, and is important in itself.

Through making human lives longer and more secure, rather than people being cut off prematurely, good health also contributes to our basic freedoms and capabilities. Indeed, being alive is a necessary condition for carrying out the plans and projects—whatever they are—that we want to pursue. There are not a great

many things we can do if we are not here. The point was put well by the seventeenth century poet, Andrew Marvell, in a poem dedicated to his “coy mistress”:

*“The grave's a fine and private
place, But none, I think, do there
embrace”.*

I do not know precisely how coy Marvell's “coy mistress” was, nor whether she liked being embraced by Andrew Marvell or not. But clearly Marvell liked it, and he was right to point, in general, to the fact that we value life at least partly because of the things we can *do, if alive*. The value of living must reflect the importance of our valued capabilities—our ability to do what we would like to do—since living is a necessary condition for having those capabilities. This is one of the reasons why the focus on longevity in many widely used indicators of human achievement, such as the Human Development Index of the United Nations, reflects an implicit valuation of human freedom—our capacity to do what we value doing.

However, when we look at the consequential effects of good health, we must also note that the social pursuit of health does have a bearing even on problems of human security and the prevention of violence. The connection links with the general relationship between equity and peace, and between perception of inequality and injustice, on the one hand, and violence and even terrorism, on the other. That relationship is sometimes denied on the ground that the terrorist leaders frequently come from the more affluent sections of the community: Osama bin Laden did not suffer from poverty. But this denial is too rapid. Violence and a network of terrorism require not only leaders, but also foot soldiers—thousands of them—and they often come from deprived sections of the community. Second, a sense of inequality and injustice contributes to the *tolerance* of violence in a society that would otherwise find violence totally unacceptable. An odd sense of “*justice being done*” can greatly skew the understanding of codes of normal behavior.

It is, in this context, important to see that the neglect of the terrible predicament of the less fortunate people in the world has an element of dynamite in it, and also that the misfortunes in question include not only poverty, but also unnecessary death and suffering from preventable morbidity that is allowed to continue. And the memory of no help coming from those who are in a position to help can last a long time and influence the climate of mutual tolerance and intolerance for a long time to come.

The time scale involved in the linkage between deprivation and violence is often underestimated. There may be no immediate connection between people being deprived and their protests being violent, but the memory of deprivation and neglect—if not worse—can survive and vitiate the atmosphere for a great many years.

It is worth recollecting in this context that Ireland in the 1840s, which experienced terrible famines (a higher proportion of people died in the Irish famines than in any other famine I have studied), experienced little overt violence. Indeed, there was little attempt by the hungry masses to intervene even as ship after ship sailed down the river Shannon laden with rich food, carrying it to well-fed England from starving Ireland. But for a century and a half after those dreadful famines, the memory of the starvation and the absence of help from England would fuel rebellion, separatism and violence in Ireland, and their effects survive even today. The inaction of the prosperous world today, while a third of the African people may perish from AIDS or malaria, may not instantly create social violence, but for a long time to come, the memory of being badly treated and severely neglected might persist, making the world a much more flammable place than it need be.

In discussing the connections between health and global security, we have to take note of the many different ways in which people in the world suffer from—and often succumb to—preventable or curable or manageable medical problems of one kind or another. There is, first of all, the grinding problem of

poverty, which makes it difficult or impossible for many people to afford medicine, or to obtain health care.

Second, there is the problem of widespread illiteracy, which adds to the burden of disease and health failures.

Third, there is also the scarcity of medically educated personnel, especially in the poorer parts of the world, combined with the lure of more opulent employment elsewhere which often attracts members away from the thin pool of medically or paramedically trained staff in the poorer countries, including those in Africa, to Europe or North America.

Fourth, there is lack of development of appropriate medicine, especially for medicines that require unique or infrequent use (such as vaccines and inoculation), that are vitally needed by the poor of the world. They often fail to receive priority in medical research undertaken by pharmaceutical companies, since their non-repeating nature makes these remedies economically less rewarding, unless some special incentives are socially arranged.

Fifth, there is also the rapacity as well as organizational clumsiness reflected in the unavailability of known medicine which can be very cheaply produced but the manufacture and distribution of which are held up by a badly organized system of royalties and patents, which greatly exaggerates the costs of research and development.

Sixth, there are also far-reaching effects of social inequalities which—as Michael Marmot has discussed so convincingly—not only violate human dignity in most elementary ways, but which also predispose people to despondent behavior and to unnecessary and untimely mortality.

Finally, there can also be lack of political engagement needed for initiating or consolidating medical expansion and health care reform.

I do not have the opportunity of going into these issues in greater detail, but many of them are discussed in the *Report* of the Commission on Human Security, which I co-chaired along with Dr. Sadako Ogata, and also in a special symposium on public health in *“The Lancet”* last month.

What are particularly important to focus on are the ways and means of overcoming the health insecurities that plague the world and the far-reaching consequences—political as well as economic— of these insecurities.

The lives of people in different regions of the world interrelate, and so do the causal antecedents of the diverse but linked predicaments from which human beings suffer. That is certainly one reason why it is so important to value the humanitarian activities of the kind that we are gathered here to celebrate today. The reach of well-reflected and committed social action can be very extensive indeed.

Conference Keynote – Question and Answer Session

Begleiter. Thanks, Professor Sen. We have time for maybe one or two questions at this point before our first panel. Some of you, I know, wanted to meet Professor Sen and maybe you'll have a chance to do so and ask a question. Does anyone in the room have a quick question for him right now?

Q. Unknown, inaudible....some assistance in the way in which the rest of our global community relates to them. I think of the San people of South Africa who under the leadership of Mandela are beginning to reassert their own autonomy and self-willed pride. This conforms to one model in which social equality can lead to a betterment of the health condition because there's greater pride in being who you are.

A. Sen. I think that's very important indeed and South Africa is a place where this is being thought about a great deal. I had an opportunity of visiting last summer and I was impressed by exactly what you are referring to. I might mention, for those who are not familiar that Michael Marmot's study, which I referred to, began in a small way with a study of White Hall—these are civil servants in Britain—and Michael was struck by how the mortality rate dramatically went up as you went down the ladder. And indeed, even if you take the income out of the effects of that, taking the general populational connection between income and health, it still remains, the social inequality remains a very strong residual factor. Indeed, one of the problems was that people die of things like smoking and drinking and so on, and that led Michael Marmot to the position to study how these behavior patterns linked with the sense of being sat upon by others. So I think there is a very strong connection. I'm delighted you did raise that issue and I think I'm right in thinking that Dr. Lee is planning to set up a commission headed by Michael Marmot dealing with social causes of ill health, and this would be very important to study.

Q. Merrill Smith, U.S. Committee for Refugees. Thank you, Professor. We have a campaign against what we refer to as the "warehousing" of refugees, a provocative term for refugees kept in camps for years and years with no right to work or freedom of movement, and we have done some study on the health effects of enforced idleness and boredom, substance abuse, spousal violence and that sort of thing. However, sometimes the counter-argument is made that the delivery of health services is actually easier if you concentrate and encamp refugees, and there may be some truth to that. Of course it begs the question of why health care can't be delivered in a more integrative, less parallel method, but I just want to know what you think; if, on balance, there's anything to be said or whether that does or does not mitigate in any way the rights-based demands that refugees enjoy—the rights that the 1951 convention gives them to work and freedom of movement.

A. Sen. It is an extremely important question. I spent about 15 years studying famine, from about the middle 1970s to the 1980s. One of the things that came very clearly to me on the basis of studying famines in different parts of the world—primarily Africa but elsewhere too—is that there are really two conflicting considerations here. In terms of delivering health care, of course getting them into a camp had a great advantage because they were concentrated. On the other hand, in terms of spread of diseases, the camps had an effect of dramatically expanding the rate of that spread, because being huddled together and not being in normal living conditions at home makes a big difference. As an economist I had to note that it also had a much more destructive impact—and I'm talking not about political refugees, but primarily famine victims who are in a camp rather similar to that of the refugees in order to be fed. So it becomes a difficult question, because when it comes to political refugees there isn't anywhere to put a famine victim, in a comparable way. But I see the merit of the point that was being made, and I think that is an important one to study. Yet we have to see also these two other things: first, what does it do to the spread of illnesses and, second, what does it do to the resumption of normal economic and social life? The refugee problem has to be integrated with resettlement, not in camps, but in society. Ultimately, I think that's where my focus would tend to be.

Begleiter. I can't help asking a question here that's very related to current events. I want to bring a couple of your last points together here. You spoke of the unavailability of known medications, social inequalities, the lack of political engagement and the lack of development of medications that, you said, could be made easily but there's no incentive or little incentive to create them. Does the flu shot problem that we are going through at this very moment in the United States hold the promise of perhaps waking up people in prosperous nations—not just the U.S. but others as well—that have the capability of producing incentives to create those non-repeatable medications that you spoke of? Is that something that's promising for helping places that need it on a continuing basis—Africa, South Asia, etc.—or is it just going to focus our attention more on ourselves and less on others?

A. Sen. I was afraid you were going to ask me, when you said you had a question relating to current events, as to when those explosives disappeared, and I was going to say I didn't know the answer, which is probably not very different to this question.

Begleiter. This one you *do* know the answer to, I suspect.

A. Sen. I think there are three things that are very important in the flu conflict. One is to recognize that even though epidemics sometimes come about in a particular way—and of course the main one people have tended to watch is the one in the Far East—and even though epidemics are infrequent, the likelihood of one epidemic or another coming your way is quite large statistically at any time. There is a need for preparedness rather than scrambling into action when suddenly you see a problem. There's a very strong case for that. Secondly, I don't fully know what went wrong with the particular batch that they were expecting to get; there's a conflicting story there.

Begleiter. Yes, but this is a question about political incentives, political motivations...

A. Sen. Right, but I don't know the details and this is something that we really have to find out because it's quite scandalous that this could happen. But leading off that question, I think it also raises the two issues I was concentrating on. My talk at the UN General Assembly tomorrow is about the role of the market economy in globalization and the roles that other institutions have to play, and I try to argue that the market economy is as good as the company it keeps, namely what are the other things you're doing. Other things are very important: for instance, generating incentives through the market economy ...the incentive structure of inoculation and vaccine has hardly been studied. I'm a member of the vaccine board, and we discuss that it's quite clear that while there's tremendous commitment, the understanding of why it is that new vaccines are hard to develop and old, known vaccines are often hard to use has not been fully studied. The standard technique of subsidizing and encouraging, as well as other innovative things like guaranteeing purchase of vaccines, remain very important to study. On top of that, the role of the state is something that has to be brought to mind. We celebrate the fact that the market economy does a lot of things, but the state does have an extremely important role in health care that's been recognized for 2,500 years at least. It's quite interesting in this Chinese-Indian discussion I was referring to, how again and again the discussion concentrates on what the state should do. What is the role of the state in health care? And it's interesting to see that more than 2,000 years later, we still have some doubt as to whether the state has a significant role in this or not. I think you're quite right to point out that it's the political implication that we have to look at, and one should never look at misfortune as a good reason for doing something, because it looks as if we're being indifferent to the present predicament, which we should not be. And yet we live in a world where one predicament is a way to prevent further predicaments in the future.

Begleiter. Thank you very much, Professor Sen.



Panel One Summary—Health

There is sometimes a tendency to look at disease as a side issue to development, requiring intervention, but a diversion from efforts to eradicate poverty. However, the speakers firmly dispelled such views. All three placed health issues in the center, a prerequisite for development and political stability, a matter not only of humanitarianism, but of human rights.

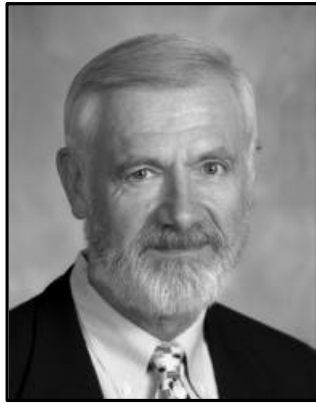
Health Lessons: Learned and Relearned. The lessons are numerous. You cannot separate health from education, development, conflict, and security. There are limitations to science and its sense of certainty is dangerous. Certainty is the Achilles' heel of science, politics, and religion, with the certitude of the latter the source of many current conflicts. This is a cause-and-effect world. Religion, ethnicity, and nationalism are learned behaviors but there is also the capacity for relearning. Part of relearning is to acknowledge that everything is related.

The old mandate, “do no harm,” is incomplete, focusing, as it does, on errors of commission when far more harm is done because of errors of omission: the vaccines not given, the science not shared, the help withheld...the best long-term approach is prevention. The lesson of prevention is learned repeatedly...and repeatedly forgotten.

Human Rights Education: The First Step to Health. The health and hygiene problems of African villages are enormous: sanitation, clean water, maternal mortality, female genital cutting, child marriage, lack of immunizations and basic health services, and an overall grinding poverty that breeds ill health and encourages despair. For all these concrete, discrete problems, it is basic education in human rights that has been demonstrated to turn things around. By involving not only an entire village—men and women, traditional leaders and healers—but also a community of villages with similar ethnicity, values and traditions, people can move from a passive fatalism to making positive changes through tough, progressive communal decisions on health and other social and economic issues.

Facing MDR-TB: An Opportunity to Get Involved. As in Africa, so in Latin America: involving the community as a whole for what are commonly perceived to be individual problems—poverty or illness—was a turning point. Through the principle of pragmatic solidarity, a community was mobilized to bring a standard of individualized treatment for multi-drug resistant tuberculosis (MDR-TB) to an urban slum in Peru where families were being decimated. Not only did such patients recover—where previously it was thought impossible in such resource-poor conditions—but solidarity also led to innovation, motivating the community to find creative approaches to the chronic poverty and unemployment that underlie the disease of tuberculosis. When there was a need for food service and transportation, they found solutions within themselves.

William Foege, M.D., M.P.H., Chairman of the Global Health Council and Senior Advisor to the Bill and Melinda Gates Foundation



William H. Foege is an epidemiologist recognized for his work in the successful campaign to eradicate smallpox in the 1970s. Dr. Foege became Chief of the U.S. Centers for Disease Control (CDC) Smallpox Eradication Program, and was appointed Director of the CDC in 1977. In 1984, Foege and several colleagues formed the Task Force for Child Survival, a working group for the World Health Organization, UNICEF, The World Bank, United Nations Development Program, and the Rockefeller Foundation. He joined The Carter Center in 1986 as Executive Director, Fellow for Health Policy. He resigned in 1992, but remained a Fellow and Executive Director of the Task Force. In 1997, he became Presidential Distinguished Professor of International Health at the Rollins School of Public Health at Emory University. In 1999, Foege became Senior Medical Advisor for the Bill and Melinda Gates Foundation. He retired from both Emory University and the

Gates Foundation in December 2001; however he remains active in both organizations as Emeritus Presidential Distinguished Professor of International Health and as a Gates Fellow. Foege received his medical degree from the University of Washington and his Master's in Public Health from Harvard University. A recipient of many awards and honorary degrees, Foege is the author of more than 125 professional publications.

Health Lessons: Learned and Relearned

Thank you, Ralph. Late last night I got a phone call from my six-year-old grandson in Seattle. He had just watched the lunar eclipse, and he said to me, “*I don’t understand how the world gets in the way.*” Today we’re talking about health and development and how the world gets in the way. It’s been said that it’s easier to fight for principles than to live by principles and, likewise, it’s easier to learn lessons about health than it is to use those lessons, and so we continue to relearn them and then we forget to apply them. The driving question that Professor Sen started with is, why don’t we do a better job in reducing the terrible toll of disease and why are there such disparities?

The first lesson that I will mention he also mentioned. You can’t separate health from other things, you can’t separate it from education, development, conflict, life, security. So I will drift into development and conflict as I talk about health, because the real lessons aren’t health lessons, they’re generic lessons about life itself.

Lesson number two, the limitations of science. Those outside of science often are overwhelmed by the sense of certainty that they think scientists have. And certainly the scientific approach is an attempt to get objective facts and strive for certainty, but certainty is the Achilles’ Heel of science, religion, medicine, and politics. One problem was elucidated 700 years by Roger Bacon, when the Pope asked him for a summary on science. He gave a summary, and there are three things that I recall. One, his joy over science; he predicted automobiles and airplanes and other things. Number two, he said science lacks a moral compass. And number three, he chided the Church for not providing leadership. I keep thinking, “*Wouldn’t it be great to have him back for a lecture?*” because he would still be thrilled by science, he would still be troubled by the lack of a moral compass and he would chastise everyone—the Church, academic institutions, the government, global agencies, even foundations—for the lack of leadership when it comes to a moral compass. A few hundred years later, the great French physician Rabelais wrote ten words that Will Durant says are ten words to live by, when he said “*Science without conscience is but the ruin of the soul.*” Through the ages, we keep hearing this imperative, the need for a moral compass and the great challenge to us is to use our science for the benefit of all. We have yet to apply that lesson.

I say to students that they should love science, absolutely love it, but don't worship it. There is something better than science, and that is science with a moral compass, science that contributes to social equity, science in the service of humanity.

Lesson number three, this is a cause and effect world. Stephen Hawking said that the history of science is the gradual realization that things do not happen in an arbitrary fashion. It's true for health, it's true for development, it's true for conflict. Not a single conflict develops without a cause and it's always a human cause. Ethnicity, nationalism, religion are all learned behaviors and therefore there is the capacity for relearning. Development is the result of learned behavior, as is health. Therefore, as bleak as things may look, as Jonas Salk reminded us, evolution will be what we want it to be. This is not a fatalistic world. We earned the mess we are in and if we are wise we can get out of it. You would not be here if you were fatalists. There would be no Hilton Humanitarian Prize if you were fatalists. You actually think you can change the future. It's strange that we're all a mixture though, of fatalism and non-fatalism, and I often say that I'm most fatalistic when I get into a taxicab: I've lost control. One night in Philadelphia I got into a taxicab heading from the airport to downtown. It's not far, but suddenly I realized I was smelling alcohol. So I engaged the driver in conversation to see how great my risk was. I said, "*You should know I'm a high-risk passenger.*" He asked, "*What does that mean?*" and I told him, "*I've been in five taxi accidents in my life.*" He said, "*That's nothing: I've been in a lot more than that.*"

Lesson number four, power does in fact corrupt. This is a constant challenge for those who have the power of health, medicine and wealth, and for those who have humanitarian interests. Primo Levi, the great chemist from Italy, once said that power is like a drug; until you try it you don't know how you will react. Some people become addicted and need larger and larger doses. While we attribute the phrase "*Power corrupts and absolute power corrupts absolutely*" to Lord Acton, in fact it was said in just those words by Isocrates 2,000 years ago. It's true with political power, economic power, the power of knowledge, the power of medicine...it does corrupt. And then after 2,000 years, Paul Warnecke came along and he improved on the saying. He said, "*It may be true that power corrupts and that absolute power corrupts absolutely; but the most corrupting of all is the fear of loss of power.*" One need look only at a dictator in Africa who fears loss of power, at a politician or a CEO under fire, to recognize the danger.

Lesson number five, the bumper sticker "*Think globally, act locally*" is catchy but it's totally inadequate. What the bumper should say—and then it wouldn't make a good bumper sticker—is "*Think and act locally and globally.*" We have to be globalists, which includes but is not limited to local actions. Einstein said nationalism is an infantile disease; he called it the "*measles of mankind.*"

Lesson number six, the need for optimism. The trouble with being an optimist, of course, is that people don't think you know what's going on. Harlan Cleveland, the political scientist who has in recent years been looking at global health, says that what he likes about global health workers is their unwarranted optimism. Public health people, global health people, are by nature optimists who believe they can change the world. There would be no logical reason for pessimists and for fatalists to be attracted to the field. I tell students there is a place for cynicism and a place for pessimism, and whenever you need it, contract for it but don't get those people on your payroll.

Lesson number seven, back to the first lesson. Not only is this a cause and effect world, everything is, in fact, related. It's not possible to separate things out. E. O. Wilson has written a word called *consilience* and he defines the word as "*the jumping together of knowledge.*" I love that phrase. Polybius, 2,000 years ago, said it may have been possible for things to happen in isolation, but from this time forth the world must be seen as an organic whole. He said everything affects everything. And so it leads us to Professor Pelican at Yale who says the difference between good and great scholarship is that good scholarship can often be traced to your mentor and where you took your training, but great scholarship is often traced to how much a person knows outside of their field.

Lesson number eight, conflict doesn't work. The results are so devastating on health and development that they ought to be avoided at all costs and we can't seem to learn this lesson. Resources are diverted, facilities are destroyed, and services are curtailed. Injuries and deaths...we now have ten civilians dying for every military death. More children dying in war than soldiers dying in war. 500 years ago a Spanish soldier, after being wounded, wrote a sonnet to try to understand what he had been through and I quote it:

And now larger than ever lies the curse
On this our time; and all that went before
Keeps altering its face from bad to worse
And each of us has felt the touch of war –
War after war, and exile, dangers, fear –
And each of us is weary to the core
Of seeing his own blood along a spear
And being alive because it missed its aim.
Some folks have lost their goods and all their gear,
And everything is gone, even the name
Of house and home and wife and memory
And what's the use of it? A little fame?
The Nation's thanks? A place in history?
One day they'll write a book, and then we'll see.

But we don't.

Lesson number nine, religion is the source of much of the conflict and I find this a source of deep distress. I go back to my phrase, certainty is the Achilles' heel of science and religion and politics.

Lesson number ten, it is possible to trump conflict with health and we have seen this over the years, with days of tranquility when people stopped fighting in order to immunize children. We've seen, in the Sudan, ceasefires as long as six months in order to do medical work. We should be exploiting this fact. That health can trump conflict. We should be exploiting it with every conflict.

Lesson number eleven, do no harm. Every medical student hears this from the first day they're in school and they only get half of the message because the conversation is always about errors of commission. Even the Institute of Medicine did a book on this and the entire book is about errors of commission. I contend that far more harm is done over the years because of errors of omission. The vaccines not given, the science not shared, the help withheld. Again, to go to Primo Levi, he said, "*When we know how to prevent torment and don't do it, we become the tormentors.*" As I left for Africa 40 years ago, my supervisor made an offhand remark that chilled me to the bone. He said, "*You'll never forget the people you kill.*" And I thought about this and realized, of course you forget them because you don't know them. It's the errors of omission that kill the most people.

Lesson number twelve, health is a basic building block of development. We heard this from Professor Sen. The 1993 *World Bank Report on Health* highlights the need for health if a society is to progress, and of all the things that we can do in health, the best long-term approach is prevention, but we always have trouble getting support for it. People are most interested in health only when they lose it. There's far more interest in flu vaccine when we don't have it. And the day you get a diagnosis of lung cancer you would give your entire wealth to be able to move back 20 years and change your approach. The lesson of prevention is learned repeatedly and then quickly forgotten.

And a final lesson: we can never rest. It was at the battle of Chancellorsville in May 1863 when Colonel Thomas S. Allen of the 5th Wisconsin took over Burnham's assault line and rallied the troops with words that they remembered for the rest of their lives. *"When the signal forward is given, you will start at double quick, you will not fire a gun and you will not stop until you get the order to halt."* And then he added, *"And you will never get the order to halt."* Health, development, humanitarian assistance—learn the lessons well, for we will never get the order to halt. Thank you.

Molly Melching, Founder and Director of Tostan (Senegal, West Africa)



With nearly 30 years of development experience in Africa, Melching, a former Peace Corps volunteer, is the founder and director of Tostan, a non-governmental organization based in Senegal. Melching develops educational materials for use at the village level, and has created two original basic education programs for women and adolescent girls in the national languages of Senegal, Guinea, and Burkina Faso. Tostan works to empower rural women in Africa, reducing maternal and infant mortality, childhood marriage, and female genital cutting. It provides communities the skills necessary for positive socio-economic transformation. Tostan's work has been recognized on an international level, and numerous films and articles have been produced on the Tostan experience in over 20 countries.

The World Health Organization selected Tostan as a Best Practice for ending female genital cutting in 2003. Melching is highly regarded for her expertise in non-formal education, human rights training, social transformation issues, and for her innovative work in ending female genital cutting in Senegal. In 1999, she received the Humanitarian Alumni Award from the University of Illinois at Urbana-Champaign and in 2002, the Sargent Shriver Distinguished Award for Humanitarian Service.

Human Rights Education: The First Step to Health

Good morning, everyone. My name is Molly Melching. I come from Senegal and bring you greetings from all of the people in Senegal where I have lived for the last 30 years. I also bring you greetings from a woman in the southern region of Senegal named Lalla. Lalla's younger sister, Mariam, died seven years ago in the village due to complications during childbirth. Mariam was only 14 years old and had never gone for pre-natal consultation. That same year, the three-year-old son of Lalla's best friend died from measles. In a nearby village, Lalla's niece, a 13-year-old girl, was married to an older man and hemorrhaged during her wedding night. She almost died and has not been the same since. Lalla's own daughter has had serious gynecological problems following an operation for female genital cutting (FGC) when she was only six years old. There were no health services seven years ago in Lalla's village, and the nearest health post was 15 kilometers away.

Things are different in Lalla's village today. Although there are still health problems, they have been greatly reduced. And this, thanks to the efforts of the villagers themselves, united with a common vision for improved social and economic conditions for their community and those surrounding them. As participants in the Tostan Basic Education Program in national languages seven years ago, the women and men of the community learned about their human rights and responsibilities. Over a period of eight months, they participated in facilitated community discussion and dialogue three times a week that led them to critically analyze the state of health, hygiene, the environment, and education from a human rights and responsibilities perspective. Their learning was facilitated by using the Fulani songs, poetry, theater, and stories to illustrate and enliven class sessions. They also discussed actions that they could undertake together to make a real difference in reducing the extremely high rates of maternal mortality in their zone, and they realized that many of their problems were related to cultural beliefs and traditions that they alone could work out by consulting all members of their community and extended family, and asking them all to become involved. They then made critical decisions, such as collectively abandoning the practices of female genital cutting and child marriage that had persisted for generations and had led to much pain, suffering and death for all the girls and women of the village. They also made other important decisions, such as starting a community health station for basic health services, organizing to ensure timely vaccination for their children by forming a solidarity group providing loans to parents for vaccinations when needed, and establishing a special committee to coordinate with local health workers. They set up new village guidelines for ensuring that pregnant women could go for pre- and post-natal

consultations and give birth in health centers. They systematized birth registrations to ensure their children could go to school, obtain national identity cards and vote in the future. And they established a management committee that oversees and coordinates all activities, including small projects for health, microcredit, and income generation in the community. This has now become a legalized, established entity officially recognized by the government.

And Lalla's village is not unique. Since Tostan, a non-governmental organization that is based in Senegal, first introduced human rights dialogue as the foundation for our non-formal education program in 1995, hundreds of villages have begun this process for positive social transformation in many areas of their lives. Perhaps the most surprising result of using such a human rights-based strategy is the mass abandonment of female genital cutting that is now occurring in Senegal. FGC was prevalent in approximately 5,000 of 13,000 communities in Senegal but practiced at a rate of 88% to 95% by certain ethnic groups. Within the intra-marrying groups of the same ethnicity, implementation of the Tostan program has led, over the past eight years, to coordinated abandonment of FGC and other harmful practices such as child marriage.

Human rights dialogue is the first step of the process, followed by problem solving, hygiene, and health learning. Participants then widen this dialogue to the larger community and to their extended family in other villages. This process has culminated in 17 public declarations. Since 1997, 1,367 communities representing about 600,000 people have joined in. They have put FGC behind them and have moved forward to new aspirations in health and human rights for their women and girls. Furthermore, the process of transformation continues to widen and accelerate, now approaching a critical mass that could constitute a tipping point such that by 2010, Senegal could be the first African country FGC-free.

The program has also proven successful across a variety of different ethnic groups and settings in Burkina Faso, the Sudan, Mali and in Guinea. The success of the process, however, is not a coincidence and the prediction of replicability arises from detailed theoretical considerations. In 1996, Dr. Gerry Mackie published a comparative historical and game theory analysis of the practices of foot binding in China and female genital cutting in Africa in *The American Sociological Review*. Dr. Mackie observed that foot binding was nearly universal within intra-marrying groups in China. It was widespread and persistent but ended suddenly and decisively within one single generation at the beginning of the 20th century. Mackie explained that a natural-footed woman, just like an uncut woman in some intra-marrying African groups, was unmarriageable. There were many failed efforts to end foot binding, some of them very repressive, but the one method that worked was coordinated abandonment of the practice within intra-marrying groups by means of public pledge or declaration, and the method rapidly spread by organized contagion in China, just as FGC is now ending in Senegal. The method works because it solves the problem of marriageability. Everyone in the group is assured of their daughter's respectability and marriageability after the declaration, and there is no incentive to take up the practice again.

In 1997, the women of a village group that had been through the program in Malicounda Bambara proposed ending female genital cutting in their village and, against great odds, they did so and with much courage, I must say. This attracted interest in neighboring villages, particularly from the religious leader, Demba Diawara, from Keur Simbara. Demba independently worked out theories parallel to Dr. Mackie's. (I always say that Demba has his doctorate in wisdom and social transformation.) He set about organizing 11 villages that intra-marry with his village, culminating in the Diabougou Declaration of FGC Abandonment in February 1998. Eighteen villages in the region of Kolda then followed in June 1998 and this was Lalla's village.

The movement was well underway, particularly because it received great support from the Senegalese government and I think that is very important. The human rights and responsibilities program, combined with collective abandonment through public declaration, is leading to a new paradigm for improving health. In this paradigm, people are not blamed or condemned, rather they are trusted to take the

responsibility for these important decisions, moving them away from citing God's will, the government or supernatural intervention as the source of their problems. They now understand that they themselves can make a significant difference and are not helpless victims of uncontrollable forces. They have truly become proactive and committed partners. By first successfully working through and solving these very important social issues, community members start making positive change, acting with new confidence, pride and the conviction that they are part of a larger movement toward human dignity through this new respect for human rights. By promoting such issues as timely vaccination, pre- and post-natal consultations, family planning and birth registration, women's leadership and participation, as well as ending ethnic conflict, gender bias, caste discrimination, female genital cutting, child enforced marriage and domestic violence, villagers become powerful human rights activists. When local government agents observe the determination of these communities, they further support their efforts through the coordination of government-sponsored activities with the Community Management Committees, including them in programs or initiatives and generally making an attempt to provide accountability to people who now understand the role and responsibility of the government.

Today, you will find Lalla actively inciting members of her extended family living in other villages and other regions to join her in her quest for better health and improved living conditions. She is proud to spread the human rights messages because they are very positive and they are unifying. Now, with support from our long-time partners, some of whom are present today—notably UNICEF, the American Jewish World Service (AJWS), the Conrad N. Hilton Foundation, the Bill and Melinda Gates Foundation, the Annenberg Foundation, as well as others—Tostan has begun to extend this strategy of human rights-based non-formal education and collective abandonment to other African countries. One of the major strategies will be to include people of the same families and same ethnic group—whether they be living in Senegal, Mali, France, Sweden, Guinea or the U.S.—in a beyond-borders dialogue to collectively define their common goals and aspirations for the future. By facilitating this communication on health and human rights issues among people with a similar past and with similar traditions, it may be easier for them, together, to determine what will lead to the well-being of their communities in the coming years and end a deeply engrained social convention. Working through a coordinated initiative with other NGOs, African governments and UN agencies, we now believe there is real hope that we will witness something we never dreamed possible—the rapid and universal abandonment of this 2,000-year-old harmful, traditional practice within our lifetime. Thank you very much.

Jaime N. Bayona, M.D., M.P.H., Director, Socios En Salud (Partners In Health) Lima, Peru

Jaime Bayona is the Director of Socios En Salud (SES) in Lima, Peru. SES is the Peruvian sister organization of the Harvard-affiliated nonprofit, Partners in Health (PIH). Dr. Bayona serves on the Advisory Board of PIH and is also a lecturer at Harvard Medical School. Since 1994, Dr. Bayona has directed the first community-based program to treat multidrug-resistant tuberculosis (MDR-TB) in a resource-poor country. In treating patients who had not been cured by the directly observed short-course chemotherapy (DOTS) recommended by the World Health Organization, the DOTS-Plus strategy was developed that is now endorsed by WHO. Dr. Bayona is one of the world's leading authorities on programmatic approaches to control this disease. To date, more than 2,000 patients with infectious MDR-TB have been treated, with expected cure rate exceeding 75%. Under his guidance and in close collaboration with the Peruvian Ministry of Health, the MDR-TB project is now a national program and SES provides on-site training of health care workers from Peru and other countries.



Facing MDR-TB: An Opportunity to Get Involved

Good morning and thank you. I am very grateful to the Hilton Foundation for this invitation and for the opportunity to share with you part of the work that Partners In Health is doing in Peru and in Haiti.

Antibiotics have been available to cure tuberculosis patients for the last 60 years. Therefore tuberculosis should not exist today, but every year there are 8.4 million new cases and almost 2 million deaths due to this curable disease, mostly among poor patients. Twenty-five percent of all the TB cases in Latin America occur in Peru, even though Peru has one of the best TB programs, widely known and admired by international TB experts. By the mid-1990s, this model TB program was curing more than 90% of new TB cases using directly observed therapy. However, in northern Lima at that time we found a number of patients sick with multi-drug resistant tuberculosis. This means these patients were sick with strains resistant to the first-line drugs.

In September 1994, we founded Socios En Salud as the Peruvian branch of the non-governmental organization, Partners In Health. We began working in Carabayllo in northern Lima, one of the poorest districts in the city. It has about 130,000 inhabitants and a high incidence of TB. When we found MDR-TB was decimating so many families because patients were not receiving appropriate treatment, we were moved by the principle of pragmatic solidarity and mobilized to bring a standard of care, individualized treatment for MDR-TB to this urban slum. When we sought help on a public health policy front, we found there were some who thought it was too costly to treat these patients. This situation was posed not only as a challenge, but as a duty. For us, it did not seem to be a question of whether to treat these patients or not; it was a moral responsibility to provide the best adequate treatment possible, or they would die. In doing so, our partners became Ministry of Health officials, doctors and nurses who, despite working hard, being committed to their patients, and applying the national guidelines and international recommendations, were not having success.

Let me tell you the story of a mother and her son. Today her son is finishing treatment for MDR-TB. The mother is still terribly sad. She told us after this son had become ill, four of her other children had developed TB and all had MDR-TB. All four were adults and died within the last two years from MDR-TB. The mother asked us, “*How can it be fair for such things to happen to one person? How can this happen?*” In collaboration with the national TB program, our team began providing individualized treatment regimens to patients who failed the standardized earlier treatment regimens. We achieved a cure rate of 75% in the first cohort of mostly chronic cases. Since then, we have used the same approach in a much larger group of patients with similar results, and even better results when patients have been

referred earlier to appropriate treatment. These results, achieved through the pioneering strategy of providing community-based individualized treatment regimens, prepared our team to face a greater challenge and motivate pharmaceutical companies and donor agencies to get involved.

After the first group of patients, we completed 1,450 patients financed by the Bill and Melinda Gates Foundation, and we enrolled all of them by September 2003, achieving similar cure rates. Recently, the Global Fund to Fight AIDS, Malaria and TB awarded \$26 million to Peru for the TB control program, half of which will support treatment for another 2,200 patients with MDR-TB. To date, 800 of these patients have been enrolled. One of the main pillars of success in treating these patients in the community has been the participation of health promoters, or community health workers. These individuals deliver unsupervised treatment daily and give the necessary moral and emotional support to patients to overcome the many difficulties inherent in this two-year regimen, helping them complete treatment. The first group of health promoters recruited is still involved in the selection, training and follow-up of new promoters. They receive no wages, but a contribution of about \$15 monthly that allows for transportation costs and for food baskets for promoters who on average see three patients daily. The first group of health promoters selected by Socios En Salud came from the local community served by our organization. At the moment they were recruited, most of them were young adults who had seen the hope of a better future interrupted because of the country's adverse economic situation. Most could not afford to pay for higher education. Their daily work with the patients motivated them and increased their desire to serve. What they earned helped them save some money to finish their studies successfully and pursue new goals. Of the six nursing students who began working with us as community health promoters and supervisors, today all have completed their training and qualified as registered nurses, and all are pursuing post-graduate studies in public health. Likewise, several other promoters have now completed their studies to become nurses, nurse technicians, pharmacy assistants, engineers, economists, and accountants. They are now employed by our group.

Please allow me to tell you the story of one of our co-workers. His name is Pablo. He was a young medical student when he was diagnosed with MDR-TB in 1996. He became emaciated and weak and had to drop out of medical school. He started treatment for MDR-TB in 1997. Shortly thereafter, he felt well enough to begin working as a medical assistant to Socios. By 1999 he was cured and was able to return to school. He completed his medical studies, finished his residency, and now works on the TB ward of the major hospital in Lima.

As mentioned, MDR-TB is closely linked with poverty and unemployment. Creating job opportunities is not an easy task, but there is always room to get involved in the fight against poverty and to express pragmatic solidarity. For example, a group of mothers from the oldest community kitchen in the Lima metropolitan area was running a small grocery and bakery with success, but they focused only on the neighborhood. Socios needed to hire someone to deliver supplementary food for MDR-TB patients, and asked this group of mothers to provide the service. Another example—some TB patients were too weak to walk to their morning check-up or had difficulties getting transportation to emergency rooms at the public hospital. As you can imagine, there is no ambulance service willing to provide service in the poor neighborhoods at a cost that is supportable. A group of independent drivers from Carabayllo created a formal taxi company and serves the patients needing transport.

MDR-TB treatment lasts so long that it can be an excellent opportunity to train patients in activities that will be useful for them in future jobs, to sustain themselves and their families once they finish treatment. This is how some patients have learned skills in photography, cleaning-related activities, office assistant tasks, management of audio-visual equipment, assisting in courses and events, and embroidery; all training is done by volunteers. It is our hope that this example will receive the financial support necessary to allow for the training of more patients who have completed their treatment. In addition to international support, it is possible to involve national private resources in the fight against MDR-TB. Our first example of this is that of a Peruvian businessman who provided financial support to build in the

south of the country a unit to treat MDR-TB patients and an occupational therapy workshop. Human resources to operate the unit are provided by the government, and equipment for the lab and hospitalization wards by international donors.

In summary, I would like to review the far-reaching benefits of this treatment program: life and health for individual patients; patients able to provide economically for their families once health has been restored; capacity building on an individual and community level; families stricken with disease able to maintain a household unit; burden of shame and guilt lessened when comprehensive treatment is provided; opportunity for national and international collaboration.

The dedication and work of Paul Farmer and other U.S. volunteers has been invaluable in achieving our mission in Peru. Additionally, taking much time from their responsibilities in Haiti, our colleagues are engaged in a similar crusade to address the enormous AIDS crisis in Haiti. The Zanmi Lasante “HIV Equity Initiative,” working with the Haitian Ministry of Health, has now expanded to five new sites in Haiti with support from the Global Fund. We built this expansion of HIV care on four pillars: by providing for integration of HIV prevention and care into primary health care services; screening and treatment for TB; prenatal care and women’s health; screening and treatment for all sexually transmitted diseases.

Although time is too short to describe the achievements of our group’s work in rural Haiti, I will try to summarize the situation today. More than 7,000 HIV-positive persons are being followed by community health workers; 1,500 patients are receiving regular, supervised treatment for HIV disease; five public health clinics are operational, with more than 350,000 outpatient visits; 24,000 HIV tests were performed in one year.

I want to conclude with an AIDS patient’s own words. *“I was a walking skeleton before I began therapy. I was afraid to go out of my house and no one would buy things from my shop, but now I am healthy again, my wife came back to me, and now my children are not ashamed to be seen with me. I can work again.”* Provision-free treatment for diseases such as AIDS and MDR-TB in low-income countries took many years to achieve, but today it’s a reality. However, the fight against poverty, which goes hand in hand with these diseases, still calls for solidarity and commitment from all of us. Even though many times our contribution may seem insignificant, the impact on those families afflicted by these diseases can be immense, renewing their hopes for a better future and dignity. Thank you.

Panel One -- Question and Answer Session

Begleiter. Just a word of explanation: Bill Foege had to leave because he's being honored today at Yale. Jaime, I'm sure I just missed this in your remarks, and if I did maybe others did as well and I just want you to clarify it. Did I misunderstand you to suggest that with \$26 million you accomplished the treatment of 800 patients? That struck me; either I misunderstood—can you fill us in on that, explain that?

A. Bayona. Yes, the Global Fund is providing \$26 million to the Peruvian government to work on the TB program and this money is allowing them to build infrastructure, to improve TB unit facilities, to improve lab work and also to treat 2,200 new patients. So far, since starting in November of last year, we have enrolled 800 patients of the 2,200 we have to enroll; we have to finish that by November of next year.

Begleiter. OK, but that money is going to serve more patients in the future, obviously.

A. Bayona. Yes, yes, it's helping more patients and right now it's helping to improve the infrastructure needed by the government to deal with TB patients.

Begleiter. OK, and the other little clarification was, I missed the connection between the Peruvian program on MDR-TB and the AIDS program in Haiti. One sprang from the other?

A. Bayona. When we started treatment on MDR-TB, we borrowed the TB experience of Dr. Paul Farmer and the group in Haiti, so they helped us start treatment of MDR-TB patients in Peru. They had to get back to Haiti and start another mission, and that mission was to launch the treatment for HIV patients in Haiti. Now we are hoping that very soon the number of patients that receive HIV treatment in the country will increase. So far our country is treating 800 patients with HIV; we are expecting as a country to treat 7,000 in the next two years and we hope that the experience in Haiti will help, once again, our country to reach the goal of providing HIV treatment to all the community.

Begleiter. OK. Anyone have a comment or question for each of these two case studies?

Q. Susan Murcott, Massachusetts Institute of Technology. My question is to Molly and it's about the public pledge. I'm very interested in the process of scaling up. In addressing a specific health problem, one wants to sort of scale it up from a village to hundreds, to thousands, to millions even. You chose the strategy of community involvement, and the public pledge is something you mentioned several times. So I want to understand better how you developed that strategy and why you think that was the successful approach to scale up.

A. Melching. Tostan developed our strategies over the years through experience; again, this program was developed over the last 20 years. We implement what we term an "organized diffusion model." Since we cannot reach all the villages where FGC is practiced, we go to an area and if there are 50 villages in the area, we choose 10 that are influential. We ask each of the participants in one village to "adopt" another learner in the village. The class also agrees to adopt several other villages and teach them important human rights and health lessons.

They also do presentations including theaters. We teach participants how to teach by using flip charts, songs, theater, things they love to do anyway, only they add messages of importance after they learn them and come to consensus around these issues. Then they teach the villages: they teach their friends, their relatives, some adopt religious leaders or their husbands. And then they go to the other villages. Where we facilitate, and this has been one of the most important things that we've done over the years is to

facilitate inter-village meetings where people can come together and discuss these very important issues together, because again, as we said earlier, if you can get them to see that there may be a different way of doing things and it could be considered normal by the whole society, then it's much easier to make positive social transformation happen. So after the inter-village meetings, people come to consensus around certain things, like abandoning FGC, and they decide then to make these public declarations. We have one coming up on December 11 of more than 100 villages in the Tambakumba region. It's been a process. They went through the program, they've been out to the other villages. We got a letter from certain very angry religious leaders saying, "*We're opposed to this.*" Then everyone in the village went out and met with those leaders and discussed it with them...it's a whole process, it doesn't happen overnight. When the declaration does occur on December 11, we don't say that 100% will go along with that decision. There are always the resisters—in any social transformation movement of such a deeply engrained tradition, you're bound to have resisters. But even if there are 60-70-80% of the people who believe in this, we feel that it will build the critical mass that is necessary to make not cutting the norm.

Begleiter. Molly, tell us what happens on December 11. What's a public declaration?

A. Melching. The public declaration is organized by the people themselves, those who decide to have the declaration. They have their pilot committee that organizes all activities and decides what to do. Usually they choose to reinforce positive African traditions, and that differs from declaration to declaration. Often there will be songs and dances and traditional poetry and traditional costumes. On one declaration, they came out with masks and outfits that hadn't been seen for 30 years—that was in Kasamas, where there had been a lot of conflict and they hadn't been able to bring out these traditional costumes. It was very empowering for everyone to go through this process and to celebrate traditional practices, which are positive. At the same time, people come up and explain how they made the decision to abandon the practice; the traditional cutters explain also why they've now decided not to do the cutting any more. The religious leaders speak, the whole community is there, the young people speak. Often the youth will do plays about the dangers of cutting and through those plays, explain what has gone on in their village. There are some very sad things that have happened due to early marriage and cutting that have never been talked about, it's always been taboo. No one has ever spoken about it before. For the first time at these declarations, they will even talk about it on TV. When it happened the first time it shocked everyone. People are becoming more and more vocal about why they're ending FGC and people are now understanding that it was much more serious than they previously thought.

Begleiter. Jaime, what role has the media played in your programs? Bill Foege made reference to leadership on the issues of cynicism, and leadership on issues of a moral compass and so on. You didn't mention the media, but now Molly has. Does it play a role in Peru or Haiti?

A. Bayona. In Peru, unfortunately, the media is only focused on World TB Day, which is on March 24. The rest of the year, topics related to TB are not very well covered or raised as an issue. I think that in general, poverty as an issue is more frequently in the headlines of the media. Recently, and now that we've received money from the Global Fund, they are becoming more aware of the different aspects we are going to start dealing with, but not as much as we would like. I think media participation will increase awareness within the community, but also may raise community commitment to move to action and find ways of supporting the government's activities in the TB arena.

Q. Allen Keller, NYU, Bellevue Program for Survivors of Torture. Thank you for your eloquent presentations. Both of your organizations speak to crucial specific health and human rights issues, although they are both within the context of broader human rights concerns. With female genital cutting basically the broad violation of women's rights, and with tuberculosis, clear disparities in social and economic rights. I'd be curious, though: your organizations are focused on specific issues. How, if at all, do you think your organizations have helped address the broader issues of promoting women's human rights as well as improving disparities in poverty?

Begleiter. Molly, you want to take this?

A. Melching. First, let me say that Tostan is not an organization that just specifically addresses female genital cutting at all. Over the years that we've had all this going on, people do have the tendency to make the mistake that we are focused on FGC. I think one of the reasons that we've had success is because we were not focused on FGC. Ours is a holistic integrated program that addresses all human rights. We also have men and women in the program. We do people's rights—we don't do women's rights or children's rights—we do people's rights, so the men feel very included, very involved and they have done all kinds of things. I don't know if you noticed when I said that they formed committees that are working on birth registration and issues that are important to all the community. What I didn't say, is that the second part of the program is economic empowerment with literacy and microcredit and income-generating projects, to discuss the economic empowerment aspect of it. Again, I think the reason we've had success is because we didn't focus on a specific issue but rather dealt with the totality of human rights as both a means and the end. The means was through human rights—but all human rights, and that included these specific issues.

Begleiter. Jaime, do you want to comment on how your program interacts with broader social goals?

A. Bayona. Yes, as an organization working in MDR-TB in the country, we also started calling for all the institutions to join in the work against TB and poverty. Other NGOs, Catholic organizations, government entities, all the community organizations got together first at the district level, then in the Lima metropolitan area, and now part of this group is a member of a coalition that is dealing with TB. There's also an association of TB patients working in the country, and as a group we are all working on human rights related to MDR-TB and facilitating a more horizontal dialogue with the government and with other institutions that actually need to hear the voice of the patient, not the voice of NGOs talking on behalf of the patient. Having the patients at the same table has allowed a more fruitful discussion relating to the issues of TB and MDR-TB.

Q. May Yacoob, United Nations Foundation. Molly, we're confronted with this issue over and over again. If Tostan were to fall tomorrow, is there enough going on, both in Senegal and in other countries, for the program to continue by itself?

A. Melching. We have the same issues and challenges as other NGOs: how to make the program sustainable. Again, we have the good fortune of having 20 years of experience trying to work on sustainability. It's not only at the village level, but within our own organization too; making it more sustainable when certain people are no longer around, for example. I think that's an important issue. At the community level, we have formed these Community Management Committees and this has been a huge step forward in making our program more sustainable, because they have become very active and, in the case of Lalla's village, they have become legal entities. In her village, for example, they are receiving funding from other international organizations and I think that is the purpose now. At one point we thought Tostan would just work with and train local NGOs, but guess what? The villagers said, "*No, we want to have our own NGOs. Why do we have to constantly go through other NGOs? Train us to be a local NGO so that we can have the knowledge and capacity to decide what programs we want to implement, and we will come together...form groups of villages that have the same concerns,*" And this is what has been happening. We are not 100% successful, but I feel like we are on the right road.

Begleiter. Please thank the panelists for their contributions.



Panel Two Summary- Conflict

The second panel warned that it is at our own peril that we have not learned certain lessons. Women in religious fundamentalist societies often support the extremists against what we perceive to be their own interests, because fundamentalist institutions are the social providers addressing the needs of their families. Terrorists are not necessarily poor and illiterate; often they are privileged—from the cream of their societies. Today, Al Qaeda no longer has a centralized command, nor need they, because terrorism is growing organically. Internal conflicts are the concern of the international community as much as are conflicts between states—perhaps more so. When a government sees and treats some of its citizens as the enemy, there is a vacuum of responsibility. It is the international community that must fill that vacuum.

Women, the Key to Winning the Peace. Historically, women have proved they are the main agents of change in their societies. At the grassroots level, women are often more willing to talk to each other out of practicality, if nothing else. Sometimes in conflict situations there is more dialogue at the grass roots level, among women, than at the leadership level. And yet, it is women who are often traded off by governments, colonizers, combatants. In exchange for economic control, the trading card is often regulation of family life, regulation that has the most impact on women.

Understanding the Al Qaeda Network. Additional Madrid-type terrorist attacks are more likely than new 9/11s. Just when Al Qaeda was identified as the primary source of terrorism, its network was disintegrating, replaced by a decentralized, even greater threat. The Internet is rapidly replacing the command and control structure. And Al Qaeda itself, accurately perceived as an enemy, no longer fits the presumptions that defined it. Our assumptions bear scrutiny if we are ever to understand the nature of the anger and outrage, the nature of the threat. There is little understanding of who the terrorists are, but much supposition: terrorism is due to poverty, broken families, ignorance, immaturity, lack of skill, weak minds, criminalism, religious fanaticism. But the facts don't support the conventional wisdom.

Divided Nations. Many member states of the United Nations are actually divided nations, undergoing a crisis of identity. The identity of the government group is taken to be the identity of the nation; but internally displaced persons, often uprooted by violence, are excluded to the point of becoming virtually stateless. Rather than being protected or assisted by their government, these citizens are persecuted by it. Then challenged, governments often cry “sovereignty.”

Zainab Salbi, Founder and Chief Executive Officer, Women for Women International



Zainab Salbi is the founder and Chief Executive Officer of Women for Women International, a non-profit organization dedicated to moving women survivors of war from victims to survivors to active citizens. An Iraqi native who arrived in the U.S. at age 19, Ms. Salbi's experience with the Iran-Iraq War, and later the Gulf War, sensitized her to the plight of women survivors of war and led her to found Women for Women International at age 23. Women for Women International now assists women in 10 countries, including Bosnia and Herzegovina, Kosovo, Rwanda, Nigeria, Afghanistan, Colombia, Iraq and the Democratic Republic of the Congo. Women for Women International programs have helped 24,000 women and more than 103,000 of their family members, and distributed nearly \$14 million in direct aid and microcredit loans over the past ten years. Ms. Salbi's dedication to the plight of women survivors of war has been featured in numerous national and international media outlets, including four appearances on the "Oprah Winfrey Show," NPR's "All Things Considered," PBS' "NewsHour with Jim Lehrer," the San Francisco Chronicle, the Chicago Tribune, the New York Times, and the Washington Post.

Women, the Key to Winning the Peace

Good morning everyone. We're used to hearing about the atrocities against women in wars. If you'll remember, 400,000 Bangladeshi women got raped in their independence war in 1971, 20,000 Bosnian and Croatian women got raped between 1992 and 1995, 400,000 women got raped in the Rwandese genocide in 1994. We need to go beyond these stories of women as victims and targeted for rape. We need to see that women are not only a target for rape, but whatever happens to women is an indicator of what happens in society. The violence against women in Afghanistan, for example, under the Taliban's time, we tolerated; we looked the other way. We even invited Taliban members to lobby on the Hill [U.S. Congress], and we sent them support. We did not see the violence that was happening against women as an indicator of what was happening to Afghanistan overall.

The first violence that happened in Iraq after the beginning of the war was targeted towards women. Women started getting raped, started getting kidnapped and immediately started getting trafficked through the north and through the south. Again, we did not see it as an indicator. We looked the other way; we kept saying, "*Everything is going good in Iraq.*" A year-and-a-half later, and there are kidnappings in Iraq—women, men, children, foreigners, Iraqis. It is an indicator. Women are the softest entrance into society, so all the violence usually starts with them, and if they go downhill, the whole society—and it's been proven over and over—goes downhill with them.

Beyond the violence, women have also been traded off by the government, or the colonizing powers, or whoever. We want free trade, we want export/import, we want a free market economy...the extremists get the women. That's the trading card that has historically been traded off. They get family law, they get regulation of private life, and that impacts women more than anyone else. Once again, in Iraq, I'm sure you've all read the Fern Holland story in the *New York Times Magazine* about a month ago. Fern Holland was a USAID employee who opened women's centers in the south. She was killed. Two weeks later, they gave the centers' \$5 million to Qizwini, a religious extremist guy in the south. He comes to the White House, he takes a picture with the President, we give him \$5 million and a few women's and human rights centers. It is a classic trade-off, historically. The British did that in India and in Africa, and we are doing it right now in Iraq.

When we think about women in conflict, we think in micro-solutions. When it comes to the economy, we think microcredit. When it comes to social issues, we think schools, small projects, social awareness,

psycho-social services. I'm not saying this is not important; God knows we need that, but what I'm saying is from a societal level we need to shift and see women not as a sector, but as a sector that is impacting the whole society. When it comes to men, we think about macro-solutions. Again, I'm going to use the example of Iraq, and forgive me, I just came from there two weeks ago, so I'm still very fired up about it. When we talk about men, we talk about \$3.5 billion that we took from economic development towards creating an army and police force that are only open for men in Iraq. And no one is talking about how to engage women in the economic reconstruction. When we talk, again, about Iraq, we talk about how men are to be trained in the political process. We struggle with getting women to the political tables. And when women are not at the negotiating table, over and over again, as politicians or as negotiators, they get negotiated. When they get negotiated, the whole society suffers.

And finally, we are not competing on the same level with the "enemy": we are not necessarily competing with the radical religious, in the case of Iraq or Afghanistan or Palestine; we are not competing with Hamas or with Taliban at this point. These groups particularly go to women in conflict situations. I did my research on why women are supporting religious fundamentalism. In the beginning, we wonder why would any woman do that? And in the end, you actually understand. They are doing a cost-benefit analysis. In Afghanistan, the Taliban is giving you a sack of rice and sending your kids to school, and they feed your seven children. The women have no other choice and no one is competing at that level. And the same with Palestine: Hamas are the biggest service providers for Palestinian women. And in Iraq, only a year-and-a-half after the war, in a survey we just conducted, 12% of women throughout the country are saying religious establishments are the main service providers. It's only 12% but it's a dangerous indicator. We're not competing at the grass roots level in terms of providing services to women so we can show them our package, which tends to be more exciting. It's about liberty, it's about freedom, it's about economic independence and political independence. But the shift here is, how can we go to that level and compete at that level, and not just at the elite level?

Women historically have proved that they are agents of change. There are many examples. Conflict and post-conflict societies and settings provide the opportunity for women to enact social change and change gender roles. Kosovo, for example, is a very traditional society and women were always confined to the private sphere. Because of the war they need to get out of the house and find employment. With that comes empowerment of the whole family with them. If anything, the challenge is not the women leaving the house, the challenge is us. I call it our own burka, the Western political burka where we see the world in one way and we need to lift it and see the complexity of it. And it's not a black and white dynamic as much as we're operating in the gray in here. So we often come to the women and say, "*No, go back home, I'll enable you to work from home because your society does not allow you to work outside the house.*" Let us stop being patronizing to traditional societies about what they can and cannot do, particularly when it comes to Muslim women where there is a lot of patronizing.

Women have been agents of change and women have historically proven that they talk to each other, regardless of sides. In Bosnia, tens of thousands of dollars were spent on conflict resolutions and mediations and talking in seminars and expensive conferences, but what we were finding at the grass roots level is that women were actually more willing to talk—Bosnian women, Croat women, Serbian women—more willing to talk out of practicality if nothing else. They needed jobs, they needed schooling for their kids, they needed to have access to water, they needed to get electricity, so they talked to each other because they needed to coordinate. So actually, at the grass roots level, we were seeing far more success in inter-ethnic dialogue than we were seeing at the leadership level.

Women are the main carriers of social changes in a society, and that is by their nature as mothers. I don't mean to say all women are good mothers or anything like that, but they are the conveyers of social changes and we are seeing that they are more willing to change and more willing to adapt to new solutions. When I was in Afghanistan a year ago, I saw an older woman in front of our office and she was dictating some notes to a younger woman. I stopped her and said "*What are you doing?*" She said, "*I just*

finished this class about SETA, and I finished a class about the women's vote and I was actually dictating to this younger woman so I can go and read it to my husband." I said, "You're reading it to your husband?" She said, "Yes, yes, he's very excited about what I'm learning about women's rights and women's socio-political changes in our society." These women are helping educate their husbands and their children.

In Iraq we had a woman in Hillah who decided that she wanted to get access to clean water in her community. She collected the bribes needed for the municipality to get access to clean water and after that, she decided, "*Perhaps I'm wrong, bribes are wrong, I should not do that.*" She then protested, got media coverage, and wrote columns in newspapers. This was a grassroots woman in Iraq, and she was able to get clean water access for her neighborhood. The whole neighborhood went out in the street and clapped for her when that happened. There are social warriors out there who are leading the changes; we just need to recognize them and see beyond their gender identity as women. We need to see how they are impacting the larger society.

Rwanda has one of the most successful stories about how women were incorporated in post-conflict society. Currently 49% of the Rwandan Parliament are women, half of their Supreme Court are women, headed by a woman judge, and the reasons for that are threefold. One is societal recognition that the role of women is not about women only, it's about society. Women are the majorities in terms of population, in conflict and post-conflict. In Rwanda they were 70% of the population after the war; in Iraq they are now 60% of the population. By default, they actually are positioned to be playing a major role in social and economic reconstruction of the country. We need to tap into that, we need to capitalize on that and not see it as just a micro-solution.

When women organize, they can do a lot. That is the only aspect that is going really well, whether women are organizing at the NGO level, at the government level, or at the grassroots level. But they cannot do it alone, without the societal recognition and without leadership commitment. Without that, we cannot make changes when it comes to women. We need to make sure that we involve women—again, not on the micro-level. We need to make sure that they are involved in the constitutional drafting. We need to make sure that they are involved in the political reconstruction of the country, in the economic reconstruction, in the factories along with the microcredit loans. We need to make sure that they are part of the political system. In Iraq, we lobbied the American forces many, many times to include more women in the government structure. Iraqi women demanded that they have 40% representation, and it was our coalition authority who refused to do that and made it just 25% representation. In a survey of 1,000 women in Iraq, 87% did not understand why there was not more representation of women in the country.

And finally, women are more willing to reach out to each other. We have to tap into that. We have September 11 survivors from America who lost their husbands, and instead of supporting the war, they decided to sponsor women in Afghanistan through Women to Women International. They said this is the way that we can reach out and build peace as opposed to another way. It's cheaper to build peace, it's more sustainable, and women are becoming a major agent in that. We need to shift our thinking about women from a sector to a societal factor.

The 13th century Persian poet, Rumi, said that between the world of wrong-doings and "right-doings" there is a field, I'll meet you there. I say, today, between the worlds of war and peace there is a field and women are meeting there, and we need to lift the burkas and join them in that field. Thank you.

Marc Sageman, M.D., Ph.D., Author, “Understanding Terror Networks,” and Clinical Assistant Professor at the University of Pennsylvania

Marc Sageman is a clinical assistant professor at the University of Pennsylvania. After graduating from Harvard, he obtained an M.D. and a Ph.D. in sociology from New York University. After a tour as a flight surgeon in the U.S. Navy, he joined the Central Intelligence Agency in 1984. He spent a year on the Afghan Task Force then went to Islamabad from 1987 to 1989, where he ran the U.S. unilateral programs with the Afghan Mujahedin. In 1991, he resigned from the Agency to return to medicine. He completed a residency in psychiatry at the Hospital of the University of Pennsylvania. Since 1994, he has been in the private practice of forensic and clinical psychiatry, and had the opportunity to evaluate about 500 murderers. After September 11, 2001, he started collecting biographical material on about 400 Al Qaeda terrorists to test the validity of the conventional wisdom on terrorism. This research has been published as “Understanding Terror Networks” (University of Pennsylvania Press 2004). He has testified before the 9/11 Commission and has become a consultant on terrorism to various government agencies.



Understanding the Al Qaeda Network

Thank you very much. I feel a little bit like a fraud here. You are all humanitarians, and of course I study bad things. But I have a little piece of wisdom to impart to you, namely, how to use high technology and low technology. A few weeks ago, Judy Miller e-mailed me and I should have e-mailed her that unfortunately I had a conflict and wasn't going to be able to be here. But I'm a psychiatrist, and psychiatrists like to have face-to-face or even voice contact with people so I called her up, and she was so persuasive that I'm here right now. So, if you want to say no, do it by e-mail. This is the wisdom I want to impart to you.

Al Qaeda, or the threat that we see: the threat to the United States is really a violent Islamic revivalist social movement, of which Al Qaeda used to be the vanguard, and I say used to be because I think Al Qaeda is actually operationally dead. There are many opinions about Al Qaeda but I decided to do something revolutionary, which is to collect data about Al Qaeda, so I collected about 400 biographies to allow me to test the conventional wisdom about terrorism. As all of you probably read in the newspaper, terrorism is due to poverty, broken families, ignorance, immaturity, lack of skill, no responsibility, weak minds, mental illness, criminality, fanaticism. Well, let's see what the facts are. Three-fourths of Al Qaeda come from the upper or middle class. The vast majority come from caring, intact families. Sixty-three percent went to college—mind you this is from the third world, an area of the world where maybe five or 10% go to college. Immaturity—the average age of joining the organization was 26 years. Lack of skill—three-fourths are professionals or semi-professionals. In a way, this is an engineering problem; most of them are from engineering. There are very few people from the humanities, and almost nobody has any traditional religious education. I say almost nobody, because 1% of the sample did. Usually people from the humanities just heave a sigh of relief and say, “It's not our problem, those are real engineers—the guys who deal in black and white.” No family responsibilities? Seventy-four percent were married, the vast majority had children. In a way, I'm glad that Zainab came here before me because my preliminary analysis is that women are the invisible infrastructure of the Jihad. They're the ones who actually encourage the men to do these operations. They motivate them, and indeed...but I don't want to get ahead of my story, I'll come back to that.

Weak minds? Only 13% of my sample were Madrassa trained and most of them are the Southeast Asians, people from Indonesia who went to schools where their teachers recruited them. Personality problems, mental illness—I'm a psychiatrist, that's originally what I looked for, but I didn't find anything. Indeed,

the rate of mental illness is way below the worldwide base rate of mental illness. This is a super healthy group. Criminals—I really count the second-generation Magreb-Arab inference, because as the excluded generation the only way to get ahead is very much through petty crime. Religious fanatics? Even though most of them were raised—with the exception of Magreb-Arabs—in fairly moderately religious families, they didn't really join out of religion. One thing that I found fascinating is that 70% joined this organization when they were living in a country where they did not grow up. They were expatriates, and 10% were the excluded second generation from Western Europe. Basically, there's nothing in common with these guys except their link to the Jihad, so I decided to start studying those links. The links are very interesting because it turned out that 68% joined the Jihad out of friendship. They either grew up with somebody who was already a terrorist, or there was a bunch of guys who collectively decided to join. A more representative group here is the group from Hamburg, the guys who became the pilots. They all met at university, they moved in together and they joined collectively and went to Afghanistan to train. Kinship accounted for 20% of my sample: that means people had a father, a brother, a first cousin who was in the organization. Kinship and friendship, about 90%...that is how people joined. Interestingly enough, they join this violent, very fundamentalist message in the vicinity of just ten mosques worldwide. This is very localized, it's not an Islamic phenomenon because only those ten mosques generate 50% of the sample.

So how did I put it together? From the statistics, you can see that these are usually the best and the brightest of their societies and because of that they are sent abroad to study, and they become homesick, lonely. And what do people do when they're homesick and lonely? They look for other people from their country or people from their own religion. And where are those people? Around mosques...so they drift toward the mosque, not because they are religious, but because, they want to meet friends. And here, they often meet friends and often move in together in the same apartment and eat the same type of food because most of them are halal and they develop this collective identity, this micro-culture that distances them from the ambient culture, and develop these very strong bonds of in-group love and, of course, out-group hate, which is the other side of the coin. We focus on out-group hate. I put it to you that in-group love probably can explain these terrorists much better. But there has to be a very violent message coming from the local mosque; that script is necessary...and that message is often a distortion of the Koran.

Right now, the network has completely changed. Much of my work is pre-9/11. After 9/11, I've said that Al Qaeda is operationally dead. We know that because this fellow Khan was arrested in Lahore in July, and he was the fellow who was the communicator for Al Qaeda. However, the story that emerges is that somebody talks to Bin Laden in a cave, walks for two days, jumps on the back of a mule, they go for another six days where they get to Quetta, there he jumps in a cab, and another six days he gets to Lahore where Khan is sending e-mail messages to Barat who hasn't done anything in London for about four years. This is a dead organization. So the point is that, there are not going to be any more 9/11's because you need this coordination which requires communication. But you are going to see a lot of Madrids.

Madrid is a totally different entity. Madrid is really local cells, spontaneously formed, locally financed, locally initiated, without any connection to the central staff, to the leadership, and they're guided by the Internet. The role of the Internet has now increased, because, as I said, the old Al Qaeda is basically dead; it's been replaced in terms of command and control structure by the Internet. People put strategy on it, Madrid was a case in point. They had a paper published on some Islamic website called "*Iraq and the Jihad*", where part of that paper suggested that if they would bomb in Spain or Spanish forces in Iraq, two or three bombings prior to the election may tip the election away from the current government, which was a strong supporter of U.S. foreign policy. They succeeded ironically because of the mistake of the government of Prime Minister Aznar. They succeeded and that was the inspiration for Madrid. It turns out that from the conception of Madrid to the execution, there probably were five to six weeks, and again, it shows that a social movement can grow and be very dangerous without command and control from above, which makes it very difficult for us to eradicate it. It grows like the Internet, it's organic growth.

There is no U.S. government overlooking the growth of the Internet, it grows by itself and this grows by itself.

Now what are the exact goals of Al Qaeda? It's very simple. For them, it's a fight for justice and fairness. They look at their own country, they see corruption everywhere, they see themselves being excluded from the fruits of the government even though they may be the best and brightest of that country, and so they look for models to follow and the model is really to emulate the Islamic society that existed around the time of the Prophet and his companions, the Salaf, and so they want to create this Utopia in a core Arab country. They tried peacefully but were repressed by their own regime. They decided to do it violently—they didn't succeed—and in the 1990s they analyze why they failed to overthrow a government, and they realize—that's their analysis—because the West, namely the United States, was propping up their own government. That is their goal now, to kick the United States out of the Middle East, period, so that they can go after their own government, whether it's in Iraq, Egypt or Saudi Arabia. They do not really want to destroy the United States, not yet. This will come about two or three centuries from now when they'll be strong enough. Right now, they just want to create a Salafi state in a core Arab country, and whether you see a Madrid or most of the bombings in Iraq—that's the goal, that's the mission.

I could go on for hours, but I guess my time is up and I will be happy to answer questions. Thanks.

Francis M. Deng, Ph.D., J.S.D., Brookings-Johns Hopkins University School of Advanced International Studies Project on Internal Displacement; Former Representative of the UN Secretary-General on Internally Displaced Persons; Former Ambassador of Sudan



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Divided Nations: The Role of the International Community in Protecting Vulnerable Populations

I realize that I have the double difficulty of stepping into the position of someone who's very much missed, and then, this morning Ralph introduced me rather lavishly, raising your expectations. To complicate matters even more, because the name you heard this morning sounds Chinese, some of you may have expected to see a Chinese face. I was in a conference some time ago with the Chinese ambassador to the UN; the second day of the conference, he saw my name tag and said, "So, you are the other Chinese I've been looking for." Then he asked me why I happened to have a Chinese name. I said, "One of my ancestors came a long time ago from China, intermarried with Africans, and adding the African sun, that's what turned us into what you see." He looked at me and said, "Really?" Going back to the earlier comment about using the e-mail if the response to Judy Miller's invitation is to be negative, I have to say that even by e-mail I could not turn down Judy when she asked me to speak. I thought I should give my remarks a title, and the one I chose is "Divided Nations." Of course, when you think of divided nations, you also think of United Nations. The problem is that most members of the United Nations are indeed divided nations.

I want to build on my experience as Representative of the UN Secretary-General on Internally Displaced Persons. There are some 25 million people in over 50 countries who have been uprooted by internal conflicts, forced to leave their homes or areas of normal residence, but have not crossed international borders. If they had crossed international borders, they would be refugees, for whom the United Nations has a well-established system of protection and assistance. Because they remain inside the borders of their countries, their protection and assistance is assumed to be the responsibility of their governments. And yet, these are countries that are suffering acute crises of national identity. This means, on the one hand, that the way people perceive themselves, which often does not reflect the realities of their pluralistic situation, is very divisive. It also means, on the other hand, that despite the diversity and the divisions, the identity of the dominant group is projected as the identity of the nation. That becomes profoundly discriminatory. These are countries in which there are those who belong and those who are so marginalized and excluded to the point of becoming virtually stateless persons. The kinds of rights ordinarily associated with citizenship are denied these people although, as I said, some of the divisive elements of identity are myths rather than realities.

When I was in Burundi, I attended meetings in which I addressed large numbers of people, some of whom looked typical Tutsi, the way we are told the Tutsi look, and some looked typical Hutu. But there were many in between whose identity I couldn't tell. At one point, I asked the Foreign Minister whether one could always tell a Tutsi from a Hutu. His answer was, "Yes, you can tell, but with a margin of error of 35%." When I told this story in the context of the Sudan, I was told the margin of error in that country would be some 65%.

You hear of Darfur, a region that we used to associate with the so-called Arab-Muslim north as opposed to the African Christian, so-called animist south. Now, the people of Darfur are differentiating themselves as Black Africans and Arabs. An outsider would have a hard time telling who's an Arab and who's an African among them. This is true with many of the countries I've visited in connection with my mandate. And I've been on over 30 missions around the world.

There are serious divisions in these countries, accompanied by gross injustices. Inequities are made even more evident when people are displaced and they begin to see how really marginalized they are. They begin to see the opportunities others have that they are denied. It's not the mere differences that cause conflict; it's the consequences or implications of the differences in terms of who gets what, who occupies what position of power, and who has access to the resources, development opportunities and the services of the state. And as I have said, some feel unjustly excluded.

I was in Colombia, for example, and went to parts of the country that were just as bad as any Third World country I'd seen. And yet, when I talked to the donors, which I usually do on these missions, and asked for support for the displaced in these areas, I was told that Colombia wasn't a poor country that really needed support; there were poorer countries that should receive priority for assistance. My response was that we were dispossessing those people twice. First they were dispossessed by their own government, and then, because their government was reasonably wealthy, the international community was denying support for those who were just as badly off as any Third World country I had witnessed.

Obviously, it is important to address the humanitarian needs of those people, but even more important than the humanitarian assistance and protection of those in need, is addressing the root causes of the crisis. In either case, when you're dealing with crises of identity, where citizens are seen as part of the enemy, if not the enemy itself, and rather than being protected or assisted are neglected and even persecuted, you have a vacuum of responsibility. Who should fill that vacuum but the international community? And in doing that, the international community has not only to address the immediate humanitarian needs of the people, but also should address the root causes that are political.

In my own work on internal displacement, which was considered a very sensitive issue because it is inherently internal, and knowing very well that pleading human rights is always problematic as you can be kicked out of the country if the government is unhappy with you and may declare you a *persona non grata* because in their view you are being too critical, I decided to adopt an approach that I thought would be more constructive. What I did was to invoke the principle of the responsibilities of sovereignty as a basis for engaging governments in a dialogue on behalf of the internally displaced. The idea was for me to go in, show respect for national sovereignty, and after ensuring a conducive atmosphere argue that sovereignty carries responsibility. If a government cannot discharge that responsibility for lack of capacity, it should call on the international community to assist. In this day and age, when the world is concerned about human rights and humanitarian issues, for a government to neglect its own people, and allow them to suffer death or severe deprivation, and in large numbers, the world is not going to watch and do nothing. In one way or another, the international community will intervene. Therefore, discharging the responsibilities to protect and assist needy citizens is the best way to safeguard national sovereignty. On the whole, that argument was well received. The principle of sovereignty as responsibility has been significantly reinforced by the Canadian-sponsored International Commission on Intervention and State Sovereignty, whose report, "*The Responsibility to Protect*", has been quite

influential. Diplomatic tact must be combined with candor in the dialogue with national authorities. I was in Burundi talking to the Minister of Interior, a burly, very tough-looking man. I could tell immediately from his face that we were going to have a rough meeting. He started by preaching to me about African pride and dignity, and how Africans do not want the outside world to come and tell them what to do and how to manage their own affairs. I said, "Mr. Minister, as an African myself, I can only agree with you, but African dignity must be inclusive; it cannot be associated with some, while others are excluded." That was surprisingly effective. From that moment on, our discussion became quite cordial and constructive.

This is a theme on which I could say much more. What I want to underscore here is that in armed conflicts, which are now mostly internal, there is a need for third party mediation because these conflicts tend to be a zero sum game. The outside world must let the governments know that they cannot be part of a global organization that calls itself United Nations when these countries are divided nations. Governments must discharge their responsibility, not only for the immediate needs of their people for protection and humanitarian assistance, but to address the root causes and create a national identity framework to which all citizens can belong on more or less equal footing. Obviously, you can't remove inequities overnight, but you can create a normative framework which gives people a sense of dignity as citizens, with all the rights of citizenship. So, to be legitimate members of the United Nations, we have to be united within our nations. Thank you.

Panel Two -- Question and Answer Session

Begleiter. Thanks very much to all three of you. I'm sure questions are welling up within you, but I'm going to exercise the prerogative and make sure that we go back to something so that we don't miss it here. Zainab and Marc each talked about the role of women in conflict and they had conflicting views on that role, and I'd like to address that issue. Zainab talked about women meeting in the field and solving problems, and Marc talked about women aiding and abetting terrorists and encouraging them to become terrorists and fostering their role as terrorists. Whoever wants to tackle it first...

A. Salbi. I actually agree with Marc; I think that the problem is that we are ignoring women. The way to fight terrorism is to actually go through that soft door and get women on our side. When we are ignoring them in terms of providing social, economic, political opportunities, they are going to the Al Qaeda or the extremists. The extremists in a lot of conflict countries are the main social providers, and so what we agree on is that women are joining the extremists because we are ignoring them, so the way to enter, the way to stabilize that—and maybe that's the most sustainable way; from your speech I don't even know how else to do it—is to get the women on our side, and we have more attraction in our package. It has economic freedom, it has political freedom, social freedom. It is a much more attractive package; we just need to compete on that same level.

Begleiter. Zainab, do you agree with Marc that women are, in many cases, aiding and abetting?

A. Salbi. Absolutely. As I said, I did that research on why women are supporting religious fundamentalism; and the result of the research is that there was so much dichotomy between their lives—between the public and what the government is promising them and not fulfilling—and their actual needs of real jobs and money and food and clothes. And so what's happening is that the religious extremists are coming and providing them the money and all of these things with a cherry—heaven—so it's very important...so they are going to the extremist side. I think there are a lot of women who are vulnerable to supporting religious extremists because no one else is addressing their immediate reality.

A. Sageman. As I tried to describe in my example, it's mostly expatriates, and expatriates live together in a foreign country and often marry each other's sister or daughter, so the women actually cement this relationship or friendship for those who are not yet in the same family. You see that very clearly almost anywhere in Western Europe or especially in Indonesia. But very often, it's the women who are first attracted to the more militant points of view because the militants have captured social services in the Middle East and most of the world, and they bring their husband or their brothers to this point of view, they drag them there. And that's my point about the women being the invisible infrastructure of the Jihad, the women of the Jihad are very important and I think the solution is very much what Zainab described.

Begleiter. OK, let me ask you [the audience] for a second, how many of your organizations are engaged in activities dealing with women in which you address this question of becoming the invisible infrastructure of—whether you call it Jihad or you call it terrorism or conflict or whatever you call it—do you in your programs address that aspect of it? How many of you who deal with women address those kinds of issues? OK, so there's a handful in here, maybe more than a handful—a dozen or so that do. That's a potential, I think an interesting area for networking and discussion as a result of this conference.

Q. Doug Johnson, Center for Victims of Torture. Our interest is how torture has been used to shape societies by both guerilla groups and governments over time, using the mechanisms of PTSD [Post-Traumatic Stress Disorder] and terror and fear. I would ask each of you a question in that regard, but given one of the great current crises in America at this point, I particularly want to address the question to

the forensic psychiatrist. There is a discussion, especially fueled on right-wing radio and what we saw in White House memos on torture, on the assumption that torture and physical pressure and psychological pressure was the right way to gain information. Our own view is torture's most effective...most consistent outcome is rage. Based on your studies of Al Qaeda, I wonder if you would comment on what forms of interrogation and what forms of information-getting are most productive and need to be engaged in, and what are the results of fueling the sense of injustice that you see emerging from examples such as Abu Ghraib and the other examples of Afghanistan about how American power has been used.

A. Sageman. Yes, it's a very interesting question. In the sample, personally, there was very little trauma in the background of the 400 people, but they did refer to the horrible things that happened to their country, and it's mostly a vicarious reaction as opposed to a personal reaction. It's almost a justification. You have asked several questions. In term of torture in interrogation, I think that centuries of experience have shown that people are going to say anything to have the torture stopped. It doesn't matter if it is true or not. And in a sense you really cannot distinguish sound from noise in terms of what people tell you. It may not be a very efficient way to get information and I find it repulsive, the use of torture to get information. The best source of information is when people are willing to talk, spontaneously, and you encourage them to talk. People are very proud of what they did and so you challenge them. You can feed them false information... "No, no, that's not the way it happened, this is the way it happened." And this is fairly common; you see that among your friends fairly often; and I think that's probably one of the most efficient interrogation techniques, but I don't think that this conference is about that.

In terms of the Abu Ghraib scandal, I see it more as a scandal in this country. We are shocked that we were able to do this. We are shocked that Americans did this because this is so inimical to our values. I monitor the press around the world and this was no big deal, and in a sense you didn't see demonstrations spontaneously forming, even in Arab or Muslim countries. You did not see any U.S. Embassy being assaulted by masses of people. Why? Because our reputation has sunk so low that we are just being Americans as far as they're concerned, and it pains me to realize that this is now our reputation and credibility in the Third World. I'm probably preaching to the choir for most of those who come from the Third World and realize, unfortunately, that's very much what we've become in their eyes. I don't know if that's your experience too.

A. Salbi. Actually, if I may add, because I was in Iraq right after that incident, it is very true. It is so much more of a bigger discussion here because we were shocked that our troops were doing that. In Iraq, it wasn't as big a deal. They were comparing it to Saddam's torture and they were saying that the view is whoever is in power does such things, tortures and violates citizens, so it wasn't a big discussion and I was shocked that it wasn't as big a discussion in Iraq as it was here.

Begleiter. I have to interject here and ask both of you this. It wasn't a big discussion, people weren't shocked, people aren't surprised in the Arab and Muslim world about that, but that doesn't mean that it isn't going to have implications; it isn't going to serve as fuel in the future when any of us in this room stands up and talks about democracy and human rights and women's rights and prisoners' rights and all those sorts of things. Am I wrong about that?

A. Sageman. That's absolutely right, but you know we have to regain our credibility in the world, period. When we say something and do something else, we lose credibility. So when we invade Iraq on the basis of weapons of mass destruction and the linkage to Al Qaeda and it turns out that both are false, you have already lost credibility. Abu Ghraib comes on top of that. It's just confirmation, and so it's going to make it harder for us to regain credibility and for us to show a different vision for a fair and just world, because, as I said, this is very much a fight for justice and fairness. For us to show that we are in that camp, we have a lot of work to do and a lot of catching up. It does impact negatively, but it's just confirmation, it wasn't shocking.

A. Salbi. We're very much in sync here. It sort of addressed the disillusionment about Iraqi expectations of America. When America entered Iraq, it was right, Iraqis were excited about America, the liberator. We were going to be Germany in the next two days literally. And Abu Ghraib and many, many other actions were the reasons why America now has come 180 degrees from having a positive impact, from the Iraqis welcoming it positively, to right now, they're saying "leave" and "we're very much against the occupation", at least in Iraq. So Abu Ghraib addressed the illusion about the expectations and it sort of fed into that, as opposed to, "Oh my God, they torture."

Begleiter. Francis, I don't know if you want to comment on this, but in a sense that you've dealt—let's not talk specifically in your case about Iraq or Afghanistan—but in other countries where you have to make the case for international or global intervention as you've talked about in your remarks, does the issue of credibility and reputation and sort of taking the high road, does something like this have an effect? Do people throw it back in your face and say, "Look at this"?

A. Deng. Absolutely. We are more prone to be critical and scrutinizing of weaker governments and countries than we are of stronger ones. Even in the cases of the weaker countries, governments are increasingly trying to exploit the psychology of the war against terror in order to deny the right causes of the people. It may well be that rebel leaders exploit causes, but then we do not look below or beyond the exploitation of causes to see the genuine grievances of the people. Unfortunately, there are countries that cannot be touched and countries that are more exposed to scrutiny. We cannot say that just because some countries are untouchable, we should do nothing about every country. We hope, however, that incrementally the case can be made that would make even the countries that are so far untouchable become exposed to scrutiny. On the other hand, threats that are empty can do more harm than good. If we create an atmosphere in which the expectation is that governments that are terrorizing their own people should be scrutinized and that making them accountable should carry consequences, yet no consequences occur, we lose credibility; and I think this is, at the moment, the prevailing attitude.

Q. Bilge Bassani, United Nations. I tend to differ from the panelists. I think people throughout the world were shocked by Abu Ghraib, and I can speak for Turkey where I'm from. I think those that had looked up to the United States as a land of freedom, a country where such a thing could never happen, were disillusioned to the core. It was a change in people's perceptions. I watched a one-hour TV program in Switzerland where many different people from the Middle East were being interviewed about this issue, and they were all very shocked, so I felt that it was a turning point in our humanity, and I think it has to be treated as such.

A. Salbi. I agree, but it was much more about disillusionment about what America stands for as opposed to, "Oh my God, America did this." In Iraq, it was expected almost: the power in Iraq traditionally oppresses the people and so in Iraq it was seen as "America does it too." It impacted America much more about the disillusionment and about the expectation of what America stands for. I think we all agree on that personally.

Q. Fred Spielberg, Office of Emergency Programmes, UNICEF. I have a question/comment for Ms. Salbi on a comment she made that conflict allows a woman to change her role and status. The comment/question is somewhat to the effect that that tends to be a very short-lived change in my experience. The real question is, how do you make that stay? Two examples from the Western Hemisphere. In Colombia, women have been recruited and attracted by both sides, both right-wing paramilitaries and left-wing guerrillas, to try to change their status and take a more active role in changing their society, and yet we've just recently seen a report by Amnesty International showing how high a price they've paid for that. In Central America, where a scant 15 to 20 years ago there was a large influx of women into the armed struggle to change their societies, it seemed to herald a new role for women in those societies, specifically Guatemala, Nicaragua, El Salvador, yet now we're finding out that there has

been a skyrocketing of violence, rape, mutilation, disappearance of women in those same societies. How do you make those changes stay?

A. Salbi. Algeria, for example, is a classic example of how women actually went into the revolution and were part of the social change and were outside of the homes and were very much part of the resistance. And the minute the liberation movement happened they sent them back home. That messaging from the Algerian revolution in the 1960s until now has been very consistent. So first the government sends them back home. Usually the women carry on the economy during the war and then the men need the jobs afterwards. That goes back into leadership commitment to women's issues, and that's when most of the time we don't find that. Leaders almost know now how to talk about women but don't walk the walk. I'm tired of reading nice statements by presidents around the world about women, but no one delivers. So that's one thing, but another thing is I think the international community is also responsible for it at this point. In the case of Kosovo, for example, some of the international agencies were telling the women "No, go back home," because they thought it was a revolution. They were afraid about their culture and the cultural implications. So it was much more out of respect: the intention was with respect, the judgment was actually to attract women back home. And so we have now, not only the government's responsibility—at this point the international community has a responsibility to reinforce that. So many times I've witnessed when women leave home, and eventually the whole community accepts that social change. We just have to be consistent in supporting them and in making that change possible and not giving them that negative feedback of "Go back home." Instead, "We'll help you get a job out of your home."

Q. Ron Waldman, School of Public Health at Columbia University. I'm surprised that the topic hasn't come up this morning, but since Mr. Deng has experience both as a representative of the government of Sudan and of the Secretary-General for the Internally Displaced, I wonder if he could now share his thoughts regarding the possibility of a short-term resolution for the crisis in Darfur.

Begleiter. Just for the record, Darfur was raised in my opening remarks. Francis, go ahead please.

A. Deng. Well, you know this is a topic I can talk about for a long time but let me just say, and you will be surprised by this, that what you see in Darfur, in spite of all the horrors, to me indicates a fundamental change in the Sudan that is unfolding on the ground. During the first war between the North and the South (1955 to 1972), Sudan was seen simply as divided into the Arab-Islamic North and the African Christian-Animist South. In the first war, the South was fighting to secede from the North. When the war resumed in 1983, the movement from the South, the Sudan People's Liberation Movement and Army (SPLM/A), recast the cause of the struggle not for the secession of the South, but for the liberation of the whole country from the domination of what is, in effect, a small minority at the center that has given the country the definition of an Arab-Muslim country—when in fact the overwhelming majority of the people, including in the North, are not Arabs. And so, what happened was that the non-Arab groups in the North began to support this new vision for the country. The Nuba bordering the South were the first to join the struggle for this new vision. A lot of atrocities took place in the South and in the Nuba region. The conflict then extended to southern Blue Nile, on to the Beja region in eastern Sudan, and has now reached Darfur. Even Nubia in the extreme North is joining this wave of regional opposition to the Center. Non-Arab groups that have been marginalized are rising up and disavowing the mislabel of the Sudan as an Arab-Islamic country. And so, what I see is a country where the true identity of the country is being uncovered, a country that is coming into itself or searching for itself. This is happening at a high cost in the loss of lives and human suffering, but I think it calls for a fundamental transformation of the national identity framework to be more equitably representative of the racial, ethnic, religious and cultural diversities of the country.

Q. Debbie Meyer, Africa-America Institute. This organization has been around for over 50 years and educated 20,000 Africans including Betty Bigombe. I thought of my question after Dr. Sageman's remarks, but I think Dr. Deng will have to say something about this. You mentioned that a lot of the terrorism in your survey started because of estranged international students. Since most of these international exchange programs were invented to win the hearts and minds of people around the world, what does that say about international exchange and education programs? Are they mostly successful or unsuccessful and what can we do to make them more successful, so as not to create terrorism?

A. Sageman. The short answer is yes and no. There was an old joke when I was a case officer at the Agency: if you really wanted to turn a Third Worlder into a communist, you sent him to the U.S. for study. And if you wanted to turn him into a staunch capitalist, you sent him to Patrice Lumumba University in Moscow. There's some truth to this, but of course it's not the whole truth. The picture is completely grey. What we need to do is probably do a much better job to integrate foreigners who come to any country, and I don't think the problem is really in the United States. I think the problem is Western Europe. Western Europe has shown a failure to integrate the population that they invited to reconstruct Europe after World War II, and you can see that very well in France, Spain, and Germany. In a way, it's a failure of the policy of integration in Western Europe that has been exported to the United States and created the threat to us. 9/11 is a case in point; those were the students from Hamburg that came here and did 9/11 [and] were the leaders. So how do you tell Western European countries that they have to integrate the population better? I'm not saying that we are totally blameless in terms of our policy toward students, but we're much more paternalistic, especially in our universities, than the European universities are. They don't have campuses in Europe, it's a very different way of learning, especially at the university level. It's a very tough issue but I think this is something that universities can voluntarily do...it's very difficult to actually travel abroad and be abroad...you do develop loneliness, you do develop homesickness. I myself have felt that way many times when I was abroad and I don't know if other people here have felt that. You want to have a nice hamburger now and then. You can't look at the local food. But this is something that's almost predictable and could be preventable as well.

Begleiter. Francis, do you want to add anything to this comment?

A. Deng. No, but since you have called on me I would like to take advantage of this opportunity to add something I said earlier about the credibility of international involvement. Just to show that there is hope and that, if we use the right kind of argument, we can begin to push the envelope. For years, Turkey was resistant to my going to look at their displacement situation. Russia also was, and so were Mexico and Indonesia. But after persistent discussions, they allowed me to go into their countries. And I have to say that they were much more responsive—at least in accepting the principles guiding our work. Some UN agencies that were in these countries and afraid to discuss sensitive issues of internal displacement lagged behind the governments in responding to the situation. Even if it means agreeing on principles, and the performance or the implementation of those principles is lacking, I think that is encouraging. We can then go back and hold the governments to those principles that had been agreed upon.

Begleiter. Let's thank this panel for a terrific presentation.



Panel Three Summary- Development

There was the Third World, then the developing world, and now, increasingly, there has been a shift to the transitioning world—a world of countries either transitioning out of a crisis or transitioning into a crisis. They are post-conflict or pre-conflict. Development is increasingly constrained by the political climate of a country. Once viable states now head toward failed state status. The international community must come to terms with the realities of development today and develop the know-how to conduct transition support and prevention operations. The problems and the needs are increasing exponentially and at a pace often beyond the capacity of development organizations to respond effectively. It is time to expand the field, take in new players, among them the business community, not as donors, but as professionals with technological expertise and a certain amount of good will.

Developing Tools for Transition. Among the lessons learned: the best transition support does not come from one nation going it alone. Multilateralism works better, both in terms of financial burden sharing and expertise. One of the best lessons learned comes from Afghanistan, where the lack of trust in the competence and honesty of Afghan ministries was overcome by “twinning” them with UN agencies. Civil-military cooperation is also essential in transition, not integration but inter-operability.

Reaching the Poorest through Microcredit: A Breakthrough for all of Development. It is the bottom 20% of the population, the 1.2 billion living on less than a dollar a day, who are least likely to be reached by development efforts. Too often success is measured by conventional indicators which use national averages. It is possible to improve national averages without having significant benefits flowing to the poor by focusing on upper income groups. If the international community and the Millennium Development Goals continue to measure results by national averages, that will lead to the majority of the benefits not reaching those in greatest need.

Private Sector Expertise Can Stretch Resources. The private sector can be not only a financial support, but also a resource that can enhance the ability of international agencies to perform effectively. There are thousands of individuals with expertise in purchasing, shipping, logistics, and financial services, who can enhance the capability of organizations, and help the field to be more coordinated with the administration and headquarters. Such things as suspicion and lack of accessibility have inhibited what should be an extraordinary partnership.

Arthur E. "Gene" Dewey, Assistant Secretary of State, Bureau of Population, Refugees, and Migration

Gene Dewey was sworn in as Assistant Secretary of State for the Bureau of Population, Refugees and Migration in January 2002; he manages over \$900 million in allocations for refugee protection, resettlement, and humanitarian assistance. Dewey's public and private career background cuts across several disciplines: military; diplomatic; United Nations; and nongovernmental organizations. During a 25-year career with the U.S. Air Force, Mr. Dewey completed two Vietnam combat aviation assignments, commanded a combat helicopter battalion, and later became Chief of the Army's Political-Military Division at the Pentagon. Dewey served five years in the U.S. State Department as Deputy Assistant Secretary, Bureau for Refugee Programs and subsequently was named a United Nations Assistant Secretary-General, serving four years in Geneva as UN Deputy High Commissioner for Refugees. He also directed the Congressional Hunger Center for four years. Dewey graduated from the U.S. Military Academy at West Point and received his Master's degree from Princeton University.



Developing Tools for Transition

Thank you very much, Ralph. It's good to be back to this notable event and I appreciate Judy Miller's taking a chance on a U.S. government representative. I'll probably know better the wisdom of my accepting when we get to the question period afterwards.

We're talking about one of my favorite subjects today. It's transition, and I think it's a recognition that much of what we used to call the developing world is now a transition world. It's a world either transitioning out of a crisis or transitioning into a crisis. It's both a post-conflict and a pre-conflict kind of transition. The states that we're talking about include once viable states who have plunged into a failed state status, and for these failed and failing states, sustainable development cannot be achieved without prior effective transition support operations. Transition know-how is the essential ingredient for both nation-building and nation-salvaging. There are few, if any, surprises in the path to a state failure. We can just cite some reliable and predictable steps that lead to that tragic event, and the steps include the rise of leaders and warlords driven by greed for money and power, oblivious to the rights of their people; discrimination by race, class, ethnicity, politics or religion; increasing human rights violations; economic hardship and communicable disease; malnutrition, starvation, ethnic cleansing; and the most extreme case, as in Rwanda ten years ago, now genocide in Darfur; movements of large numbers of people from their home, externally and internally; and finally, a too late and too little intervention by the international community to deal with the crisis.

All of this leads to a failed state whose people become the wards of the international community. Their survival and revival depend upon the uneven capabilities of an international community only beginning now to awaken to the realities of development today. The international community is even farther behind in developing a literacy and a know-how to shape and conduct transition support operations. Donor nations need to think long and hard about how to do prevention right, and these states need a more intelligently instructed capacity to handle the situation when prevention fails. We have a new office in the State Department, it's called the Office of Post-Conflict Stability and Reconstruction, and the head of that office, the coordinator of reconstruction and stabilization, will lead and coordinate the U.S. government planning to help stabilize and reconstruct societies in transition from conflict or civil strife so that they can reach a sustainable path toward peace, representative governments, and a viable economy. The approach to transition, and the best solutions to crises, do not come from individual states, they do not come from unilateralism. The best transition support does not come from a nation such as ours trying to replicate from one office, particularly this office in the State Department, all the competencies that are

needed to help a state in transition. The best support comes from harnessing all the competencies of the multilateral system. Multilateralism works better for the victims and it works better for donor states because of financial burden sharing. The new post-conflict office at the State Department will work with other governments and the United Nations system to try to bring a full range of resources and capabilities to bear in post-conflict situations.

We should also note that the multilateral organizations we're talking about are just starting to become literate themselves in the reality of our new and strange transition world, as opposed to the old developing world. International organizations need to identify within themselves the competencies that they have and to develop the new competencies that are required; and donor states must engage these organizations and realize that none of them can be put on autopilot. We have learned that in so many crises. It takes very intensive engagement by serious donor states to make the international system work—you can't just give it a turnkey contract. We need to develop a lot more of that literacy in the United States and we're working hard with this new office of transition support in the State Department to develop both that competency and that literacy.

I believe we have developed a good model of how to conduct transition support using these multilateral institutions. I believe, really, that we've seen the future for transition operations in Afghanistan, and that it is a future that works. In Afghanistan, after coalition operations removed the Taliban from power, the State Department deliberately made the UN the center of gravity for transition that would satisfy humanitarian needs and lead to reconstruction. We recognized the potency of what was called the program/secretariat structure, which my good friend Nigel Fisher had set up in Kabul. This arrangement twinned individual UN agencies with very weak—sometimes no more than one deep—Afghan ministries. This was an ingenious system, because there wasn't enough trust in the Afghan ministries for international donors to put their money with the ministries, but they were willing to put their money with UN agencies. And so you had—The World Health Organization was twinning with the Minister of Public Health, and UNICEF was working with both the Health Minister and Education, and the UN High Commissioner for Refugees was building capacity in the Ministry of Refugees and Repatriation. But, there was a problem. At the top levels of the Afghan government, there was a feeling that the donor money ought to come immediately to the ministries rather than through this intermediate United Nations setup. Secretary Powell, who saw the genius of this multilateral approach, sent me out there for an extended period of time to support this idea. We had to support it with the top levels of the government, and it was difficult because they said, *"You should have let us tough out the humanitarian problems in those first two terrible winters and put the money on the infrastructure and some tangible things on the ground."* So we had to break through that barrier, a kind of an anti-humanitarian, anti-UN bias that could have slowed the Afghan success story had we not become engaged.

What was the common ground that brought us together? It was an interesting conversation that I had with the Minister of Finance, Dr. Ashraf Ghani, a very capable person. The common ground that we found was trees. I told him, *"I understand you like trees, I like trees—let's see what we can do with trees in Afghanistan."* And so, we took a page from Franklin Roosevelt, who formed the Civilian Conservation Corps to provide jobs during the 1930s Depression. So, we formed, in an afternoon, the Afghan Conservation Corps. This effort now employs thousands of returning refugees, demilitarized militia, other needy people of Afghanistan. Soon it will be tens of thousands and at some point hundreds of thousands will receive employment. It illustrates the fact that in the case of Afghanistan, the major humanitarian success story of our time, that is the return of about 3.6 million refugees back home, has to be sustained by the international community. Such employment generation illustrates one of the ways to sustain it, and this is the way it happened for Afghanistan. It illustrates the kind of intensity of effort that a serious donor state needs to put into a cause that important to make it work.

We should also recognize that improving civil-military operations cooperation is another important aspect of transition support. By definition, transition support operations often involve the process of moving

from a coalition military operation, or a UN peace support operation, to an indigenous political authority. The military has a key role to play in creating a safe and secure environment in which humanitarian aid and, near simultaneously, reconstruction can take place. There are a few essential ingredients of that civil-military cooperation which I won't go into now, but will be happy to talk about if you have questions about it, that go a long way toward ensuring inter-operability. I do not advocate integration of the civilian and the military components, which the NGOs in particular are concerned about, but rather a civil-military inter-operability that indeed has worked in Afghanistan with some glitches, with some problems that we've worked hard to deal with. These problems have to do with a blurring of the lines between the civilians and the military operations. In the lead-up to conflict in Iraq, civil-military collaboration worked very well. This is another example of how to do it in the pre-conflict phase of a complex contingency operation, and how we might have done it, had the State Department been in charge in the post-conflict phase in Iraq.

Let me just say that a vital element of civil-military cooperation is the development of a comprehensive campaign plan which brings all the parts together. Mission planning, going through the range of specified and implied tasks that the military might be called upon to provide, to support the civilian humanitarian and reconstruction operation, is an essential part of civil-military cooperation. My bureau at the State Department is proud to be a leader in using all of the forums possible to advocate and support inter-operability among all of these key players. More broadly, we are pushing all the actors in the humanitarian sphere to work together to develop the right tools to provide crisis response and humanitarian assistance. Terrorism, sprouting in failed and failing states, is today's major threat. Nation-building and nation-repairing and nation-salvaging, through effective transition support operations, is our major mission. Thank you.

Sam Daley-Harris, Founder of RESULTS, Inc. and Executive Director, Microcredit Summit Campaign



Sam Daley-Harris is founder and President of RESULTS, an international citizens' lobby dedicated to creating the political will to end hunger and poverty. Daley-Harris is President and founder of RESULTS Educational Fund, a 501(c)(3) organization dedicated to mass educational strategies to generate the will to end world hunger. RESULTS Educational Fund organized the February 1997 Microcredit Summit held in Washington, DC. The Summit was attended by more than 2,900 participants from 137 countries and launched a nine-year campaign to reach 100 million of the world's poorest families, especially the women of those families, with credit for self-employment and other financial and business services by 2005. Daley-Harris serves as the campaign's Executive Director. Daley-Harris is author of "Reclaiming Our Democracy: Healing the Break Between People and Government," about which President Jimmy Carter said, "[Daley-

Harris] provides a road map for global involvement in planning a better future." Daley-Harris is also editor of "Pathways Out of Poverty: Innovations in Microfinance for the Poorest Families." He lives in Washington, D.C. with his wife, Shannon, who is a consultant with the Religious Affairs Division of the Children's Defense Fund.

Reaching the Poorest through Microcredit: A Breakthrough for all of Development

The Microcredit Summit Campaign is an effort to reach 100 million of the world's poorest families, especially the women, with credit for self-employment and other financial and business services by the end of 2005. This afternoon, I want to focus on two revolutions in the field of microcredit that have broad implications for health and for all of development. The first revolution is a revolution in banking, and the second revolution—much more recent—is a revolution in development that's focused on reaching the very poor, those living below a dollar a day, one of development's greatest failures.

First, the revolution in banking. I've had the opportunity to be with Grameen Bank founder and Hilton Prize juror, Muhammad Yunus, a number of times when he's been asked what his strategy was in forming the bank, and it's very interesting to hear his response. He said, *"I didn't have a strategy to start the bank. I just kept doing what was next, but when I looked back, my strategy was: whatever banks did, I did the opposite. If banks lent to the rich, I lent to the poor. If banks lent to men, I lent to women. If banks made big loans, I made small loans. If banks required collateral, my loans were collateral-free. If there was a lot of paperwork for banks, my loans were illiterate-friendly. If you had to go to the bank to get your loan, my bank went to the village. Yes, that was my strategy...whatever banks did, I did the opposite."* The willingness of Professor Yunus and other Microcredit practitioners around the world to break the rules of traditional banking has allowed micro-lending to become the huge success that it has.

Now the second revolution, the one I'll be spending most of my time on. As we enter the year 2005, the International Year of Microcredit, pioneers in this field have brought the movement to a second revolution, a revolution in international development. This new revolution addresses one of development's primary failures, the failure to reach the very poor, the 1.2 billion on our planet who live on less than a dollar a day. Now with just 11 years to go until the Millennium Development Goals are due, this revolution has come not a moment too soon. I want to quote two health experts who spoke very clearly about the need for this revolution. Fourteen years ago, I was on a conference call with Peter Adamson. Peter Adamson used to write the State of the World's Children report with, and for, Jim Grant at UNICEF, and the conference call was just months after the World Summit for Children. Adamson was asked which of the seven key goals of the World Summit for Children is least likely to be reached. Which one is the hardest? Is it the child mortality goal? Is it the goal to increase literacy or access to

clean water? Adamson's response was stunning in its clarity. He said, *"None of the goals will be hardest to reach. It's the bottom 20% of the population that will be hardest to reach. It's not a goal, it's a group that's least likely to be reached."* The bottom 20% of the population Adamson spoke about are the 1.2 billion living on less than a dollar a day.

In the second quote, we hear from Davidson Gwatkin, who was Principal Health and Poverty Specialist at the World Bank. Last year, I participated on a panel with Gwatkin that focused on this question: how can we be sure that achieving the Millennium Development Goals brings about the maximum possible benefit for the poor? Here's what Gwatkin said: *"Those of us in the health field..."* (I have to say, micro-finance can be the worst culprit in avoiding the very poor, but it has also made great progress in reaching the very poor, so I'm not assigning blame to health or literacy or any particular area of development.) He said, *"Those of us in the health field are still caught up in the thinking of the 1960s and 1970s of improving overall average conditions. If you look at the way the Millennium Development Goals are formulated in health, they're still stated in national averages, and it's possible to make improvements in those national averages without having significant benefits flow to poor groups by focusing primarily on upper income groups. If we continue to focus only on national averages, as we in the health field continue to do, whether in the Millennium Development Goals or at the World Bank, the activities of this nature will lead to the majority of benefits not getting to people who we're most concerned about."*

Gwatkin then went on to talk about measles campaigns, and he said, *"Then you look at measles immunization rates and they're two or three times as high in the upper income groups as they are in the poor. The programs don't get to the poor, and yet, because it's measles and it's a problem with the poor, we congratulate ourselves as being pro-poor. It's not the case. Immunization programs are regressive as they currently exist."*

In the last part of his quote, he talks about the two poverty measurement tools in the Microcredit Summit's poverty measurement tool kit—participatory wealth ranking and the CASHPOR house index, which I'll go over in a moment. Gwatkin says, *"I've always thought, and continue to think, that these kinds of poverty measurement tools are extremely relevant for health, but we don't have it in health, so one of the things I've been working on in recent months is finding some way to take various versions of that same methodology and working to apply it to health. I think there's much that we in health can learn from microcredit."*

Let me quickly describe these two poverty measurement tools. The CASHPOR house index was developed by the CASHPOR network in Asia. This is oversimplified, but they'll go into a rural village in Asia and look at the construction of a house, and they'll say the walls are four feet high or less, so you have to duck to go inside, or the roof is made of rotting thatch so it rains inside. You're almost sure these are the poorest families and you can identify these houses very quickly. Then they go into those houses with an assets test. Do you own land? Is any of it irrigated land? Do you own farm animals? Are any of them large farm animals? This provides further clarification of the poverty or wealth of the family. When this is complete they set out to motivate the women of those poorest families to join a microcredit group.

This next one is participatory wealth ranking. It's developed by SEF, the Small Enterprise Foundation in South Africa. Oversimplified—they'll go into a village, meet the chief and the villagers, they'll draw the village on the ground and mark who lives where. Then they'll put the names on a sheet of paper and on 3x5 cards. Then they'll arrange three separate appointments with three different groups of villagers. With each group they'll ask: *"What is poverty like in this village? How do you know it when you see it? What causes it?"* Then they'll put a card down and say, *"This family, is it very poor, a little better off, better off or well off for this village?"* The villagers might say, *"It's very poor."* They will then ask, *"Why is that? What is it about that family that has you say that?"* Then they'll take the next card. *"What about this family? Same? A little better off?"* And they'll get these four or five rows of cards from the

poorest to best off in the village. That group leaves, the second group comes in and they'll do the same thing. That group leaves, the third group comes in and they'll do the same thing. They say, *"If we get relatively identical rankings from the three separate groups, we know we've identified the very poor rather quickly, rather cost-effectively, through a participatory process."* And then they set about motivating the women in the bottom two groups to join the program.

Let me close with this last bit. It's about a new U.S. law enacted a year ago—a breakthrough, astounding. There was a lot of opposition to it a year ago, but it's now this amazing new law. It requires the head of USAID to develop two or more cost-effective poverty measurement tools that measure dollar-a-day poverty. It requires virtually every group getting USAID micro-enterprise money to use one of these poverty measurement tools and report the percentage of their clients that start below a dollar a day. And it requires the head of USAID to start an annual report on how the institution is doing in getting half its funds to those starting below a dollar a day. The law is an effort to bring accountability to the long-standing Congressional commitment to have at least half—I repeat half—of USAID micro-enterprise funds reach clients who start below a dollar a day. The new law is an astounding breakthrough. A year ago, 700 parliamentarians wrote the heads of the World Bank, the Regional Development Banks and UNDP asking them to basically do the same thing. Four things: at least double funding for micro-finance—in the case of the World Bank, that would be doubling bank spending on micro-finance from less than 1% to less than 2%. It would ask them to commit half of it to those who start below a dollar a day, it would require the use of cost-effective poverty measurement tools that measure dollar-a-day poverty, and would require an annual report on the results. So far, the responses from the heads of these institutions—the World Bank, the Regional Banks and UNDP—have been very disappointing.

And so, I'm going to close right now with this quote. It's a quote from an op-ed piece by Muhammad Yunus and Fazle Abed, jointly written. Fazle Abed is the founder of BRAC in Bangladesh, and Yunus is the founder of Grameen. This is what they said; it's on this new law and the letter from the parliamentarians: *"Our perspective is formed by nearly three decades of innovation in the field. Our organizations, Grameen Bank and BRAC, currently have a combined total of 7.6 million clients reaching more than 38 million family members. It is certainly our experience that the very poor benefit from microcredit. Does microcredit work for everyone? No. Is it a panacea? No. Is it the most powerful tool we have to help those living below a dollar a day rise above poverty with dignity? Absolutely. Why is there any debate on whether donor priorities should be sharply focused on the poorest? The recent U.S. law specifies that half of U.S. foreign assistance designated for microcredit actually reaches those people living below a dollar a day. We don't understand why anybody would object to this. By all logic of foreign assistance and Millennium Development Goals, it's the right thing to do."*

So, there are these revolutions...the revolution in banking, more complete, and this revolution in development, focused on reaching the very poor, that I think will have implications for health and microcredit and literacy and all areas of development in the years to come. Thank you.

Lynn C. Fritz, Director General and Founder, Fritz Institute and Co-chair of the Disaster Response Network of the World Economic Forum

Lynn Fritz brings leadership, experience and philanthropy to contribute to humanitarian relief. A visionary in the global logistics industry, Fritz transformed Fritz Companies, sold to UPS in 2001, from a small domestic documentation company to a global organization of 10,000 employees in 120 countries. He founded Fritz Institute to leverage his expertise in logistics to strengthen the work of humanitarian organizations worldwide. Fritz Institute has now become a leading voice for logistics best practices in the sector and serves as the informal professional association for humanitarian logisticians. A native of San Francisco, Fritz serves on numerous boards of directors, including the World Economic Forum's Disaster Resource Network; Manugistics Group, Inc.; Georgetown University; San Francisco's Exploratorium; and the University of California, Davis' Department of Viticulture and Enology. He received his B.A. from Georgetown University and a J.D. from Lincoln University School of Law. In recognition of his outstanding leadership and community service, he was honored with a Doctor of Laws degree by Pepperdine University in 1995 and a Doctor of Letters degree from Drexel University in 2004.



Private Sector Expertise Can Stretch Resources

Good afternoon, everybody. I'm here under the guise of tools for transition, that is the formal topic, and the Fritz Institute and what I do and, I think, the application of the private sector is really very appropriately under that name, tools. At my former company, we developed technologies, training, certification—all kinds of things that made multinational companies effective in their mission—that's what we did for a living. And, as we looked out at the world, particularly at the humanitarian relief organizations, and the extraordinary charter that these organizations have—Heifer International was certainly a wonderful example today—we thought about how we could actually make them better, not that their charter should be different; we didn't want to do that. But what we could do, essentially, was to allow millions of people in the private sector to be effective in supporting this humanitarian sector.

We were somewhat astounded that almost all of the resources in support of these extraordinary organizations were basically supported by governments, USAID, Dfid, ECHO, the World Bank and other organizations. Why was the so-called private sector excluded? Other than the extraordinary generosity witnessed today by the Hilton Foundation and that came from the private sector...certainly the wealth thereof...and the Gates Foundation, which is represented here today, and many, many others. Our challenge and our interest was how to engage the private sector in the function of supporting the efforts of the humanitarian community, not just the financial support of same. We feel this is a very important area and we're a little bit surprised also at the lack of great examples of this. But after being in it for a number of years now, there are a lot of good reasons—or understandable reasons, I guess I should say—for there not to be as much utilization and partnership, as Gene was saying, between the communities. Certainly there has always been a sense of jaundice to the motivation of the private sector—are they really here to help or are they really here to help themselves? Are they there for profit, false misrepresentations, etc. and should we really allow them inside, to really help us help ourselves?

From the business community, essentially there has been a suspicion also of the do-gooders. Do they do good? Are they really good at what they do? Should we associate ourselves with organizations that can't ... or have a difficulty, sometimes, in measurability? Certainly in the humanitarian area there is also a difficulty in access—how does the humanitarian community actually access a large or medium sized organization and say, "*We have some people or we have some technologies, we'd really like to help; where do we start?*" Generally, this is not easy. There is no good or bad to this, it's just a fact.

So, suspicion, lack of accessibility and other things of this nature have inhibited what should be an extraordinary partnership. Relief, for sure, and development, for very sure, continues...the requirements, the needs keep getting exponentially higher. As these things get higher, the ability of the humanitarian relief and development organizations to cope with it, to support it, becomes more and more stretched. Things are going much faster than their internal ability to handle them, and I guess my point and the purpose of this discussion is really: should we not and can we not, actually affect—as I mentioned earlier—millions, not hundreds or tens of thousands, but millions of very skilled people that by and large do want to be effective. The sense of “social responsibility,” which, I would say, went from really a formalistic approach by the business community years ago—a sort of social responsibility, “*I guess we’d better be involved in that*”—to what I can absolutely assure you is a genuine, absolutely genuine, sense of wanting to help. Inside that wanting to help, one of the key elements that we have seen, and that we have tapped, are these thousands of individuals that do purchasing, shipping, logistics, financial services—a whole variety of very ho-hum, who cares, practices that have been developed by the private sector for generations. Technologies that are on the very edge—old technologies, not even the leading edge kind of stuff—that can actually support organizations just to be a little better. The field will be more coordinated with the administration and the headquarters of these organizations, so that vulnerable people can have a voice and information from the donors all the way down to those vulnerable people. Many of these paths are somewhat clogged just by the exigencies that come from humanitarian aid in general, certainly relief in particular.

So we have gone forward and based our activities essentially on research of 27 to 30 of the largest humanitarian organizations. When I say research, I’m talking solely under-the-hood operational stuff, not their public policy, not their mission, not their charter, not anything to do with what makes them viable, except for what is their hand-off, what technologies do they use, what inhibitions do they have, what happens to unsolicited gifts, how are they accounted for, how does it get back into the system, etc. A very, very much operational—we call operational “under-the-hood”—type of situation. From there, we’ve progressed to say we have now created—we didn’t create it, it sort of happened by itself—a professional association for logistics and operations, where representatives from these humanitarian organizations come to visit us every year. We talk about best practices throughout the industry, not best practices from business, but best practices within their activities, and what they could use that would be the most effective—things to help them do their job better. Once we determine that, we go to industry and we ask companies throughout the world to help on very specific projects, not in general...don’t send 100 people down to visit somebody in Rwanda or Zambia or something...but let us take a project, a business project, again something like internal shipping arrangements, purchasing arrangements, information services that are required in one sector of these operations and let’s cure it...see what we can do, for free...have your people donate their time, to assist this.

We’ve never had any problem at all getting people in corporations interested or involved, ever...particularly because, as I indicated before, the willingness, the interest, the unbelievable desire of people to apply their skills to human problems is extraordinary. And all we are is just one example of a way to tap those skills and, hopefully, make them effective and end up in a very measurable capacity, because we do measure the results so that these organizations can go back and say, “*Our people made a difference; we feel good about it and we’d like to come back and do more, given the opportunity.*”

So, in reality and in the end, I think business has come to the conclusion that what’s good for the world and what’s good for the people of the world is also good for business. That’s the outside. The inside out is that businesses are made up of people very, very similar to yourselves. Most of you probably came from one part of the private sector, I would imagine, at one part of your life, or your parents did. There’s an extraordinary trough of unbelievably skilled people who would like to adapt their skills to what you do. So, it’s been an honor for us to break some ground in this area. I thank you for the opportunity to address you and look forward to any questions that you may have. Thank you.

Panel Three/ All Conference -- Question and Answer Session

Begleiter. OK, thanks, Lynn. You should all have business cards out right now, and on the back of your business card you can write one specific thing for your organization that Lynn can help you accomplish, and make sure that he has that in his pocket before he leaves the room and before you leave the room today. You couldn't get a more explicit invitation than that. If you have a problem to be solved, he's the guy to go to, to get it solved.

I have to ask Gene, I can't let my previous journalist's role expire completely without asking a couple of detailed questions about a thing or two you said. The Office of Post-Conflict Stability and Reconstruction, whose acronym is OPCSR, I guess, at the State Department—you said it was new. When did it start? Was it before April 2003, before March 2003?

A. Dewey. It started about three months ago.

Begleiter. OK, so it started after the mission was accomplished in Iraq. OK, got it, just wanted to know the date. I know that was a "gotcha". You have seen the future in Afghanistan; have you seen the future in Iraq also? You didn't mention that.

A. Dewey. I think we may have seen the future for Iraq, but we have seen, certainly, a very productive and positive future in Afghanistan.

Begleiter. OK. I couldn't help noting your comment how we might have done it in Iraq if the State Department had been in charge. Just want to make sure no one else missed it. The office was there, it just wasn't called what you called it, and they submitted the information, we all know about that.

A. Dewey. Our bureau was there for Afghanistan and, as I mentioned, Secretary Powell took us a little bit out of our refugee lane and, because some of us had had some experience with the United Nations, he gave us this multilateral transition support task in Afghanistan.

Begleiter. Sam, you were present earlier today. Did it strike you as it struck me, the theme of motivating women and engaging women as engines of change and progress? Is that something that you share in your organization?

Daley-Harris. Our most recent report provides end-of-2002 data. Sixty-seven million clients were reached with microcredit, of whom 41 million were among the very poor. Of the 41.6 million poorest, 79% are women. The other thing is this: the largest number of clients of microcredit in the world are Muslim women, because the largest programs in the world are in Indonesia and Bangladesh. When you have BRAC with 4 million clients, and Grameen with almost 4 million clients, and ASA with 2 million, all in Bangladesh, and you have other large programs in Indonesia—you end up with the largest number of clients in the world being Muslim women.

Begleiter. OK, time for your questions and comments. Anybody want to make a pitch at this point, to one of these three, either for working with the State Department's new office, or working with Sam, or working with Lynn on your projects?

Q. Terry Fisher, Global Health Council. My question is kind of a practical one, which is to the gentleman with the State Department. Do you have an idea that you will have a presence in Iraq?

A. Dewey. The question is, will we have a presence in Iraq? We do have a presence in Iraq now.

Fisher. Something like you are doing in Afghanistan I mean.

A. Dewey. We'll be unable to do in Iraq the kind of transition support that we did in Afghanistan. I think that the time has passed...there would have been a time for that... to have brought the UN in early in all aspects of its competencies, to have taken the lead on transition support. But we do have a presence; we have two of our staff people in Baghdad. Ambassador John Negroponte is very interested in our work; he's been asking when am I going to get out there to help on refugee and internally displaced person returns. We have to do too much of our work from Amman, Jordan in trying to do this twinning by remote control. It's not the best way to do it, it's not an efficient way to do it, but we are trying to cobble together in Amman capacity-building efforts to replicate some of the positive support that resulted in such a good operation in Afghanistan.

Begleiter. Gene, forgive my ignorance, what do you mean by "twinning by remote control"—I'm sorry, I just didn't follow you there.

A. Dewey. Bringing representatives of the United Nations agencies in Amman, Jordan and getting them to work with representatives of Iraqi ministries that will come out from Baghdad.

Begleiter. OK, getting the appropriate people together from both sides.

Q. Susan Murcott, Massachusetts Institute of Technology. You suggested a pitch. I have a pitch for the three of you, since we have as representatives here someone from government, someone who works with micro-finance and someone who works with getting things to people. I work with students, engineering students, to develop low-cost technologies that are focused toward women in developing countries, to bring them clean water. If my students and I and other partners in countries where we work—like in Nepal or Nicaragua or Haiti—have technologies in hand that are \$5 to \$10 each, that bring safer water to women and children, and we all know that this is one of the largest health concerns in the world, how would you—policy-wise—get that to people, how would you—financially—get that to people, and how would you—with your ability of logistics—get that to people?

Begleiter. Good question. OK, Lynn, do you want to tackle it first?

A. Fritz. At the end of the day, everything does get down to operations and then, as I think Sam was saying, you go one-by-one with what happens and then you have policy or research later because it suggests itself. We work with Fred Moavenzadeh up at MIT, who's given us students at the DRN and others. We take students from all over the world, by the way, that either are training for doctorates or doing different things to assist what we're doing and to support the private sector to do the job. Now, having said that, so A, there's an interest—B, my first suggestion on how to operationally do that is to work with the local Red Crescent Society, Red Cross. One, because it's usually the largest volunteer society. Two, it's chartered by the government of the country they're in, so they can find both infrastructure as well as possible financial structure. I would comfortably say we could probably do the rest, if we could show measurably that the devices or the processes or procedures that MIT is developing could be effective, but we would put you through a stern test prior to that, but if you passed, I can assure you the stuff would get done from that point of view.

Begleiter. Susan, just to clarify, is your technology manufactured, does it already exist, or are you looking for somebody to build it?

Q. Murcott. We have tested, in the lab and in the field, existing household drinking water treatment systems and we have designed innovative household drinking water treatment systems. We have pilot tested these systems in households in developing countries. But we have not gotten into large-scale manufacturing. We have not scaled up to hundreds, thousands, millions, even while these systems could meet one enormous global need for safe drinking water...

Begleiter. OK, so you've designed devices, but they haven't been manufactured yet on a large scale. Lynn, the question to you to follow up is: are you in a situation where you could find companies that have the capability of manufacturing at scale levels this kind of stuff if it proves to be engineeringly worthwhile?

A. Fritz. Yes, we do...there are a couple of ifs to that; we have to find somebody that actually can make those adeptly so you can stay within that \$10. My predisposition, of course, would be to find companies that would support local manufacturers to do that. At the end of the day, everything about humanitarian aid is clearly to get local capacity, that's what everybody's job in humanitarian aid is, to create local capacity. And so my answer to that is yes, if we could understand the formula, and take it to a company or two that would have some interest in that area, a local company hopefully that perhaps could well finance it in some form or another, to allow local organizations to make those and take on distribution. That would be the proverbial win, win, win. That would be the way I would approach that.

A. Daley-Harris. The Microcredit Summit makes no loans, takes no savings, but we have thousands of members, very large and very small, who do. So if you said to me, Nepal, then I would connect you with one or two or three institutions that might have 20,000, 50,000—depends on the country—clients. In a sense you'd have to really basically sell the value to their clients and the like, and then forge a partnership with the practitioner institutions. A number of programs not only have traditional loan products, savings products and insurance products, but different kinds of loan products as well.

Begleiter. OK...and how about the U.S. government's point of view? Is there a policy...is there something that needs to be cleared, some decks that need to be cleared so that this process can take place?

A. Dewey. Our policy is to work with the systems that are already in place, in the international systems for water, for example. For emergencies, we count on UNICEF, working with NGOs. And we're working very hard to get Carol Bellamy up to speed in Chad, for example. In Chad we have a huge refugee and a huge water problem. The same exists in Darfur in Sudan. So, get whatever information you've got to UNICEF; they should benefit from the latest technology and be able to get it in the hands of the partner NGOs that they work with.

Q. Merrill Smith, U.S. Committee for Refugees. A significant number of those poorest of the poor who are difficult to reach might include refugees, and they're difficult to reach, because those countries typically don't include them in their national development plans. They're confined to camps or segregated settlements or deprived of the legal right to work or own property, things that are guaranteed in the conventions, but not realized. Gene, you spoke of the 3.6 million Afghans returning, and that's certainly a great development when refugees return home—or not to become refugees in the first place—but we've counted of the 12 million refugees in the world today, more than 7 million have, in effect, been "warehoused"; our word for this, for 10 years or more. We hope for the best in Iraq, too, but de-warehousing has to mean more than just return—where that's possible that's great—but for the rights that refugees have while they're refugees, in the interim, what can we do to put the agenda of their basic rights to be self-sufficient on the agenda? And what kinds of programs can get those rights effectively implemented?

A. Dewey. The best way of de-warehousing is to have solutions to the problem, and I think the U.S. record in promoting solutions has been pretty convincing. A year ago, when I gave our annual budget presentation to the Deputy Secretary of State, I said that the outlook for the next two years was to reduce the worldwide refugee population by about one-third. At this year's presentation, at the one-year point, we had reduced it by about 17%. This was helped greatly by the returns in Africa and, of course, the huge returns from Pakistan and Iran to Afghanistan. So that's the best way, through voluntary repatriation. Your figures are a little bit out of date in terms of the total number of refugees, because it came down from some 12 million. Now it's about 9 million, a little less than 9 million total because of the solutions, the series of success stories that we've had. We continually keep pressure on governments like Tanzania to permit some degree of mobility and self-reliance activities in the refugee camps. It's tough work; it's getting tougher in Africa. There isn't the same welcoming hospitality toward refugees that we used to have in Africa. This is a disturbing development, so our job in the U.S. government is to keep up that pressure and to urge other governments, particularly European governments who don't seem to take these things as seriously as we do, to help us, to join forces in reminding countries of asylum of their responsibilities under the refugee convention.

Begleiter. Gene, is there anything that you have been involved in...and you've been involved in refugee issues for such a long time...that crosses paths with what Francis Deng was talking about earlier today? I'm trying to find whether there's a nexus between the refugee issues and the internally displaced issues. Do you work together on those issues, or are they so different that you can't?

A. Dewey. In our government, the U.S. Agency for International Development (USAID) has the responsibility for the internally displaced and we take care of the refugees in the State Department. Take the Sudan example, where the responsibility for the internally displaced persons—the 1.4 million internally displaced persons in Darfur—is largely the responsibility of the international community. And together with USAID, the State Department is working hard to fix what I would call a broken United Nations system. Taking care of internally displaced persons (IDPs) has two main parts. The care and maintenance part is handled through a system called the “collaborative approach.” This means every one of the UN agencies that has some competency to deal with IDPs raises their hand when the UN Emergency Relief Coordinator asks what they can do to help with IDPs in Sudan. That's like a touch football game where the plan for every play is to send everybody on the offensive line downfield and raise their hand if they're open for a pass—it just doesn't work. And so we're pushing very hard, and I'll be meeting with Jan Egeland, the Emergency Relief Coordinator, tomorrow to push for a joint task force approach, where you will have one UN agency serving as the center of gravity for care and maintenance for IDPs. Then you'll have the other agencies, let's say it's World Food Programme, as the leader of the task force for Sudan IDPs; and you'll have UNICEF fall in for water and sanitation; you'd have the High Commissioner for Refugees fall in as far as protection for returns once and if they happen in Sudan; and you'd have other international organizations for migration help on transportation and registration. But have somebody in charge: that's what's missing in the current collaborative approach for internally displaced persons. I don't see any other effective way to do it. I don't think the UN High Commissioner for Refugees is going to be assigned regular responsibility for internally displaced persons, but I think we've got to get the UN Emergency Relief Coordinator to assign a task force leader to handle this situation.

The second point I mention is protection. This is where the High Commissioner for Human Rights is absolutely vital. We've got to get Louise Arbour to field a large contingent of human rights monitors throughout Darfur...I would say at least 500 monitors have to be recruited and trained and fielded and deployed with enough Toyota Land Cruisers, or similar vehicles, to keep them mobile throughout Darfur. We need also to find a way to maintain those Land Cruisers. This is where Lynn Fritz is absolutely vital, because Lynn or someone like him is needed to show Louise how to do this, because she doesn't have any

other place to go in the UN system to show her how to put this package together. So those two elements, I think, the task force and an effective human rights effort, are what are needed.

Q. Susan Davis, Grameen Foundation USA. Thank you. I have a question for Sam. I thought your presentation was excellent and I heard you mention that there was opposition to this breakthrough legislation, so I was wondering if you could elaborate for us on just what the opposition is about, where it's coming from, what the arguments are for, and what we can do about it?

A. Daley-Harris. Let me just say, there was opposition in the U.S. to it, but once it became clear that it was going to become law, the groups that opposed it have been doing a great job in implementing it, in developing these new tools. Then the next level was when the World Bank was asked to do the same—or UNDP—or the regional development banks; then the next round of opposition came. The original opposition was, *“Our groups are doing so much, we don't want them to also have to use poverty measuring tools. They're operating like banks; their financial systems are in place, why would we want to add one more thing on?”* Chris Dunford of Freedom from Hunger said to the groups, *“Wait a minute, we're for transparency in financial performance, right?”* (And everyone said, *“Yes of course...”*) *“But we're not for transparency in social performance?”* *“Oh no, no, we are for transparency in social performance.”*

And so the opposition is pretty strong, and the only thing we're looking at is having these members of Congress sit face to face with the heads of these institutions. On September 30, Senator Durbin of Illinois and five Congresspeople met with Mark Malloch Brown, and Senator Durbin said, *“You mean to tell me UNDP's budget is \$3 billion a year and you only spend \$85 million on micro-finance?”* Three percent in that case. And Malloch Brown said, *“Only three-quarters of a billion of our budget is at our discretion. The other portion is dictated by the donors.”*

I say, with regard to the Millennium Development Goal of cutting absolute poverty in half—quote me—the emperor has no clothes. There's 11 years to go and the emperor has no clothes. And if institutions think you're going to cut absolute poverty in half by providing less than 1% of World Bank spending on micro-finance, and fighting whether any of it goes to those starting below a dollar a day, how are you going to cut in half those below a dollar a day in the next 11 years? It's just inconceivable. I'm blessed with my degrees, I'm blessed by having a bachelor's degree and a master's degree in music, so all I have to go on is common sense...that's why I spent the last 20 years working with the late Jim Grant, or Muhammad Yunus. I just look for genius and go with it, rather than look back to my music degree or development degree, or whatever. So it's worse than I presented over there and yet it's dazzlingly exciting, this new U.S. law and the poverty measurement tools these institutions are developing.

Q. Musimbi Kanyoro, YWCA. I'd like to ask a question on microcredit. We have microcredit programs in about 40 countries and Bangladesh is one of those countries, but my question is that there's something we're struggling with. For example, in your presentation, which I very much appreciated, you say it reaches the poorest, but when we evaluate the people who participate in microcredit, we wouldn't call them the poorest, because the poorest are often unable to organize. The poorest sometimes harbor so many other things that exclude them from a possibility where they can access any microcredit. They are the poor, but not the poorest, and I'd like you to speak to that, but my major concern at the moment is also that microcredit doesn't reach young people. We are concerned about young people, and the age of average recipients of microcredit programs all over the world is 37, and I think this research has been done by various people looking also at BRAC and Grameen and several other microcredit agencies. I'm concerned that, even when we talk about HIV/AIDS—problems that affect young people—like unemployment, it's again young people. We have to design a way in which microcredit reaches much younger ages. Can you speak about that?

A. Daley-Harris. Yes, very good. The first thing, I made an aside up there when I said micro-finance can also be the worst culprit in missing the poor. And so when I talk about a revolution, a revolution means it's going against an existing way of operation, so I don't want to pretend that if you go find a micro-finance program, they're reaching the very poor: they're not. But there are some, there are revolutions going on out there. I'm finishing the new State of the Microcredit Summit Campaign report and I called for some client stories, and I just got a couple in yesterday from ASA, which happens to be in Bangladesh, talking about their loans to beggars. So the point is, there are many who are not reaching the very poor, and there's this revolution going on with some who already were, and others who are working to begin to reach the very poor. So, let me say it one other way. Of the 41.6 million clients at the end of 2002, 87% were in Asia. That's why I know our numbers are relatively good, but Asia...this is oversimplified...but micro-finance in Africa and Latin America is different, not all of it, not always, not completely, but different from micro-finance in Asia from the point of view of poverty outreach.

So, the last part, I actually don't know what to say about the whole issue of youth. I would assert that when a micro-finance program grows and grows and becomes stronger and listens to their clients and offers more products, etc., they eventually will offer products to youth. But I actually don't know what to say to that particular challenge. I know the Youth Employment Summit, YES, which was in 2002 in Alexandria, Egypt initially was set up out of inspiration from the Microcredit Summit, but also frustration that it didn't focus on youth. So that would be a group I would connect with—Youth Employment Summit out of the Boston area. But that's a challenge and I don't have many good answers for that right now.

Begleiter. Obviously you've already indicated dealing with youth for micro-finance is a difficult challenge to begin with, just getting a handle on that. What if you include a geopolitical layer over that and you talk about the 70% of the Arab and Muslim world under the age of 25. Would that be an easier thing to target, or would it make it more difficult?

A. Daley-Harris. *Of course what would be hoped is that youth would be in school and their micro-loan would be, in a sense, a side endeavor. Well, there are programs absolutely where young people are actually accessing micro-loans...they're coming into the family through the mother, through the woman of the family. I know I can find programs that are reaching youth with microcredit, but I don't want to suggest that that's the rule.*

Begleiter. Another question or comment? Right up here.

Q. Natalie Hahn, Hahn Associates. I'd like to commend the panel very much. The theme is lessons learned and I'd just like to mention another group that I think is terrific, because most of the beneficiaries have been women under 30, the vast majority of them illiterate, and that's Trickle Up. It's not microcredit but it's the whole philosophy that \$100 or \$50 to a family can make a phenomenal difference. My question goes over to Lynn. I commend you very much for what you're doing. My question is: to what degree do you support businesses within countries? We know that every poor country, regardless of how desperately poor, has wealth and has businesspeople willing to contribute. Synergos Institute has done some fascinating work on this. For me, I think a very strong future of so many of these countries is not international assistance but rather private sector involvement within countries.

A. Fritz. I could not agree more, and thank you for the question. As I was indicating to the professor here from MIT, I think the persuasive factor is always to get...whether it's manufacturing for that particular product...the business community, in whatever form it is at the country level. What we have done up to this particular point...we have something that we call the African Initiative. It's a union of Red Cross-Red Crescent societies in 15 different countries throughout Africa that have signed up for good

governance—signed up for being able to be measured in real life time, and to that we are bringing the business community in their sectors to support, both in a functional and also in a financial factor, and it's really a partnership. Gene's comments really resonate to me...we're bringing in multinational companies to do some of the groundwork to say what is good governance, what are good practices, then we bring in the local organizations to actually function and to support those at their cost. Most importantly, it's their involvement...that's how you win: you win by involvement whatever form it takes. That's the way we're doing it, this is the only African union that I'm aware of. The basis of the intent of these organizations pulling together is basically to say, "*We want to be independent, we want to be able to do our own work. We don't need, necessarily, third party donors from different states both telling us and subcontracting to us. We like to have this.*" The business community also has the same sense of wanting to be independent and wanting to support their own issues in a manner and method that's consistent with their culture and variations that are there. So I really appreciate the question, and it's something to work on. This is just a one-bite-at-a-time, one-organization-at-a-time effort.

Begleiter. Lynn, does your group represent companies that are non-American companies?

A. Fritz. Yes, that's exactly what I'm getting at. We bring in the format from larger multinational companies, but the on-the-ground areas are always with local companies—Zambia, Zimbabwe, certainly now in Kenya and other places. I might add now also bringing in local universities...because there's talent out there and it's unapplied talent; they're frustrated. This is not hard to do if you have a focal point. This is where we're going. This is how we'll get there, this is the organization under which we're going to resolve some issues, and then there's a wonderful congealing, if you will, of local business, as well as local universities and expertise that we don't have to farm in from outside.

Q. Larry Brilliant, SEVA Foundation. This is a question for Mr. Dewey. We just had lunch and I want you to know I just learned this after lunch or I would not have asked you in such a public place. I'm an epidemiologist and epidemiologists measure the impact of influenza using a quaint term which is called "excess deaths." We use that because we really have no measure of deaths attributable to influenza. About half an hour ago, a group of epidemiologists at Johns Hopkins measured the impact of the war in Iraq, using that notion of excess deaths, and they published it about half an hour ago in *Lancet*, and they calculated that the war in Iraq has caused 100,000 excess deaths. That's a very large number. It's the first time we've ever seen a number like that. Against that background, what can we do in the nonprofit sector, the 501(c)(3) sector? What can we do to help ameliorate some of the impact of that conflict? If that's the right number, if it's proven to be solid, how do you advise us to act? What can we do to help?

A. Dewey. I think, Larry, that's a good question; it goes to the civil-military cooperation that I mentioned in the presentation. Before the conflict in Iraq, there was an unusual level of civil-military cooperation to avoid a humanitarian crisis in Iraq. And we avoided such a crisis. The planning was for 600,000 refugees to come out of Iraq. Almost that many internally displaced persons were expected to be moving around in Iraq. Almost none of that happened; there was almost no flow out of Iraq. How was that worked out? Well, there was intense planning with the military and the civilian agencies, the NGOs and the UN agencies. How did those two get together? They don't naturally get together, and our part in the State Department was as a go-between. We accessed the UN agencies and asked them: "*What would you need from the military to support your operation in the humanitarian sense?*" We did the same thing with the NGOs. We drew up a list of these specified and implied tasks that I mentioned, and we took that list both to the Central Command in central Florida, talked with the planners there, with General Franks' staff, through his whole planning staff, and then we went to the Central Command forward headquarters in Qatar and did the same thing, and also in Kuwait. We went over the contingencies that might come up and had worked through them with the planners—the first time I think that had ever been done. This was communicated to the Iraqis so that the people knew that help was going to be coming to them; they didn't have to rush outside of the country to get it. I think that kind of planning should be regularized for future operations. Maybe it takes an intermediary like the role that we played in the State Department.

I think the Afghan example was a little different, in that we actually had liaison officers from the UN agencies and Central Command Headquarters in central Florida—first time that had ever happened. And it was very useful, because the representatives from the UN High Commissioner for Refugees and UNICEF and the World Food Programme and the World Health Organization could explain to the military planners that they could do this effort at one-tenth the cost that it would take for the military to do it. They could do it a lot better than the military could do it. And so when General Franks would get a request from Secretary Rumsfeld to do humanitarian work in Afghanistan, he could say, “*I don’t need to do that, I can get on with what my business is, because I know that the UN agencies with their NGO counterpart partners do it a lot better than I do and they do it at one-tenth the cost.*” That’s not a total answer to your question as to how you can reduce these excess casualties, but I think it is a way to get at that problem that we need to try to regularize for future operations, where you’re going to have this combination of civilian humanitarian workers and a military force which needs to be shaped to create the humanitarian space, the reconstruction space, where these people can operate. Not to do the humanitarian work or the reconstruction work that civilians do a lot better.

Q. Carla Shepard-Rubinger, Liebrick Biomedical Publications. I’m just curious about whether there’s a parallel, or really what the parallel or relevance is, for the microcredit or business model for the health sector, the NGO sector and the public sector.

A. Daley-Harris. Can I actually address a different side of this? I have a friend, Vicki Guzman, who is the head of a health group in El Salvador, and she found that she needed to do microcredit, not just health. Muhammad Yunus would look at those clients that didn’t make progress and what was the major reason? Health issues. Ann Hastings, who heads Fonkoze, a microcredit program in Haiti, said Paul Farmer of Partners In Health came to her and said, “*I’m tired of making people well and sending them back out in poverty. I want a Fonkoze microbank office in every clinic and hospital we build in Haiti.*” I want to underscore that the Microcredit Summit—with funding from the UN Foundation—is doing these trainings in Asia and Africa on how you cost-effectively integrate micro-finance with education and health. So, it doesn’t really get to your question about if micro-finance eventually can pay its own way, can health do the same? I think that was what you were asking.

Q. Shepard-Rubinger. You’re absolutely right that they’re inter-connected, and I think that at the beginning of this morning that point was made really clearly. They clearly relate to each—we need to have both be supported for both to be successful. But I’m wondering if what we know about the success of a microcredit model, whether that can be translated into how we can create success in the health sector, the public sector, the nonprofit sector, the NGO sector in terms of supporting it with a similar kind of model. What is it that could be translated to the nonprofit sector?

A. Daley-Harris. I think it would be more the combination; in other words, I wouldn’t want to think that those who cannot afford medicine right now would have to come up with a way to pay for medicine so that the medical program could be self-sustaining.

Q. Shepard-Rubinger. You’re talking about it from the client side...I’m talking about it from the provider side. Should we be looking at health care providers and not NGOs and the public sector with the same kind of business mindset, mentality, and structure that you’ve described and what you’ve been successful doing on the microcredit side?

A. Daley-Harris. Right...I don’t know, because where the provider accesses their resources, in microcredit they might use the savings of clients, they might get grants from donors or foundations, they might access it in various ways and then they can revolve the money once they’ve got it. In health, I don’t know how you then get started. But I don’t want anyone to walk away thinking, oh, the integration

of micro-finance and health is an obvious—as they say—slam-dunk. It's not, the micro-finance field too often says, no, financial, financial...don't add anything else. So it's more of that kind of battle and revolution.

Begleiter. Before we continue, just let me ask. Any of you who were on previous panels, will you please join us? Molly, you're here, won't you please come up, and any others? Just in case anybody has questions for the others.

Q. Board Member, Heifer International. I would like to direct a question, and change the subject just a bit, to Mr. Fritz. As a board member of an organization, I know staffs and boards of NGOs are constantly trying to look good to the donors and watching very closely some hurdles such as how much your overhead is. Sometimes, being just a little over a hurdle or a little bit under that, I guess, can put you in a whole other category, and yet, at times, this can be critical to the development of an organization. I can particularly speak as to the organization that won the Hilton award today—I serve on their board—one thing that we did as a leap of faith was to take ourselves over the magical 25% hurdle for a bit of time, and it has been tremendously beneficial. I'm wondering, with his expertise for business, what can be given as advice along those lines?

A. Fritz. Since that's not public policy, I'm delighted to give you an answer, and I have a variety of strong predispositions towards that, both from private sector experience and the recent application particularly to the humanitarian sector. I found it somewhat confounding, troubling, that there are some exogenous kinds of constraints—25%, 2%. What should we really pay in overhead? I believe that's your question. Again, there are extremes... I've found that one of the sad things that I've experienced, and our whole group has experienced, is that there has been modest recognition of the people that have to do the actual grunt work—purchasing, finance. People want to be in the frontline to help, so why invest in systems, in technologies, why invest in sort of longer term training programs? These are crisis-driven organizations and when we get around to it, it's probably money poorly spent. Let's—to use Gene's analogy—let's get out there and just get the job done. I think this general attitude—and please understand, that is a very general comment that I make, but I've found it somewhat pervasive. I think a recognition of your objectives...in the business community, the general thing is what is the result that you wish. If it's Heifer International, we want to have 10,000, 2,000 things happen, the direct and indirect response to those things happening is “X”...that's our challenge. Now what do we really want to do? If that means there's going to be a system, or overheads or methodologies that have to be invested—and I really pause when I use that word because this is not an investment-loaded sector—if that has to be invested to get those aims, in the early term, mid-term and the long term, it should most definitively be done. One of the mitigating things and part of our immense popularity is because when bringing in the private sector you can also take up that difference. So you can get other people to join in at no cost or very, very modest cost. Then you can keep your overhead at a certain level and still meet these external requirements. So I mean, they're both related, but from the constructive standpoint, I'd really like to see more objectives, and then what do you have to do to gain those objectives and drive your business? Indeed, every one of your organizations is a business and to drive it in that factor, not be inhibited by exogenous factors, but then, secondly, utilize whatever resources—clearly the business community being one—that can be utilized at a low- or no-cost factor to augment those issues. Thanks for the question.

Q. Richenda Van Leeuwen, Trickle Up Program. I have a question for Gene Dewey. We hear so much about the terrible consequences of conflict and disaster, but we also hear about tremendous innovations that come in terms of addressing human suffering and poverty and issues. What we heard so much today about Heifer came out of the Spanish Civil War and other awardees of the Hilton Award, like IRC comes out of the Holocaust, so I was wondering, particularly in Afghanistan, whether you have seen the seeds or the genesis of any great new innovations that you feel, maybe 20 or 30 years down the road, may be a global name and winning the Hilton Humanitarian Prize?

A. Dewey. Thanks very much for the opportunity to answer that question. I think a couple of things in Afghanistan that we've seen—first, the genius of the Program Secretariat: twinning, pairing agencies that have a competency in a particular sector with government ministries; I think that's a model that works and ought to be considered for future transition operations. I think Afghanistan also shows us things that haven't worked well, and one of the things that hasn't worked well in Afghanistan—and I've rarely seen it work well in emergency or reconstruction operations—and that is what is known as the service module approach. In other words, it's relying on people to raise their hands to have responsibility for certain sectors. If you'll recall, the worst example of that was in Zaire in 1994, when the High Commissioner for Refugees got people around the table and said, "*Who's going to take care of water?*" Unfortunately, the member of state who raised his hand for water had no competency to handle water and we had a terrible death rate of so many tens of thousands of people from cholera and diarrhea and other water-borne diseases. For Afghanistan, the service module approach involved going around the table of the donors and asking, "*Who's going to take justice?*" Italy raised its hand for justice. "*Who's going to take police?*" Germany raised its hand for police. "*Who's going to take poppy eradication?*" And the UK raised its hand. And that absolutely sidesteps the designated hitters in the international system with competencies to do those functions and relies on a very uncertain, often unreliable, international community to come up with a satisfactory performance in these functions and sectors. There are huge problems in all of the sectors that I mentioned in Afghanistan. There has to be a better way to do it than just assembling donors around the table and having them raise their hands.

There is a third thing which, again, has been a way to extend the security forces outside of Kabul to provide some security out in the countryside in Afghanistan, which may indicate an example for the future. I'm not saying it's a model yet. Right from the beginning, it seemed to be necessary to get some military force outside of Kabul into the dicey areas of Afghanistan. When such a force might run into some trouble with a warlord or militia commander who was taxing and oppressing the peasants out in that region, they could either handle it on the spot with military force or call back to Kabul or to the U.S. forces and get a heli-borne reinforcement to deal with that problem. The problem could be either a threat to a humanitarian or reconstruction operation or human rights violations that are happening all too frequently in Afghanistan. It took a long time to do that, to get those provincial reconstruction teams out into the provinces, and to try to get them to do not just that projection of power, but to be a projection of humanitarian space so that civilian agencies could have more freedom in doing their work. It's not a model yet, the provincial reconstruction team, but it's something we ought to look at refining and perfecting so that it can do a better job, in providing this protection and reaching back for reinforcements when needed. We also need to avoid what the NGOs really detest in Afghanistan, and that is the blurring of the lines between what the military is doing and the civilians are doing in humanitarian work and reconstruction work.

Begleiter. We're approaching the end of the conference here. This gentleman right here has been very persistent and there's another question there. Let's see if we can do quick questions and quick answers.

Q. Unknown. Thank you Miss Melching...it's inspiring, your work...I wanted to know if you have any experience or advice in carrying out this kind of work among host communities with relations to out-groups mainly, in this case refugees. I think of it as a human rights issue when I speak to government officials in terms of rights, like Mr. Dewey in terms of rights according to the Convention, but is that the most productive way when you are talking to the local communities? Or do you need to speak to the public about human rights dialogues and consensus building since one of the problems of warehousing of refugees is xenophobia in communities.

A. Melching. I love answering this question, because I had the opportunity to work in basic education before human rights education up to 1995, and to see the impact human rights education has within the community...I can't even begin to tell you what the difference was in the way people responded to others.

I talked about FGC [female genital cutting] this morning because I didn't have enough time to go into all the amazing things that have happened in terms of discrimination and reducing the discrimination that exists in communities about other ethnic groups. Seeing a new dialogue open about that once people discuss what it means to be a human being and why we are all human and why we should have human dignity—when we get into those kinds of conversations, it is very empowering for everybody. When I'm talking about it in America, I find that a lot of people don't really know a lot about human rights, and I'm surprised, quite frankly, and think that people here would benefit from this kind of human rights conversation also. Working with other communities we have been asked, in the context on FGC to work on this issue in immigrant communities—in Sweden for example—and I think it's a wonderful way of getting people discussing these issues. As people make decisions and open up to other people's ways of life, and understanding other people's cultures, using human rights as an entry point is an excellent idea. We found a great response on the experimentation that we've done. Another thing we've done where we had a tremendous amount of success is in the prisons. We've been working in prisons in Senegal and working with the outside community and the prison inside community to foster understanding between the two and this has been a great success in some of the poorest areas of the system. I cannot encourage you more to use human rights dialogue as a means to overcoming these problems.

Q. Bineta Diop, Executive Director of Femmes Africa Solidarite. We work in conflict areas of Africa. My question goes to Molly. I just wanted to say, regarding the very interesting case of your experience within Senegal in Africa, we're talking about lessons learned. This issue of female genital cutting is a case, but there are other cases in Senegal, for instance HIV or conflict. I'm just trying to see, from your own experience, what lesson have you learned in terms of the environment? What can we learn from those environments when working in other countries? What can we learn from the violence...can we tell their stories, how can we share these experiences?

A. Melching. I definitely agree with you that in Senegal there is a favorable environment to making social transformation happen rapidly. There is a women's movement that has gone on in Senegal for a number of years and women lobbying for human rights, very active groups. Without their lobbying and activism, there would be little awareness of FGC on a political/governmental level. It pushed the government into taking stands at a very early period on the subject of FGC, and actually Senegal passed a law on January 13, 1999. I think it helped the government when the communities started standing up and saying, "*We're going to end FGC,*" because then they could say, "*The people themselves are standing up to end FGC so now we must support them.*" Before that, it was a political issue. It was very difficult. When that started happening, they did pass the law and I must say the parliamentarians in Senegal are extremely supportive. They come out all the time. They come to every declaration—even the most remote, when it takes them two days to get there, and they are there, very supportive in explaining this law. So there is this effort in Senegal to bring about this change, with government support and support of UNICEF, which has a strong representation in the country. We have been threatened by religious leaders. We do have religious tolerance in Senegal to a point, but there are fundamentalist groups very much opposed to ending FGC, but on the one hand we have support from government and most religious leaders and active NGOs for HIV/AIDS. We have a government that in 1967 passed a law that had sex workers registering. It's unbelievable that that happened and they claimed that helped with HIV/AIDS. It is a special situation because Senegal is a special country where there is more democracy perhaps. However, we are now in Guinea where there is 99% FGC practiced and there has been a repressive dictatorship for the past few years. We are finding that same response. I do think the human rights approach is probably the major determining factor in energizing communities; even without the supportive environment we have found. It's hard for me to say it's because there is a specific government or environment. I really attribute a lot of this to human rights dialogue.

Begleiter. On that note I am going to bring the afternoon dialogue to a close and the day's events to a close. Please offer your appreciation to this panel and the Hilton Foundation for the entire day. [applause] Thank you all very much.



2004

**CONRAD N. HILTON
HUMANITARIAN PRIZE
LUNCHEON CEREMONY**

Luncheon Keynote Address

Lee Jong-wook, M.D., M.P.H., Director-General of the World Health Organization

Lee Jong-wook was elected Director-General of the World Health Organization by WHO member states in May 2003. He started his term of office with a call to accelerate access to treatment for people with HIV/AIDS, aiming to treat three million people with antiretroviral drugs by the end of 2005. In addition, he is committed to finishing the job of polio eradication, and to building a global health security network to protect the world from SARS and other similar potential global pandemics. A world leader in the fight against three of the greatest challenges to health and development—tuberculosis, vaccine-preventable diseases of children, and HIV/AIDS—Dr. Lee has worked at country, regional and HQ levels at WHO for 19 years in technical, managerial, and policy positions. He moved from field work to WHO headquarters in Geneva in 1994, serving as Director of the WHO Global Programme for Vaccines and Immunizations and later as a Senior Policy Advisor to the Director-General. In 2000, he was appointed Director of the WHO Stop TB Department. Dr. Lee rapidly built what is internationally recognized as one of the most successful and dynamic global public-private partnerships for health, the Global Partnership to Stop TB, a coalition of more than 250 international partners. Dr. Lee speaks English, Korean and Japanese, and reads French and Chinese.



Thank you for your very kind introduction. There is no free lunch; you have to put up with my speech now.

President Mary Robinson, colleagues, friends, ladies and gentlemen, it is a pleasure to be with the winners and awarders of the Hilton Humanitarian Prize. It creates an infectious feeling of success and optimism. It reminds us that good will and good ideas are alive and well in the world today, and they are being translated into good work. It is not always easy to see this fact. I would like to thank you all for making it so clear for us here today.

My warmest congratulations to Heifer International for winning the Prize and for your many successful activities around the world for many years. Like most people, I can easily appreciate the beauty of the idea of giving livestock and encouraging the recipient to pass on the gift. As a child, I looked after some chickens. My job was to feed them and collect the eggs. Seeing some of them hatch and the chicks growing gave me a good introduction to biology and nutrition.

I would like to use this opportunity to make just one point. The struggle for health and development is the most important one in the world and ultimately the most effective way to work for justice, security, and solidarity. I think this was the great insight that started the Hilton Foundation, and Heifer International as well. In fact, both of them began in 1944 when a large part of the world was being destroyed by war. The absolute need for activities that protect and foster life was as clear then as it is now—perhaps even clearer.

Rather than presenting you with an argument to prove the value of health work, I would like to tell it with a story. This is the story of the fight to free the world from polio. Polio is a viral disease that attacks the nerve cells in the spinal cord, which control the muscles needed for breathing or swallowing. The patient

can die unless the attack is minor. Most victims of polio will be crippled for life. The recorded history of the disease goes back 4,000 years, but I will concentrate on some of the recent and current events.

In 1916, there was an outbreak of polio here in New York City. That year there were 27,000 cases in 26 states of the U.S. with 6,000 deaths. New York City alone had 9,000 cases with 2,400 deaths. This epidemic naturally generated a great deal of fear, with thousands of people trying to move out of New York with their children to a safer place. The surrounding towns tried to keep them out for fear of infection. The health authorities tried to reduce the panic by improving hygiene and restricting movement. But although the virus had been identified in 1908 they still did not know exactly how it was transmitted, and attempts to find a vaccine had failed. Eventually it was winter that ended the outbreak of 1916, but epidemics recurred with the warmer weather for the next four decades.

Children with polio were isolated in hospitals. There were tragic scenes of families gathered outside, weeping and praying for their children and waving at the hospital windows. Some wards were filled with iron lungs which looked like metal coffins, each with a child laboring to stay alive in it.

When Franklin D. Roosevelt, a New Yorker, was 39 years old, he contracted polio and was paralyzed. That was in 1921. He requested the media never to publish pictures of him that showed his leg braces. They respected his request. In 1938, FDR helped to establish the National Association for Infantile Paralysis. The foundation's drive to support research for a vaccine produced the March of Dimes Campaign, funded by individual contributions from Americans. This marked the beginning of a huge mobilization of support in this country for the fight against polio.

One of the scientists working with the foundation was Jonas Salk, born here in New York. He discovered and developed an inactivated polio vaccine in 1952. Two years later, some 1.7 million children participated in the trials for this new vaccine. Its successful introduction caused a sensation in countries that were panicking over polio epidemics.

Things moved quickly in those days. One factor that greatly helped was Salk's approach to patenting. When asked who was the owner of the new vaccine, he famously answered, "*The people! Could you patent the sun?*" Not only had he made a wonderful discovery, but he had a wonderful attitude to it.

Danny Kaye and Bing Crosby supported the March of Dimes, posing for the cameras together in 1954 with a smiling little girl in leg braces. Elvis Presley was pictured in 1956 flanked by a doctor and a nurse, looking happy to be getting a polio shot in his left arm. Many other celebrities joined in. And so the fight against polio became a massive popular movement in the United States and a highly successful one.

There might be several ways to explain this phenomenon. One was solidarity with a large population of children on crutches and in leg braces or lying in iron lung machines. Another was belief in science and human ingenuity to solve even the most cruel and frightening problems. A third was the effect of strong support from the top. In this case, commitment from Franklin Delano Roosevelt and successive American Presidents was a decisive help. You could say that in those days polio was a major public health challenge that brought out the best in everyone, including American presidents.

Meanwhile, there was increasing international recognition of the power of immunization against other diseases to save the lives of children worldwide. This and increased production capability led to the realization that some diseases could be eradicated entirely. The most feasible of these was smallpox. A vaccine that provided complete protection against it had been in use for over 150 years.

In 1959 the World Health Assembly gave its full support to a bid to wipe out smallpox. That twenty-year campaign ended in 1980 with smallpox being officially declared the first human disease ever to be deliberately eradicated. A key leader in this effort was Dr. Bill Foege who is with us today.

Though smallpox was finished, polio was still disabling half a million children every year. Especially in conditions of poverty, paralysis condemns its victims to a lifetime of extreme suffering and deprivation. One of the most remarkable aspects of the fight against polio in recent times is the involvement of many NGOs, especially Rotary International. It began in the Philippines where the Rotary clubs organized immunization activities and showed how transmission could be dramatically reduced with the help of volunteers. This encouraged Rotary International to set, in 1985, the amazing target of immunizing every child in the world against polio. They have raised \$600 million for this effort and are raising another \$100 million.

The World Health Assembly, the US Centers for Disease Control and Prevention, and UNICEF took up the challenge in 1988, and launched the Global Polio Eradication Initiative. The campaign involves giving out three doses of vaccine in the first year of life as part of routine immunization, and additional doses through national immunization days. It has been advancing region by region. The Americas were certified free in 1994, the Western Pacific Region followed in 2000, and the European Region, which includes the former Soviet Union, in June 2002.

In the remaining three WHO regions—Africa, the Eastern Mediterranean and South-East Asia—we are very close. In Asia, polio transmission can be stopped by the end of this year. It has been occurring in India, Pakistan, and Afghanistan, but so far this year only 102 cases have been reported, well below half the number for the same period last year. The key to success will be continued strong political support and ensuring that every child in every district is reached in the upcoming immunization days.

In Egypt, improved surveillance has revealed the persistent presence and transmission of the polio virus in some areas. This can be overcome in the next few months, but it calls for a big increase and improvement in immunization activities. In Africa, transmission can be stopped by the end of next year. But to achieve this, a dramatic improvement is needed in each campaign so as to reach more children.

To stop the epidemic, the largest ever immunization campaign has begun in 23 countries in West and Central Africa. They were launched two weeks ago with 23 heads of state rallying behind the African Union. More than a million health worker volunteers are going from house to house to immunize 80 million African children. The first round was earlier this month. The second will start on November 18, 2004. This is the largest internationally synchronized health activity ever to have been undertaken in Africa. It will be a fight to the finish.

Until the transmission is broken worldwide, there can always be setbacks. There was an explosion of cases in India in 2002, which required an emergency response to contain. In Africa, incidents had gone down to 191 cases last year, thanks in part to the inspiring leadership of Nelson Mandela and the Kick Polio Out of Africa Campaign. Then immunization stopped in one state of Nigeria because of demagogic claims that the polio campaign was an international plot to sterilize their women. Immunization was resumed there on July 31, 2004 after almost a one-year gap. In the meantime, 12 countries had been re-infected, hence the need for the massive campaign going on now. We aim to stop polio transmission by the end of next year.

So that is where we stand today. The fight against polio has brought out the best in people, not only in the United States, but in countries all around the world. It is continuing to do so now, even in extremely difficult conditions like those in Afghanistan, Iraq, and Sudan. Health workers have been willing to risk their lives to get the vaccines to the children, and combatants have suspended hostilities to let them through. We could say that this whole global effort began exactly 50 years ago with the first big polio vaccine trials, which started right here in New York.

The success we are fighting for now has enormous practical implications. It will protect everyone, without exception, from a crippling disease, strengthen health systems, and ensure a massive return on a bold investment. But I would like to stress its symbolic value as well. In a time of fear and uncertainty it will restore confidence in the ability of human good will, ingenuity, and cooperation to prevail over trouble and achieve a common goal.

We cannot be simplistic about this kind of effort. Each new advance brings with it a new challenge. Victory over smallpox led eventually to the danger of the smallpox virus being used as a biological weapon. We have to ensure that the polio virus can never be used in that way.

The March of Dimes took place in another era, but looking at that achievement of an earlier generation can provide a wealth of insight for the present and the future. Perhaps the most striking and encouraging moral is that everyone in every generation can see the value of a healthy life and be glad to join humanity's struggle to achieve it.

Heifer International and the Hilton Foundation have found excellent ways to let this aspect of human nature flourish and fulfill its potential. With today's award, they put a well-deserved spotlight on the enormous contribution that private organizations and foundations make to international health. They encourage all of us to do everything we can to support these efforts and join forces with them. Nothing could be more worthwhile.

Thank you very much.



Recipient of the 2004
Conrad N. Hilton Humanitarian Prize:

Heifer International is a nonprofit organization working to end world hunger by giving cows, goats and other food- and income-producing livestock to impoverished families around the world. Recipients are trained in animal care and environmentally sound agricultural practices so they can lift themselves out of poverty and become self-reliant. Milk, eggs, wool, meat and other benefits of animals provide nutrition and money for education, better housing, health care and small business enterprises.

Heifer's mission is to work with communities to end hunger and poverty and care for the earth. Heifer partners with community groups that form a development plan with specific goals. Partners learn how to care for animals and grow crops in ways that can be sustained for future generations. Heifer provides expertise in animal health, water quality, gender equity, the environment and community development.

Recipients agree to share offspring of their animals with others in need through a requirement Heifer calls "*Passing on the Gift*." It multiplies the benefits of every donated animal while making recipients equal partners with Heifer in the fight against hunger and poverty. Heifer International currently provides more than 30 different kinds of livestock to families in 47 countries, including the United States.

An important part of Heifer's mission is to help people understand the root cause of world hunger. Each year Heifer reaches millions of people with its message of hope through the media and through its own publications and educational activities. More than 40,000 people a year visit Heifer's three learning centers in Rutland, Massachusetts, Ceres, California, and Perryville, Arkansas, to participate in seminars, service learning projects and in-depth learning experiences. The centers also demonstrate organic gardening and alternative marketing methods for small farmers.

Since it began in 1944, Heifer has given direct aid to 4 million families and, through training and "*Passing on the Gift*," indirectly affected the lives of more than 24 million people in 128 countries around the world, from Appalachia to Zambia. Its approach is long-term and sustainable. Recipients of Heifer animals and training are given the dignity to help themselves and the pride to be able to help others.

HEIFER ANIMALS

Agouti	Alpacas	Bees	Camels	Chickens	Cows
Crawfish	Donkeys	Ducks	Elephants	Fish	Geese
Goats	Grasshoppers	Guinea Pigs	Horses	Llamas	Mules
Ostriches	Oxen	Pigeons	Pigs	Rabbits	Sheep
Silkworms	Turkeys	Water Buffalo	Worms	Yaks	

Jo Luck, President and CEO, Heifer International



Jo Luck became President and CEO of Heifer International, a world hunger organization, in 1992. She also served as President of Heifer International Foundation from 1992 to 2001. She served for three years as Director of International Programs from 1989 to 1992, where she was responsible for Heifer's International's global program for sustainable development. Prior to joining Heifer, she had a distinguished career in public service. In 1979, she became then-Governor Bill Clinton's first cabinet appointee when he named her executive director of the Arkansas Department of Parks and Tourism. She served in that post for more than a decade.

Jo Luck achieved another first in 1982-83, when she was chosen as the first woman president of the Hendrix College Alumni Association. She also served as the first executive director of Arkansas Advocates for Children and Families, an organization modeled after the Children's Defense Fund in Washington, DC. She attended the John F. Kennedy School of Government at Harvard University and served on the executive committee of the Alumni Advisory Board. In 1999, she attended Harvard Business School's Executive Education Session on Governing for Nonprofit Excellence.

Thank you. Well Mr. Hilton, Hilton Foundation, Jurors, Dr. Lee, Judy Miller, distinguished guests, ladies and gentlemen, it is truly an honor to stand in such distinguished company to accept the 2004 Conrad N. Hilton Humanitarian Prize on behalf of Heifer International. Those with us around the room today include representatives of other organizations who have previously received the award, as you have heard from others before me. We are so privileged to be in your company. You inspire us and you walk beside us in our collective mission to elevate suffering in our global village that we share and call earth. Heifer International would very much like to thank the Arkansas congressional delegation and others who nominated Heifer for this prestigious award. And we are extremely grateful to distinguished jurors who selected Heifer International for this honor.

Steve Hilton just said in his very kind remarks that Heifer International proves that it is often simple ideas that are the best. As many of you know, the seeds of Heifer's efforts to end hunger sprouted from the embattled earth of the Spanish Civil War in the 1930s, some of which you saw on the video. Our founder, Dan West, as a relief worker ladled out cups of milk to the civilian victims on both sides of the conflict. He came to believe that the solution was not just a daily cup of milk once a day, but a cow, to provide a continuing source of that milk for the long-term. Since then this simple idea has helped millions around the world to move closer to self-reliance and dignity.

During the six decades of our work, small farmers all over the world have repeatedly demonstrated to us the success of simplicity—using the gift of a single animal and training: to bolster diets and improve nutrition; to improve housing and provide education; to restore marginal lands; to safeguard water supplies; and to ensure the full participation of men and women in building communities together. We on the Heifer team are keenly aware that these farming families are the true winners of this prize that we're hearing about and sharing today. We are proud to represent them—families in Navajo country, in the Andes, across Central and Western Europe, on the African grasslands and the Tibetan plateau, and many other places across our planet.

Despite limited resources, the beneficiaries rise every day determined to make the world a better place for their families. They are of modest means, but, in their hearts, they hold humanity's richest treasures. Daily, through their efforts, they demonstrate ingenuity, industry, a love of peace, a passion for justice, great common sense, and uncommon courage.

Though largely unheralded, they carry out some of the most important work of our time. They strengthen their communities. They feed, clothe, and educate their children. They teach their children—and the rest of us—to love and to hope. They build peace in the face of ignorance, conflict and chaos. They receive—and they pass on the gift to others. They are in a very real sense heroes and role models for all of us.

At Heifer International, we are continually inspired by what small farmers around the world teach us about cooperation, dignity, respect, hope and compassion. We take great pride in working with them and in following their example. I'd like to share with you three of my favorite quotes, which can be found in a small book that we have produced ourselves called *One World, One Family*.

"I have the audacity to believe that peoples everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality, and freedom for their spirits."

--Martin Luther King Jr.

"We cannot all do great things but we can do small things with great love."

--Mother Teresa

"Despite limited resources, the beneficiaries rise every day determined to make the world a better place for their families. In my world, the needs of women and children transcend their politics."

--Dan West, founder of Heifer International

We are privileged to have with us today one of the finest examples of Heifer's success stories. As a child in Uganda, Beatrice Biira and her family received a Heifer goat and training in its care. As a result, Beatrice's family moved closer to self-reliance and the realization of their dreams. In time, Beatrice's family became donors themselves when they proudly passed on their gift to another family in need. Beatrice is now a serious and successful student in the United States. She hopes to use her education to end hunger and poverty. Beatrice and her family have shown how a simple gift can reveal the shining jewel of humanity and the brilliance of a new future. Beatrice's grace, intelligence, and young wisdom demonstrate the potential of millions around the globe who require only a simple gift to begin building sustainable self-sufficiency, to nourish their families, to educate their children, to nurture community and build peace.

Beatrice Biira



Beatrice Biira of Uganda was able to achieve her lifelong dream of going to school at the age of nine because of a goat named Mugisa (which means luck), a gift from Heifer International. Beatrice's story reveals the devastating reality of poverty, and that the smallest contribution toward the purchase of a gift animal can drastically improve the lives of the less fortunate all over the world. Beatrice's story has been beautifully captured in the children's book "Beatrice's Goat" by Page McBrier and Lori Lohstoeter, published by Simon & Schuster, and in Heifer's award-winning videos "Legacy for Efrain," "The Promise," and "The Flame" by Dick Young Productions. Beatrice's journey has taken her from a life of poverty to interviews with the "New York Times," to appearances on "Good Morning America," "The Oprah Winfrey Show", and to meet Susan Sarandon, Goldie Hawn and Senator Hillary Rodham Clinton. Her story was featured in a segment on CBS' "60 Minutes." In 2004, Beatrice has spoken to hundreds of school, civic and church groups in more than 20 states. After graduating with honors from her high school in Uganda, Beatrice attended Northfield Mount Hermon's international program, and is currently on full scholarship at Connecticut College.

Thank you so much for the honor to speak before all of you. I'm one of those millions and millions that are so grateful to Heifer International for extending their services to the underprivileged of this world. I was born and grew up in Uganda, western Uganda to be specific, and for a long time there was a lot of war going on in my village when I was growing up. For that reason there is so much poverty in my village. So much poverty. I don't mean the poverty of not having a television, or a fridge, or a cupboard in your house—poverty where children do not have enough to eat, their parents do not have a source of income and they cannot go to school, they do not have anything to wear. There is so much need that you cannot believe it when you go there.

But still I do not want to dwell on the poverty; my country's very beautiful. Very hardworking people. Give them an opportunity and see what comes out. And this is exactly me. I was very hopeless when I grew up. I grew up doing so much work, digging and helping my parents. But more so, I really wanted to have a chance to go to school. I wanted to become a doctor, a pilot, everything that a child would wish to become. But I knew I couldn't get there unless I went to school and got some kind of skills. And I was so miserable: how could this happen one day? Not until Heifer International, when the women's group in my village received dairy goats. And my mom came and told me that we had received this wonderful gift from Heifer International of a dairy goat—and I was very frustrated. I told her, "What is this goat going to do for me?" And she said, "Watch this, we are going to get very wonderful things from this goat, it's exotic, it's a dairy goat." Dairy goat...dairy goat, we don't have dairy goats in our village; our goats are meat goats. So when we received our goat, we helped our mother put up everything for the goat's housing, and after three months...we sold the milk, we sold the baby goats and I saved enough money to get to go to school. I started school when I was nine years old, but that doesn't mean anything. I worked so hard and I'm very glad that I was able to go to school and right now I'm a freshman at Connecticut College. [applause]

Thank you. I love Heifer International so much for on top of my family having a new house, providing milk that makes the difference in so many children's health and lives in the villages, providing my parents a steady source of income, and then providing them that potential, that opportunity of achieving my potential. I'm very glad and grateful for the education I am getting and I have seen so many more smiles on many people who benefit from Heifer International. I am very happy and very confident for this and I can't be any clearer, I'm just an example. Thank you so much.

2004 Conference Attendees

The Honorable Susanna Agnelli
Fondazione Il Faro, Italy
Conrad Hilton Humanitarian Prize Juror

Dr. Jaime N. Bayona (SPEAKER)
Director, Socios En Salud, Peru
Partners In Health

Mr. Khalid Almulad
Manager to the President's Office
Islamic Relief

Mr. Ralph Begleiter (MODERATOR)
Distinguished Journalist in Residence
University of Delaware

Ms. Nancy A. Aossey
President and Chief Executive Officer
International Medical Corps

Ms. Susan J. Bender
Senior Development Director
The Jewish Federation of Los Angeles

Mr. Amjad Atallah
President
Strategic Assessments Initiative

Ms. Sue Bertrand
Vice President of Global Services
Heifer International

Ms. Shahida Azfar
Child Survival Partnership
United Nations Children's Fund

Miss Beatrice Biira
Heifer International spokesperson
Uganda

The Honorable Harry G. Barnes
Senior Advisor
Asia Society

Ms. Stella Bitende
Country Director, Tanzania
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Dr. Fabrizio Bassani
Executive Director
World Health Organization Office
at the United Nations

Mr. Gerard Bradford
Director
Center of Excellence in Disaster Management
and Humanitarian Assistance

Ms. Bilge Bassani
Director of Programmes
United Nations Fund for International Partnerships

Ms. Robyn Brentano
Vice President for Special Projects
Healing the Divide

Mr. Doug Bauer
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Rockefeller Philanthropy Advisors, Inc.

Lawrence Brilliant
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Seva Foundation

Ms. Mabel Brodrick-Okereke
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Rutgers University

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Ms. Nancy Carter-Foster
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Mr. Ezio Castelli
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His Excellency Anwarul K. Chowdury
Under-Secretary General and High Representative for
the Least Developed Countries, Landlocked Developing
Countries and Small Island Developing States
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