

U.S. Senator Mike DeWine
Catholic Medical Mission Board & the Global Health Council
Faith, Action & Partnerships: Confronting Global HIV/AIDS
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Thank you very much. Please continue to eat as I speak. As the father of eight children, I'm used to speaking while others eat, and I can assure you, I'm also used to no one paying any attention at all as I speak! So please, go right ahead.

It's great to be with all of you. Let me congratulate the Catholic Medical Mission Board on its 75th anniversary of helping the world's poor and needy. Thank you very much for what you do. Let me also thank the Global Health Council for all you do and for putting together this great forum.

I approach this speech this afternoon with a great deal of trepidation. I see who the experts are, and I am not an expert. Those of us who are in United States Senate are, by definition, generalists. You are the experts on health. You are the experts on AIDS. I am not, and I don't pretend to be. In the Senate, any one day I might be dealing with the AIDS problem, but also Medicare, an intelligence issue, Iraq, or who knows what else. That's just one day. But, what I try to do is to understand issues. And, the best way I can do that is based on my own experience and getting out and learning the facts and trying to see how things actually happen.

With regard to today's humanitarian crises, we know the facts. We know the statistics. We live in a world in which 130 million children entered the 21st Century unable to read or write -- a world in which 2,000 children younger than 15 are inflicted with AIDS each day; a world in which 650 million children live in extreme poverty; and a world in which every four seconds, a child dies from starvation and related causes. Every ten seconds, someone in the world dies because of AIDS. In fact, by the time I will conclude my remarks, AIDS will have claimed at least 120 lives. These are lives we can save -- lives we must help save.

We know what the statistics are, but many times that is not what moves us and really doesn't, in fact, inform us. What really informs us is the opportunity to see people and talk to people. My understanding of AIDS began, frankly, with a chance trip that my wife Fran and I took to Haiti about a decade ago. And since that time, we have revisited that beautiful, but very troubled country 13 different times. We also have traveled to Guyana, Mozambique, Botswana, Namibia, and South Africa. And, on all of those trips, we have traveled there primarily to look at the AIDS problem and to better understand that problem.

What have I learned on those trips? What I've learned, first of all, is that we do have a moral imperative to act. I truly believe that at the end of our life, we will be judged not only by what we did, but by what we failed to do. The sins of omission, as my friend Henry Hyde has said, are what will, at the last moment, weigh us down more than anything else, and are what we will be truly sorry for. We will be sorry for what we did not do -- the times when we stepped back, the times when we blinked, the times when we said, no, we just can't do that. And I think when

we look at the crisis of AIDS, or we look at the crisis of poverty or young children just literally starving to death in the world, it's our failure to act that is really the gravest sin.

Second, I believe that it is clear today that we have the ability to act. Medical science, thank heavens, has given us that. We now have the ability to go out and change the world. We have the ability to go out and save thousands and hundreds of thousands and maybe millions of lives.

While the statistics are staggering, what drives me every day and what motivates me is the thought of what I've seen in Haiti and Guyana and South Africa. I remember a little boy by the name of Francois in Haiti who lived at the Sisters of Charity orphanage that they have in Port-au-Prince. My wife Fran and I were walking around at the orphanage seeing children in different stages of medical distress. We looked down and there was this little boy. It took me awhile to figure out that this little boy, Francois, was dying in front of my face -- in front of my eyes. He was dying of AIDS.

He looked to be just a few months old, but I guess he was more like four or five years old. He couldn't take any food, and they had him on IVs trying to get some nourishment in him. The volunteers there were trying to comfort him, but he was clearly going to die, and he was going to die in a couple of days.

But then, we walked into another room, and we saw a little boy, who looked to me to be about eight years old -- about the age now of one of my grandchildren and not much different than the age of my youngest daughter. I looked at this little boy, and he was happy, and I felt a little better. Then I started talking to one of the nuns, and she told me that this little boy also was HIV- positive. Then, about a month later, my wife and I were in Guyana, and we saw a little boy in a public hospital in Guyana. He didn't have any parents. He was in the hospital, and they were taking care of him. He looked pretty healthy, and he was smiling. He was just sitting there in the hallway. I asked about him, and they said his name was Ahkim. It seems that little Ahkim, while he looked very healthy and looked very happy, he also was HIV-positive.

When I think about this little boy in Guyana and this little boy in Haiti, I recall a story that many of us learned as a child -- Charles Dickens' A Christmas Carol. The ghost of Christmas future takes Scrooge out and shows him the future, and Scrooge can't stand it when he sees what the future's going to be. In one scene about Tiny Tim, there's this vacant place at the table. And the ghost says to Scrooge that if things aren't changed -- if Scrooge doesn't change things, change his ways -- then that's what's going to happen. There will be no place for Tiny Tim at the table. He will be gone.

And then, I think of little Ahkim, and I think of the other little boy at the orphanage in Haiti. The truth is that unless we get drugs to those two little eight-year-olds and hundreds of thousands -- millions -- of others around the world who are HIV-positive, they, too, will be gone in a few years. And to me, that is what -- more than any statistics, more than any studies, more than anything else -- that is what motivates me and that is what drives me. When I look at those kids, I see my own children, and I think, frankly, that but for an accident of birth, that could be one of my eight grandchildren or one of my eight children who are in that orphanage or who are born to

an HIV-positive mother in South Africa or Namibia or Botswana, and who have no chance at living their lives.

We have the opportunity to change things. That's why I offered a bipartisan amendment, along with U.S. Senator Dick Durbin and supported by Majority Leader Bill Frist, Senator Rick Santorum, and many other Senators, to add additional money -- to take it up to \$2.4 billion -- that we are going to spend this year to fight global AIDS, tuberculosis, and malaria. We're still fighting to keep that amendment in the final bill, and I think we're going to make it, but we're not quite sure. We're going to continue that fight when I go back to Washington this afternoon. This has been something that the President of the United States feels very passionately about. He has taken the lead. In his State of the Union address, he said that we need to do this -- we need to keep moving and keep making sure that we make this commitment stick.

So, there is good news, and the good news is that despite what some people may think, there are people around the world who are able to take this money that we are now starting to get out and make something of it. Fran and I had the opportunity to travel in August, along with Dr. Joe O'Neill of the White House and Majority Leader Bill Frist, to southern Africa, and we saw people who can make a difference. As I said, we've also traveled to Haiti. There are people who can do things there -- people like Dr. William Pape and Dr. Paul Farmer. They've demonstrated that even with an illiterate population, a very poor population, we can get the antiretroviral drugs out to people. And what they've found is that with good care, the drug compliance rate can be higher than it is in Los Angeles or New York City or Columbus, Ohio. They have found that poverty and illiteracy is not a barrier. It is a myth to say that it is. Now, it takes good people working. It takes people who are dedicated, but it can happen in Haiti. It can happen in Namibia and Botswana. It can happen around the world. We just have to have the right people in place to do it.

We have good groups. We have the Salvation Army, for example. We also have groups, like the Catholic AIDS Action group in Namibia. We went to St. Mary's Hospital in Rehoboth, Namibia and saw the great work that the nuns and priests and others are doing to help prevent the transmission of HIV from mothers to their unborn children. When it comes to the problem of mother-to-child transmission, we know what the statistics are. We know that with the mother who is HIV-positive, the odds are 30% that -- if untreated -- she will give birth to a child who is also HIV-positive. But, we also know that if a program is in place and we can bring that mother in, for as little as \$3 or \$4 in drugs, we can reduce those odds even in the poorest of countries. We can reduce those odds from 30% down to 6% or 5% or even 4%. We know that it can be done. We know there are people out there to do it.

So, there is, in fact, good news. But, as we approach this worldwide AIDS problem, we should not forget that there are other problems, as well. The Catholic Medical Mission Board and the Global Health Council, and many of you in the audience have been involved for decades in worrying about poverty, in worrying about other diseases, in worrying about things like providing good, clean water -- and you know what a killer bad water is. As we fight the AIDS problem, we should not forget about doing the other basic things that will save so many lives. We must remember that.

When Fran and I went to Haiti for the first time, we told ourselves that we could not leave Haiti -- poverty and disease as we had not seen before -- and not try to do something as individuals. And so, we started looking around Haiti for someone who was doing good work. After a few visits, we came across a man by the name of Father Tom Hagan, who has an organization called Hands Together. Though Father Tom is really not involved in trying to deal with AIDS directly, he does other work that is illustrative of so many people around the world who try to help.

On one of our trips to Haiti, Father Tom told us a story about some mothers he came across one day. He said they were mixing mud. They were mixing mud and spices, and they were putting these mud pies out into the sun and letting them bake. They were feeding them to their children -- mud and spices. He walked up to see what they were doing and found out that they were doing that because they had no other food to feed their children.

We came back to Haiti about six months later, and Father Tom said, "I want to show you something. See that place? That's where I found the moms making these mud pies. Now, there's a school." Father Tom had started a little school. And every day now at that place, Father Tom gives these same kids who were eating mud -- he gives them a meal -- one meal a day.

With all of his programs, Father Tom has 3,000 kids who go to school every day. And he thought, "Well, my school isn't being used all the time, and we've got an awful lot of elderly." Of course the elderly in Haiti don't necessarily mean someone who is 80 years old. It could be someone who is my age -- someone in the mid-50's, who has had a very tough life. Father Tom wanted to start feeding them -- to give them a meal a day. So, he started bringing them to his school -- brought them in wheelbarrows, literally. In some cases, it was the only way they could bring them in. He started a small program -- 50 people at first -- where he'd feed them an early morning breakfast and give them one vitamin each day. That little bit of food and that one vitamin a day, changed their lives. People who couldn't see before -- people who were essentially blind -- started to regain their vision. People who hadn't been able to walk in years were walking again for the first time. It's that type of work -- the work of Father Hagan and so many others out there in the world -- that is making a difference, and they do it for practically a few cents a day per person that they're helping.

And so, as we look at the AIDS problem, specifically, there are also things we can do -- relatively simple things we can do right now -- to help make a difference now, to help save lives now. In doing so, we have to look at the long-term and the short-term problems and the long-term and short-term solutions. We have to get as much of the federal money out as quickly as we can to the structure that's already out there -- to the people who are in the field already doing the work, give them help, and let them expand what they're doing. At the same time, we need to look toward the future -- two years, three years, four years, five years, six years out -- and say how do we help all these countries? How do we help create the medical infrastructure they need?

There is no magic solution. But, as we traveled around southern Africa and in Haiti and Guyana, what people will tell you in these countries is that our biggest challenge is going to be to create that health infrastructure. Yes, we can give them the medicine, but we also have to have the structure, and that is going to be the biggest challenge that we face -- that all of us face together.

Look -- I'm not smart enough to stand up here and say how to do it. All I know is that it's a double problem -- a short-term and a long-term problem, and we have to look at both. We could create a cadre of doctors here in this country, where we take young doctors who are just coming out of medical school and maybe have finished their residency and create a system where they could work overseas for awhile, get that experience, then go into the field. Or, we could help train other doctors in other countries. Whatever it is, we have to develop that system very quickly so we have a multiplier effect.

Let me just conclude with one final thought. All of us, whether we're politicians, whether we're in the clergy, whether we're in the medical profession -- whatever our business or profession is -- we have an obligation to deal with this crisis, whether it's the AIDS crisis or it's the crisis of young children who are starving to death around the world or dying of treatable, preventable diseases or dying because they don't have good, clean water. We have an obligation to bring this home to people.

I try to do it in Ohio. I go to groups of businessmen and women, or I talk to my constituents, and even when the topic is not AIDS, which it hardly ever is, I try to talk about this for a while. And, I find that people are compassionate. I find that people do care. I find that when you can get away from the statistics and when you can break it down for people and when you can say to someone -- "let me take you to Guyana, or let me take you to Haiti, or let me take you to Namibia, or let me describe this little boy who I saw there" -- when you can do that for people, there are very few times when there's a dry eye in the audience, and there are very few times when people don't come up to you afterwards and say, "How can I help?" And, there are very few times when people don't say, "Yes, our government should be doing more. Yes, I believe in what you're saying, Senator DeWine -- our government should reach out. We should be spending money for help in this area. We should be spending money for assistance in regard to AIDS." I don't find that it's hard a sell at all. But, you have to do it on human terms.

I think our clergy need to do it more from the pulpit. I think our politicians need to do it more. I think our doctors and nurses need to do it more. I think each and every one of us has an obligation to do it. But, it has to be on human terms. We have to describe what we have seen, and we have to do it in graphic terms. We have to make it human, and we have to make it understandable. And if we do that, people will come forward, and they will say I want to help.

Thank you very much.