**BENDING THE ARC**

**TRANSCRIPT OF CUT 03.29.2017**

00:00:00:07

Impact Partners

Presents

00:00:06:08

an

Urban Landscapes production

00:00:12:11

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Scout & Scholar

00:00:17:22

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00:00:22:23

I do not pretend to understand the moral universe, the arc is a long one…

00:00:25:03

But from what I see I am sure it bends towards justice.

00:00:26:07

-Theodore Parker

00:00:33:09

Bending The Arc

00:00:46:14

ARCHIVAL (Paul)

PAUL: Welcome to our world.

Man: Laughs

00:00:5:20

ARCHIVAL (Paul)

**PAUL:** Good evening everyone!

00:00:52:15

**PATIENTS**: Good evening Paul!

00:00:54:13

**PAUL:** So these patients mostly have Multi-Drug Resistant TB, notice the ultra violet lights, that’s to kill the bacteria - the bacterium that causes tuberculosis.

00:01:04:18

**PAUL:** They’re watching “Silence Of The Lambs.”

**PAUL:** And I just - I just got them “Lord Of The Rings.”

00:01:10:02

**PAUL:** It’s a great movie! Lot’s of action!

00:01:13:09

ARCHIVAL (Paul)

**PAUL**: Hello my dear, how are you?

**PAUL**: How are you feeling?

00:01:16:22

**Patient**: Compared to before, I feel great.

00:01:20:15

**PAUL:** Bon soir, chérie.

**PAUL:** Do you know what she just said to me? I said “how do you feel?”

**PAUL:** She said “I feel - compared to how I was, I feel great!”

**PAUL:** She still looks like a skeleton to you, but she looks like a skeleton with 5 pounds extra to me.

00:01:37:08

**Patient**: I’d lost all hope.

00:01:46:13

ARCHIVAL:

**Paul**: She started the 2nd of October on her treatment.

00:01:49:01

**Ophelia**: Wow. How much has happened over all these years. You know, this young woman was at death’s door, and she’s getting better. It wasn’t a magic recipe. It was treatment that’s been available for decades and decades. That-that’s all it was.

00:02:07:11

ARCHIVAL

**Paul:** So, Cynthia wants us to see a patient.

**Man:** OK.

00:02:11:03

**Ophelia**: And yet there were so many more people who should have access to basic medical health care.

00:02:28:05

**Ophelia**: But it didn’t have to be this way. There was a moment in time when it all could’ve been different.

00:02:43:21

ARCHIVAL (Pathe)

**Ophelia VO**: Colonialism had ended and emerging nations planned bright futures. And in an almost forgotten historic event, in a place called Alma-Ata, the governments of the world came together to make a revolutionary promise. Full health care would be extended to all, beginning with the poorest on earth.

00:03:08:23

ARCHIVAL

**Marcella Daves:** Health, which is a state of complete physical, mental, and social well-being, is a fundamental human right, whose realization requires the action by all governments.

00:03:24:16

ARCHIVAL

**Man:** Health for all is the future.

00:03:28:09

**Ophelia:** But this grand vision never came to be. Instead, larger forces from wealthier countries created plans that crippled the once-rising nations. They ushered in poverty, disease, and chaos.

00:03:50:22

**Ophelia:** And that is when we first met in Haiti.

00:03:55:19

HAITI 1983 (title card)

00:03:58:23

**OPHELIA:** I arrived there late at night in January of 1983. I was 18 and a half. There was a part of me that felt overwhelmed by it because I was wrenched into the reality that I quickly realized was much of the world.

**OPHELIA:** I was volunteering for a group, an ophthalmic group called Eye Care, they had outreach clinics. That’s when I met Paul.

**OPHELIA:**Paul and I clicked immediately and ended up talking about our lives and our families.

**OPHELIA:** I remember that I could see in him this restlessness with the world.

00:04:49:14

**VERITE**

**CAMERAMAN:** I’m just going to clap in front of your face, sorry.

00:04:53:12

**PAUL:** We have - we have medications for that, son.

(People laughing)

00:04:48:15

**ARCHIVAL**

00:05:00:06

**PAUL:** I remember this like it was yesterday. I was 23 years old. I hadn’t even started medical school. I already had this deep interest in Haiti and Haitian culture. It was my first time outside of North America or Europe, and a place I really wanted to go. It was just fascinating. Certainly I was, you know, very young and enthusiastic, but I didn’t know anything.

00:05:32:00

**PAUL:** That’s where I met Ophelia, and she was even younger than I, she’s still even younger than I.

00:05:39:14

**OPHELIA:** And he was trying to get a job, um, actually at the Schweitzer Hospital. Which he didn’t get. (laughs)

00:05:47:17

**ARCHIVAL**

00:05:52:23

**OPHELIA:** Paul was helping to assist at this clinic in the middle of Mirebalais.

00:05:57:21

**PAUL:** I wasn’t acting as a physician by the way, I was just taking vital signs, which I had been trained to do, and providing some kind of moral support. There would be this enormous line out in front of the clinic. So the doctor was about to go out of his mind. He’s got no lab, he’s got no– nothing. I mean he would listen to the complaint, use a stethoscope like a magic wand, or refer somewhere else. And I started thinking we should be referring everyone somewhere else. And this was typical all over Haiti. And I was basically learning how not to deliver medical care.

00:06:42:11

**PAUL:** I was settled on being a doctor from the time I was probably 12 or 13.

**PAUL:** My father was a school teacher and one year he got a job in Florida. So, he ended up buying a bus, which was actually a bus used for screening tuberculosis. And as one does with a bus, we went to a campground, which was supposed to be temporary, and then it wasn’t temporary. I mean when I left for college it was still in the bus.

00:07:18:19

**OPHELIA:** His whole family connected to this very important sense of being aware of other people who were less fortunate. So, when Paul arrived in Haiti, he listened very, very carefully, and was eager to learn from those people who were living there.

00:07:41:03

**PAUL:** You gotta use the word serendipity, right? When I met Father Fritz, Pere Lafontant, he said “yeah, you can work with us.”

00:07:50:16

**FATHER LAFONTANT:** Paul was a very young boy when he came to see me in Mirebalais.

**FATHER LAFONTANT:** He could speak Haitian Creole, and also French, so we could communicate very easily. But he knew nothing about the Central Plateau.

00:08:10:04

**OPHELIA:** Fr. Lafontant had been working with people even further out in a rural area called Cange. And this was a group of people, displaced by a big hydroelectric dam project.

00:08:22:13

**ARCHIVAL**

00:08:26:09

**OPHELIA:** When the valley was flooded, everything they had was gone and they were forced up into the hillsides, where they had nothing.

00:08:35:21

**PAUL:** When I got there, I got to see what poor planning of a development project meant to poor people.

00:08:45:00

**Ophelia:** I had never seen such abject misery in my life.

00:08:51:21

**Paul:** What I saw was traumatic. It certainly taught me to respect the destructive power of poverty.

00:09:09:02

**ARCHIVAL**

**Paul:** And I thought, ‘how can we get this fixed?’

00:09:15:17

**ARCHIVAL**

**OPHELIA:** So we wanted to do some kind of an assessment of what the needs were.

00:09:21:23

**PAUL:** I remember Father Fritz said “Well you can ask them, they’re just going to tell you they want a hospital.” And he was right. “Oh, and proper housing too. And you know what? We want our kids to be in school.”

00:09:32:08

**WOMAN (ARCHIVAL):** My husband has been sick for six months. His name is Daniel.

**PAUL (ARCHIVAL):** Mm hm

00:09:37:01

**Paul**: We knew right then and there that we had to get a plan and build a clinic, but we had no money.

00:09:48:04

**FATHER LAFONTANT:** Paul told me that he applied to Harvard University.

00:09:55:08

**PAUL:** Fritz handed me my acceptance letter into Harvard Medical School and punched me in the stomach like “Here!” He was very excited. He assumed that it was an acceptance. I, I didn’t know.

00:10:06:13

**FR. LAFONTANT:** He told me he wanted to stay and work here, but I didn’t agree.

00:10:14:19

**PAUL:** He lectured me sternly about it. And he was right, you know? It’d be a lot more effective having those credentials.

**PAUL:** When I left for medical school, I dreamed of building a clinic and then a hospital. Again, we didn't have any resources, and I certainly didn't have the experience or maturity or wisdom, but that doesn't mean it wasn’t a good idea.

00:10:40:11

HARVARD (title card)

00:10:42:18

**PAUL:** I met Jim Kim in, on a snowy night in December 1983.

00:10:50:00

**JIM:** Paul was dressed almost like a dandy. He had very fancy clothes and a nice little scarf, and I was only later to learn that he’d borrowed every bit of it from from someone else.

**JIM:** We began talking and I thought -- wow, this guy is really impressive. Because he could participate in the seminar, y’know, as if he was one of the professors.

00:11:09:07

**PAUL:** Jim and I clicked. We were in the same training program, that’s when we really became very close friends.

00:11:18:04

**JIM:** Paul and I both agreed that we were going to medical school for reasons of social justice.

**JIM:** Now -- let me just stop for a second -- this is really important.

00:11:29:01

**ARCHIVAL**

**PAUL:** Shall we?

00:11:30:15

**JIM:** During medical school we spent many, many late nights uh, Paul and I and Ophelia, talking about fundamental questions: what is the nature of our responsibility in the world? Is there something like an area of moral clarity?

00:11:46:20

**ARCHIVAL**

**PAUL:** There’re all these ideas for example uh, appropriate technology. I mean, basically in the end they’re all used to punish poor people, just like every other ideology is by and large. So the appropriate technology means as, as Fritz our boss says, he means ‘That means shit for poor people and good things for rich people.’

00:12:03:23

**OPHELIA:** It was during these late night conversations, that I started realizing that these larger forces had an enormous and terrible impact on the people that we had gotten to know in Cange.

**OPHELIA VO:** Almost immediately after Alma Ata, the world economy had crashed. Many countries suddenly owed huge debts they couldn’t pay. Enormous institutions like The World Bank, led by the US, gave new loans to poor countries to pay their old loans, but there were strict conditions.

00:12:41:14

**ARCHIVAL**

**PRESIDENT REAGAN (1981 World Bank Annual Meeting):** Unless a nation puts its own financial and economic house in order, no amount of aid will produce progress.

00:12:47:20

**OPHELIA VO:** At that time, World Bank loans actually required the poor countries cut investments in education and healthcare in order to make sure that the loans were paid back.

00:13:00:01

**PAUL:** I learned about it in Haiti. Haitians were talking all the time about the “American Plan”. It was ripping the safety net out from under people as they were already falling.

00:13:13:10

**OPHELIA:** We realized that poor countries weren’t poor because of some kind of moral failing. And we felt that we needed to use our own opportunities to do something about it.

00:13:27:10

**PAUL:** At that time Ophelia Dahl and Jim Kim, plus my college chum Todd McCormack, that’s the group that got together.

00:13:37:16

**TODD:** Jim and Paul were debating issues long into the night in ways that I would, y’know, be kind of, you know, be, cooking the chicken and making the hamburgers and listening like, y’know, this is uh you know way above me.

**TODD:** And uh, we knew we needed to get other, bigger funders involved to build a clinic in Cange.

00:13:57:18

ARCHIVAL

**OPHELIA:** And we were introduced to Tom White, actually through a group here in Boston.

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**ARCHIVAL**

**PAUL:** Tom White, you two are kindred spirits!

00:14:06:08

**OPHELIA:** Tom and Lo-E, his wife, wanted to give all of their money away while they were still alive. They didn’t want to die with money in their bank.

**OPHELIA:** And then Tom White he gave us the first tranche of money to build a clinic. And Partners In Health was formed.

00:14:25:18

**ARCHIVAL**

00:14:29:06

**PAUL/FATHER LAFONTANT (Archival):**

**FL:** This is the registration room. This room is for the pediatrician.

00:14:36:08

**PAUL:** And we didn’t know what we were doing, we didn’t know how to build a clinic.

00:14:39:15

**PAUL/FATHER LAFONTANT (Archival):**

**PAUL:** Are you an architect?

00:14:41:03

**FL:** No, I’m not an architect. I’m a priest, my friend!

(laughter)

00:14:47:02

**PAUL:** You know, we were pretty excited, the Partners in Health team was growing

00:14:51:18

**LOUNE:** (add subtitles here) I met Paul, and we spent like hours discussing, you know, social justice, Haiti and ah that’s how it started. That was my job interview!

00:15:03:05

**ARCHIVAL**

**OPHELIA:** As soon as we opened the clinic doors everyone who was sick came, and it was every possible disease you, you could imagine.

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**PAUL (ARCHIVAL):** Are you only feeling stiffness?

00:15:23:05

**PATIENT:** Yes, and fever.

**PAUL:** Fever, OK.

00:15:17:18

**LOUNE:** People start coming from Mirebalais, from Thormonde, from all over the place.

00:15:23:19

**Maxi:** Most of the people that came had to walk 5 to 6 hours just to get to the hospital. And these are people who were very sick.

00:15:35:03

**ARCHIVAL**

**PAUL:** Good morning, ladies and gentlemen. Thank you for your patience.

**PAUL VO:** Certainly, I didn’t know how to build a proper hospital, right? I mean to be honest about it.

00:15:55:12

**OPHELIA:** Early on when Paul was at medical school he would go to his medical school classes as much as he possibly could. He would often leave on a Thursday afternoon, get down to Haiti. He would start already trying to translate what he was learning and then he’d come back on a Sunday and then he would start all over again.

00:16:16:10

**ARTHUR:** Jim and Paul were constantly going back and forth. In fact it was a dizzying degree. And they would, uh, let’s say ‘borrow’ things from some of the hospitals to improve the situation in Haiti.

00:16:29:23

**LOUNE:** Actually the first sink we had at the lab was brought by Paul from Boston. On the plane. Carry-on.

00:16:38:18

**JIM:** Y’know, we constantly had troubles funding the organization. Every week it seemed like there was a new crisis in terms of funding.

00:16:49:04

**ARCHIVAL**

**PAUL:** See, money, that’s the problem, we don’t have the money. But, that doesn’t mean we can’t get the money! We can get the money.

00:16:58:19

**ARCHIVAL:**

**MAN:** Is that being donated from somewhere?

00:17:00:10

**PAUL:** Well, I have to say right now, uh, that this medicine was billed to the hospital I work for in Boston and they never charged us. Let me, let me just say that again and be more politic: Yes, this is being donated by the Brigham & Women's Hospital in Boston.

00:17:17:16

**JIM:** We never thought that there was any heroism in that. We wished that there was funding for us to just get the right equipment and medicines.

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**OPHELIA:** When Jim arrived in Cange, he was a very keen observer of everything that was going on there.

00:17:36:05

**JIM:** My biggest role in Haiti was really helping Paul do his work. I really see that as my apprenticeship. Not only working with him, but also in understanding how you take a notion of social justice and turn it into, into real work on the ground.

**JIM:** I was born in Korea 1959. And back then, it was a really, really poor country. So in 1964, we moved to Muscatine, Iowa. 25,000 people. My father was a dentist, my mother was a theologian, philosopher. One day, my father said ‘so Jim what’re you thinking of studying?’ and I said ‘well, I think I’m going to study philosophy and political science.’ And he looked back at me and said ‘look, you’re a chinamen, you think people are going to pay you to listen to your opinions about politics? You need a skill.’ I think my father taught me something really important, that if you come into a situation with something that can actually help another person, it’s a good entrée to begin a different kind of conversation.

00:18:49:07

**ARCHIVAL**

**PAUL:** Hello, Margaret. Margaret, has she been seen yet?

**MAN:** No.

**PAUL:** We’ll take you, let’s go.

00:18:58:21

**PAUL:** In those first years in Cange, you didn’t have to wait long until you met someone with tuberculosis.

00:19:11:01  
**ARCHIVAL**

**PAUL:** The lung exam has deteriorated.

**PAUL:** She’s in a bad way. She actually had been sick for some years, and I don’t think it’s safe to wait another 2 weeks. She could die between now and then.

**PAUL:** Breathe in.

00:19:29:13

**PAUL:** What happens with this disease if it’s unchecked, it destroys the lungs it destroys other parts of the body too, so the patients can’t breathe. And they’re suffocating and they’re gasping for air.

00:19:57:22

**ARCHIVAL:**  
**PAUL:** How do you feel? Do you feel feverish?

**PATIENT:** Out of breath.

00:20:08:00

**PAUL:** In 1988 we had three people all under 50 from the village where we built the clinic, die of tuberculosis. One of them happened to be a friend of mine. And she left orphans. This provoked a crisis. Nobody’s supposed to die of tuberculosis if you have proper care.

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**JIM:** Paul was just devastated. Because he kept failing, meaning people would die of things they shouldn’t have died from.

00:20:54:06

**PAUL:** You know, we’d seen all these vivid things and knew that we didn’t really understand them well enough to be, you know, effective. I certainly learned that the hard way.

00:21:09:06

**ARCHIVAL**

**PAUL:** So we said that we’re going to bring everyone together and we better figure out what went wrong.

00:21:16:05

**ARCHIVAL**

**PAUL:** So we had three people die of tuberculosis here. Why did they die? What’s wrong with our system? Because we have free medications, free lab work, everything free and they still died.

00:21:33:12

**PAUL:** The people trained like me, the professionals, blamed the patients for their bad outcomes. She’s superstitious, she didn’t take her medicines. And on the other end of the spectrum were explanations like patients too poor, doesn’t have enough food to eat, too far to get to the clinic. And those moved the responsibility out of the patient and into the circumstances.

00:22:00:19

**COMMUNITY HEALTH WORKER:** Look at how they live. The family lives here, like this.

00:22:07:10

**LOUNE:**  We said ok, let’s make sure that you’re not alone with this– fighting this disease. Listen to the person, sometimes they go days without water. If you’re too sick, you cannot walk hours to get water to take your meds.

00:22:23:21

**PAUL:** It was an indictment of the system we built. And that’s why we developed the accompaniment system. That’s what the Haitians called them, accompagnateurs.

00:22:35:08

**ARCHIVAL**

Loune: (Loune greeting people)

00:22:38:17

**LOUNE:** An accompagnateur is someone who is there for you. Someone in your neighborhood to check with you every day.

00:22:46:02

**COMMUNITY HEALTH WORKER (Archival/Murdock):** I go twice a day. Not only to give them medicine, I also encourage them to keep taking them. Otherwise they will keep feeling sick, and they can even die. After this, we'll talk a little. I try to encourage her. You know when you are sick, it's easy to become discouraged.

00:23:08:09

**PAUL:** So when we took the blame off the patients and put it on the system. Everybody got better.

00:23:15:13

**JIM:** This accompaniment system, which was the core of the TB control system in Cange, was wildly successful and we reached almost 100% cure rates.

00:23:29:16

**PAUL:** If you think about it’s a remarkably simple model.

00:23:33:10

**ARCHIVAL**

**PAUL:** Allez.

**PAUL:** And it became essential to the work.

00:23:38:10

**PAUL (ARCHIVAL):** Is it OK to write ‘bravo’ on a medical chart? I mean you gotta love this job.

00:23:50:18

**JIM:** After we got the experience with community health workers in Cange, we decided that this could be bigger than just the project in Haiti. We decided that this could be something like a movement.

00:24:06:22

**ARCHIVAL:** Paul dancing at party. People cheering.

00:24:17:08

**FERNET:** I went there and I said, huh, yeah, this is where I should be. Because I don’t have to worry about being able to give care to people because of a lack of means. We feel such a relief when you could make a big difference in the, in people’s lives.

00:24:39:11

**JOIA:** When I was a young child I saw a lot of suffering in Calcutta, where my dad was from. So I was always very interested in health problems of poor people from a very young age. And someone said you should talk to this guy Paul Farmer. And I said well, y’know, does he have a sense of humor? They said yeah. I said, ‘cause if he doesn’t -- I can’t, like I, I just -- it is too dark to just go into this with like a missionary, like “here” -- nothing against missionaries… but they said, no, no, no you should just talk to him. So I told him well I’ll work for free and he said ‘well you have a job’, um, then (laughs)

00:25:19:09

**OPHELIA VO:** Our team was growing in Haiti, but someone who would chang the course of our work entirely, was Father Jack.

00:25:28:16

**FATHER JACK (ARCHIVAL):** At this time I’d like to just invite people to stand as we mention countries from which you come.

00:25:37:05

**OPHELIA VO:** Father Jack was a much-loved priest in a hardscrabble Boston neighborhood called Roxbury. His flock consisted of church ladies, gang members, and Paul -- who moved into Jack’s rectory to save rent during medical school.

00:25:54:10

**OPHELIA:** He was bawdy and irreverent and funny. He was not your average priestly priest. We loved him.

00:26:05:04

**Ophelia VO:** Jack’s long-held dream was to serve the poor of South America. And one day he decided it was time, and he left for Peru. And he encouraged us to grow our work beyond Haiti, and come to the outskirts of Lima and see what we could do there.

00:26:24:13

PERU 1993 (TITLE CARD)

00:26:28:21

**JIM:** At that time the World Health Organization, or WHO, which is the United Nations agency that monitors diseases and establishes protocols for their treatment, considered Peru to have one of the best tuberculosis programs in the developing world.

**JIM:** So when Father Jack invited us, I decided, “I’m going to start a project, I’m figure out how to make an impact.”

00:26:57:15

**JIM:** One of the first people I met was Jaime, and, uh, we hit it off right away.

00:27:04:05

**JAIME:** I was the doctor at the church. And in this district, Father Jack was trying to help in the best way he could, but he could only do so much. What impressed me of Dr. Kim was his genuine willingness to help.

00:27:26:01

**JIM:** We began working with a group of young people who we were training to be community health workers.

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**JOIA:** Those young people would visit homes and see what was troubling people.

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**JIM:** We saw so many things that were disturbing. We saw people not able to feed themselves. We saw, uh, healthcare services being cut back. And we attributed a lot of those things to The World Bank.

00:27:51:05

**ARCHIVAL**

**MAN:** Creditors are now insisting that Peru get its economic house back in order. The austerity program being forced on the country will mean more cuts in government spending. In other words, hard times ahead for everyone.

00:28:06:09

**Fernet:** I traveled with Paul, with the team to Peru to see what the challenges are. We stayed there and we built the accompaniment model.

00:28:17:02

**PAUL:** By then I was specializing in Infectious Disease and I just knew a lot about tuberculosis because of Haiti. My report from that trip, which I’m hoping is lost, I said you know maybe here we should focus on primary care, women's health. And I said, “but y’know happily Peru has a great tuberculosis program.” Which is another colossal error.

00:28:32:02

**ARCHIVAL**

(Jim and Jaime looking at TB X-Ray)

00:28:43:13

**JIM(VO):** And then we started finding these tuberculosis patients.

00:28:47:04

**JIM(WGBH):** It’s total white out on the right side…

00:28:50:12

**JIM (VO):** They were patients who were getting treated over and over and over again in this program and they were not getting cured.

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**JOIA:** There were a lot of people who were coughing, who had been to clinic who had been put on treatment for tuberculosis. They were taking each and every drug that was prescribed to them and they were still sick... and that was surprising.

00:29:10:09

**JIM:** We said well they must have drug resistance, but then what we heard was ‘no drug resistance in Peru. Our program is so good. No drug resistance.’

00:29:19:03

**JOIA:** Tuberculosis is an airborne disease so the stakes have always been higher from a public health perspective because you can’t control the air. It’s very important that you take medications and stay on them for the duration of the treatment.

00:29:34:04

**PAUL:** We started seeing patients who had been treated with first line therapy not once, not twice and they still had active tuberculosis, meaning they were transmitting it so there was a big hole in the program.

00:29:48:10

**JIM:** As we were just sort of figuring out that this problem was going on, Father Jack got sick.

00:29:55:07

**OPHELIA:** I thought to myself, “wow he just -- he looks older, or skinnier, or something.”

00:30:03:07

**JIM:** When we saw how sick Jack was getting we begged him, we pleaded with him to come back to the United States for treatment, but he refused. He said he made a very strong commitment to his people and that’s where he belonged.

00:30:17:22

**OPHELIA:** And then Father Jack got very sick, and we knew we that he had to get back to Boston for medical help immediately.

**OPHELIA:** Jim and Paul spent a huge amount of their time in the hospital with him in the room.

00:30:39:11

**JIM:** He got really sick very quickly.

00:30:42:03

**OPHELIA:** He...he died.

00:30:52:04

**PAUL:** You know, looking back y’know over the last 30 years even though sometimes we would like to say we’re quick out of the box, we’re still way too slow. Because there is always this period where you say ‘please tell me this is not my responsibility.’ And that delay is lethal. And that’s what happened to Jack. He got sick in the delay.

00:31:23:12

**OPHELIA:** And then we found out that he had drug resistant tuberculosis. This had a huge impact particularly on Paul and Jim.

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**JOIA:** With Father Jack’s death being diagnosed as drug resistant TB we began to suspect that there were many, many cases in the community.

00:31:46:07

**JIM:** We thought, ‘my gosh how many of these kinds of patients do we have?’

00:31:52:09

**JAIME:** I was able to interview several nurses in different health centers. But the health staff did not trust me enough to share their patients’ data. But in one health center I was able to have a conversation where the nurse showed me the patient data and said, “Someone needs to do something.”

00:32:22:09

ARCHIVAL

**Nurse**: Look at the resistance they have to these medications. And they’re not getting better.

00:32:28:02

**Jaime**: And like these, there are many.

00:32:29:15

**Nurse:** Oh yes, like these there are many.

00:32:32:20

**JIM:** Just looking at the number of patients who are not getting better we thought that we might have as many as 50 cases in a town of 100,000. So to have 50 drug resistant cases per 100,000 essentially is an outbreak.

00:32:50:01

**JOIA:** What we saw were clusters of drug resistant tuberculosis where one person would then transmit the drug resistant strain to others. Those others would still seek care from the TB program and those drugs would not cure what they had and they would further spread drug resistant tuberculosis. So without the proper treatment those strains started to dominate in families.

00:33:18:01

**JIM:** The medicines for MDR TB were really expensive anywhere from 20 to as high as 35,000 dollars, and they were very rare. And so the World Health Organization actually had an official policy on MDR TB. They said it was too expensive and that they didn’t think that MDR TB should be treated in poor countries.

**JIM:** What the WHO says about treatment protocols, is taken as religion in most of the developing world. Because they don’t have the expertise to develop their own treatment protocols.

00:33:49:12

**ARCHIVAL**

**CESAR BONILLA:** At that time for countries like Peru, due to the complexity of dealing with these patients, it was better not to worry about these cases.

00:33:58:12

**JOIA:** So anyone with drug resistant tuberculosis, the assumption was they would just die.

00:34:05:20

**JIM:** We went to the local authorities and said look there’s a lot of patients with drug resistant TB we should start treating them. We’re gonna have a huge problem on our hands unless we get going right now. And the head of the TB program said “If you treat a single patient, we will kick you out of the country.” They were livid ‘cause they thought that pointing out that the program doesn’t work for drug resistant TB would threaten all the gains that they’d made.

00:34:36:17

**ARCHIVAL**

**CESAR BONILLA:** It seemed to us that it was not only a difficult task, but it would be a failure.

01:34:46:03

**JIM:** It turned out that one of the Peruvian TB doctors had a daughter who was in fact sick with multidrug-resistant tuberculosis. But he quietly came to Paul one day and said, um, “can you please treat my daughter?” So we in fact did treat his daughter, and his daughter got better. And they let us treat a small group of patients.

01:35:08:18

**JIM:** We had a conversation with the young community health workers and we said we’re gonna start treating these patients. You’re gonna have to have some exposure to MDR TB. This is a deadly disease. And it’s amazing because all 12 of the original, uh, health workers said “yes, we’re gonna treat these patients.”

01:35:31:00

**PAUL:** It was a nightmare. A logistic nightmare, a financial nightmare.

**01:35:35:12**

**JIM:** Everything was conspiring against us. It was so difficult just to find the medicines. We were calling public health services in every state in the United States to see if we could find these vials and we would literally buy them from them.

01:35:49:06

**PAUL:** We needed hundreds of thousands of dollars to treat a small number of patients, rather than treating a million patients with other problems in Haiti. That was very hard for us to deal with. Were we doing the right thing?

01:36:04:00

**JIM:** And, Tom was paying for all of it. I mean it was really Tom White. He didn’t want to be the only one funding treatment for drug-resistant TB in the world. But this was life or death. Getting those medicines down there, not interrupting anyone’s treatment, was life or death. There was no special help in bringing the medicines in.

**ARCHIVAL**

**JIM:** I would put the medicine in these big suitcases and because I was Asian they usually thought I was a tourist, and they let me through a little easier.

00:36:36:09

**ARCHIVAL**

**(Jim with Melquiades)**

00:36:41:19

**PAUL:** We knew that these people were in for a very rocky treatment course if they were going to survive the disease.

00:36:50:07

**JIM:** Both Melquiades and Julia were what the Peruvians called “cronicos” -- patients who’d been receiving treatment over many years and were not getting better.

**JIM:** I have to tell you when I saw Melquiades I thought ‘Oh my goodness I would not be surprised if he died. We’ve left him without MDR TB treatment for too long.’

**00:37:15:18**

**Jim(WGBH):** We know that it’s very difficult to take all the medications, but right now we don’t have any others. It’s difficult now, but please, please continue.

**JIM:** The stakes were so high and we pushed very, very hard. We knew that we had to have success with these patients or, uh, treating MDR in the rest of the world would be written off forever.

00:37:41:11

**ARCHIVAL**

**JAIME:** These patients started the treatment for multidrug-resistance with the hope to be cured, but not with the certainty that it would happen.

00:37:56:06

**JIM:** Community health workers would go to the homes six days a week for as much as, uh, two years at a time.

00:38:03:21

**Lorena:** The treatment consisted of more than eleven medications that the patients would take every day.

00:38:11:06

**Lorena(WGBH):** Alright, Melquiades.

00:38:13:05

**Melquiades(WGBH):** I don’t want to take the medicines. I don’t feel well.

00:38:17:21

**Lorena(WGBH):** These medications have strong side effects, but they are the only medications that can help you eliminate the resistant bacteria.

00:38:29:06

**Melquiades(WGBH):** Three years that I’ve been on treatment and nothing. Nothing. Three years. It’s worse still.

00:38:37:10

**JIM:** Thepatients went through hell in getting treated.

00:38:42:15

**Lorena:** Melquiades more than the issue of taking his medications, it was the problem of despair, of exhaustion, and that’s understandable.

**Lorena(WGBH):** Swallow.

00:39:03:23

**JIM:**  These community health workers were very, very courageous and special people to be supremely compassionate with these patients who very well could infect them. Both the community health workers and patients, they didn't just do this for Carabayllo, they did this for the whole world.

00:39:23:00

**Julia(WGBH):** Without a war, you cannot win. I want to be a good warrior. If I want to win, I can, God willing.

00:39:35:20

**JIM:** If the first patients got cured, then we knew that we had an argument. Because the first stage in the argument was even if you wanted to do it, you shouldn’t start because it’s simply impossible in, uh, in resource-poor settings.

00:39:52:18

**Pedro:** We have a clip to play for you.\*

00:39:56:05

**Melquiades:** It was a fight. A very difficult one.

**00:40:01:08**

**JIM:**(watching Melquiades INTV) Wow.

00:40:02:09

**Melquiades:** Thanks to the support from the doctors.

00:40:07:16

**JIM:**(watching Melquiades INTV) That-that’s Melquiades? Oh my goodness.

00:40:11:21

**Melquiades:** you could say that I’m here today.

00:40:26:17

**JIM:**(*watching Melquiades INTV-in tears)* To think we almost let him. To think we almost let him die just because we thought it was inconvenient for us, just because we didn’t think that he deserved it.I’ve seen others like this but it's just- this is- what a transformation my god. I mean, look at a confident young man, y’know, out to take on the world.

00:41:05:05

**Melquiades:** You could say it’s expensive, that it takes too much time, costs so much. But I think it’s worthwhile. Because later on, you will see it reflected in all these people.

00:41:25:11

**JOIA:** The first cohort was 75 patients. They were treated for 2 years with 5-7 drugs. 85% of them were cured which was a very high rate.

00:41:37:15

**JIM:** And so we thought that we had to do something to change the way people thought about this first question which was, “Is it possible to treat MDRTB patients in resource-poor settings?” We knew that these numbers were better than anyone was getting in the United States -- so it took us from being outsiders in the global health and world, right into the middle of the debate.

00:42:02:18

BOSTON

00:42:07:05

**Paul(WGBH):**  So we brought together the big shots in TB and got them into this one room. It was Howard Hiatt’s idea to do it, with the express notion of taking on the policy.

00:42:18:15

**JIM:** Once theWHO announced that they would come. All the good and the great in TB control came.

00:42:23:23

**JOIA:** At that time we were a very small NGO, with a small clinic in Cange, 75 patients in Peru. You know, Jim who was still moonlighting at the Brigham to pay his salary. I mean it was just like, we were little-bitty. We were small potatoes.

00:42:39:19

**JIM**: And then we presented the results and the results really I think were shocking to people.

00:42:45:11

**Harvard Audio from TB conference:** I looked at your data and was quite struck by the suggestion that there was over 50 percent cure rate. And I just have a hard time accepting that those number will float unchallenged.

00:42:57:19

**Harvard Audio from TB conference:** It’s been published.

00:42:59:15

**Harvard Audio from TB conference:** So what?

00:43:01:13

**JIM:** The vast majority of the TB community literally lost their minds.

00:43:05:13

**Harvard Audio from TB conference:** Look at the results we just heard: 70% of the cases are cured. My belief is that those 70% never had multiple drug-resistant TB. They were folks that took some of the pills that were in the blister pack. Some were palmed, some were sold. If you’ve ever been in any of these countries, you realize that their ability to screw up a program stems all the way from the top all the way down to the bottom.

00:43:31:14

**JIM:** The old-school TB crowd was furious.

00:43:34:18

**Harvard Audio from TB conference:** How important is it to treat multiple drug-resistant TB? I don’t think it’s very important at all, because I don’t think it has very much of an impact.

00:43:42:14

**JOIA:** You know even if we believe it, you can’t do it.

00:43:44:20

**Harvard Audio from TB conference:** Maybe it’s a good idea, but where and when, and for how long? We need to think about sustainability.

00:43:51:08

**PAUL:** I’ve never seen this debate play itself out among patients saying, “you know I don’t really think I’m sustainable.”

00:43:58:01

**Harvard Audio from TB conference(Jim Kim):** The only time that I hear talk among people like us, academics, of shrinking resources is when we talk about things that have to do with poor people.

00:44:07:07

**JOIA:** The main resistance always is cost. These patients– “these patients”– black people, brown people, poor people, just don’t matter.

00:44:16:14

**Harvard Audio from TB conference(Jim):** We feel that what could come out of this meeting is that the data that we showed you, of our success in treating MDR-TB, could lead to a vision of expanding resources that could be very powerful.

00:44:33:14

**JIM:** That meeting was, “can it be done in developing countries?” Boom. Done. We proved it can be done in developing countries and we actually showed how this was done using community health workers. Second step was can you bring the drug prices down? Because they kept saying how can you say we should treat MDR TB when the drugs are so expensive? I asked some people from the World Health Organization, "So do you know if the drugs are on-patent or not?" And they said, "Well we don't know." And I couldn't believe it. I said, "How can you declare a death sentence on everybody in the poor world with MDR-TB, and not even know whether the drugs are patented or not? Because if they're not patented, we could drop the prices almost immediately. I asked one of our team members, “just find out if these things are on patent.” And he came back and he said, “You know, all of them are off, and they’ve been off for a long time.” And we were just shocked. No one had asked that question before.

00:45:30:17

**OPHELIA:** Jim made it his priority to reduce the prices of these drugs and the whole thing shifted. Drug prices dropped by 90%. All of that work led to massive shifts in protocols. It was a cascade of events that changed the policy at the WHO.

00:45:55:15

**JOIA:** I remember Jim said, ‘If we make this argument correctly, around treatment of drug resistant TB, HIV is next.’

00:46:14:09

**ARCHIVAL:**

**Tom Brokaw (1982):** The lifestyle of some male homosexuals has triggered an epidemic of a rare form of cancer.

00:46:20:23

**OPHELIA VO:**The world was being ravaged by a new plague. One that would show in stark relief what was acceptable and what was not to the poorest of the world.

00:46:31:08

**Audio (White House Press Briefing):**

**REPORTER:** It’s known as ‘gay plague.’ [press laughter] No, it is. It’s a pretty serious thing… one in every three people that get this have died, and I wonder if the President was aware of this?

00:46:42:18

**OPHELIA VO:** Over three hundred thousand people died in the US before the powers-that-be were forced into action. In poor countries, it was even worse. Over 22 million people worldwide were infected.

**OPHELIA VO:** In 1996, a combination of drugs was developed that would keep the disease at bay. It was called antiretroviral therapy. It was effective but incredibly costly. Even the most powerful institutions on Earth felt unmatched by the magnitude of the need.

00:47:20:17

**ARCHIVAL:**

**James D. Wolfensohn (President of the World Bank Group):** When you come to look at the question of AIDS throughout Africa you really get a sense of how limited is the capacity for contribution.

00:47:30:09

**OPHELIA VO:** But some people were fighting back.

00:47:32:09

**ARCHIVAL (Eric Sawyer):** History will recall Reagan and Bush did nothing at all!

00:47:36:23

**OPHELIA VO:** We became allies.

00:47:44:01

**ERIC:** At that time we decided to take as many activists as we could to the Amsterdam International AIDS Conference…

00:47:51:07

**Protesters:** Shame on profiteers! Shame on profiteers!

**00:47:57:09**

**Eric:** And we were meeting all these people from the developing world with AIDS that were showing up with pneumonia, with thrush, you know with huge herpes outbreaks on their faces, and no access to medicines. So we were literally digging through our medicine bags giving people, uh you know, our Sporanox to combat the huge outbreaks that were covering half of their faces of herpes. And going to Jonathan Mann and saying “Jonathan, there are all these people here, some of them fucking have pneumonia. You’ve got to get these people, you know, to a hospital, or to a doctor to treat them. And they responded. But that outrage that other people with AIDS were showing up at an international conference they were so fucking desperate they were getting on planes with pneumonia, you know to make their story be heard, just hooked me.

01:48:56:18

**Eric Sawyer (1996 Vancouver AIDS Conference archival):** Governments are killing poor people in developing countries because they are providing only a tiny amount of AIDS funding which is limited to prevention efforts and does not pay for AIDS care. Greed kills! Access for all!

**Eric:** At that time I remember hearing about Paul and Jim who were fighting to treat people in Haiti where no one had access.

00:49:23:14

TITLE CARD: HAITI 1999

**00:49:28:06**

**PAUL:** We had a lot of patients in Haiti, diagnosed in those years.

00:49:33:17

**Fr. Lafontant:** Whenever someone had AIDS, we knew it was an automatic death sentence. There was nothing we could do.

00:49:44:04

**Fernet Leandre:** We start having people coming back from Port-au-Prince…they come back home to die.

00:49:53:04

**ARCHIVAL**

**Paul(Bilheimer):** A young woman, 28 years old, working as a servant in Port au Prince comes back here to rural Haiti with weight loss. A cough. And then she gets offered HIV testing, and it’s positive.

**PAUL:** We really couldn’t stave off this slow, inevitable, fatal decline without antiretroviral therapy.

**PAUL:** One of the early patients was Adeline Mercon.

00:50:28:27

**OPHELIA:** Adeline was a young woman, who went to Port-au-Prince to try to find a job. Her father had mentioned to us that she was home, and very sick. And one day we had gone to see Adeline. She was lying on her bed and she looked emaciated, and somewhat resigned. Her father was standing with her and he had already been raising money for her coffin. Paul sat there for a long time. He was able to listen to her lungs and her heart.

**OPHELIA:** We got up and started the trek back and Paul said ‘there are medicines for this.’

00:51:25:11

**Todd:** Paul started talking to the patients and they said, ‘you mean there’s a cure for this if I live an hour and a half away in Miami?’ I mean it was like, ‘how could that not be available to us?’ I mean– and how do you answer that question?

00:51:43:08

**OPHELIA:** Meds were available, they were just expensive. Adeline was weeks from dying at this point and Paul said we have to be able to get the meds.

00:51:55:02

**PAUL:** So we made the decision we have to do this ‘cause we’re running out of time for her.

00:52:02:05

**JIM:** You know, at a time when not a single patient was treated using US dollars in a developing country, we all decided we had to try to do everything we could to scrap together a few medicines.

00:52:14:10

**JOIA:** Paul was running around getting you know sacks of unexpired drugs that were donated, and then we would triage the patients. Because we didn't have enough to treat everyone, we treated the sickest people.

00:52:26:22

**ARCHIVAL**

**PAUL:** Choose people like him, who really need the medications because there’s a lot in demand. He’s very advanced so we have to begin treatment right away. And the accompagnateur is very important.

**PAUL:** We just used the tuberculosis program that we developed with community health workers, and put the AIDS patients in it with the right drugs.

00:52:47:20

**ARCHIVAL:**

**Community Health Worker Haiti:** This neighbor is taking Duovir and Nevirapine.

00:52:52:03

**PAUL:** And we were supplementing the drugs with food and other kinds of social support just like the TB program, you know, the accompaniment model. If you want people to survive, do that. They don’t have enough to eat!

00:53:09:01

**OPHELIA:** The results were dramatic. And Transformative.

00:53:14:14

***(Adeline Before/After)***

**00:53:20:10**

**PAUL:** Adeline gained 26 lbs in one month. And I’d never seen that.

**ARCHIVAL**

**Paul( Fred Desam):** (to Adeline) Open your mouth. No more white spots, nothing showing up on your skin?

00:53:29:18

**Adeline (Fred Desam Archival):** (to Paul) No. I’m good Dr. Paul. I’m just a little weak.

**Adeline:** Dr. Paul told my dad: ‘No, throw away the coffin, you won’t need it.’ Thank God for them I’m here.

00:53:48:02

***(Joseph Before/After)***

***(Josie Before/After)***

00:54:03:23

**PAUL:** Everybody got better.

00:54:08:04

**St. Ker:** I couldn't find a hospital that would tell me what kind of illness I had. The only thing they did was prepare my will and my coffin. ***(St. Ker Before/After)***

**St. Ker:** When I got to the hospital here in Cange, Dr. Paul told me, "No, you're not going to die yet."...

00:54:32:21

**PAUL:** Nobody died in that treatment group. And so the outcomes were just as good, or better than any of the United States because we had a community health worker system.

00:54:45:09

**Adeline (verite):** What do you see here in this drawing?

**Adeline:** Since 2000, I teach patients on tuberculosis and HIV every day. Every day I always speak to them being being seen by a doctor.

**Adeline (verite):** Who knows what they’re doing here? Since he is sick, he is taking his family to be tested to see if they’re sick too.

00:55:08:21

**JOIA:** By 2001, we decided with this handful of patients about 50-60 patients we were gonna write a little article saying we treated 60 patients for free, in Haiti, and they all gained weight.

00:55:21:22

**PAUL:** There really weren’t a lot of AIDS treatment programs and as far as I know none of them were in rural areas. We thought it was worthy of underlining, look, if you can do this in rural central Haiti, with community based care, community health workers, then you can do it anywhere.

00:55:38:06

**JOIA:** And it was published in the Lancet, which is this big, hoity toity journal. And here I was like so proud– it was the first article I like was ever part of writing, I sent it to my parents….

00:55:46:17

**PAUL:** So we had a lot of response to that paper.

00:55:49:09

**JOIA:** The scientific community hated it. They hated it.

00:55:55:08

**PAUL:** Expert opinion was, “it’s too expensive. It’s not cost effective. It’s not sustainable.”

00:56:00:05

**JOIA:** They said, “there’s no data. It’s not sustainable. It’s silly. It’s gold-plated. This could never be replicated.”

00:56:06:13

**JIM:** It was almost the exact same argument they were having with MDR. The power of deja vu there was just overwhelming. These drugs cost $12,000 a year, per patient. So, the notion that you would invest resources in HIV treatment in Haiti, or in Africa, just seemed like an idea from outer space.

00:56:28:15

**ARCHIVAL**

**Andrew Natsios (AIDS Hearing 2001):** Half of the budget is for antiretrovirals, if we had them today, we could not distribute them. We could not administer the program ‘cause we don’t have the doctors. We don’t have the roads. We don’t have the cold chain.

00:56:38:19

**Dr. Agnes:** First of all in their script, we are black. Uneducated. Of course stupid. If we give them the drugs they will not take them on time. You know those black people, they don’t have a watch.

00:56:53:07

**ARCHIVAL**

**Andrew Natsios (AIDS Hearing 2001):** If you’ve traveled to rural Africa, you know this, people do not know what watches and clocks are. They do not use western means for telling time. They use the sun. These drugs have to be administered during a certain sequence of time during the day, and when you say, ‘take it at 10 o’clock,’ people will say ‘what do you mean by 10 o’clock?’

00:57:11:12

**PAUL:** First of all that’s not true about the medication. And in fact, they also did have watches, I might add.

00:57:18:08

**ARCHIVAL**

**Rep. Tom Tancredo:** The dollars available are limited I have to ask you if it isn’t more effective to concentrate almost entirely on the prevention part of this thing. Really.

00:57:28:16

**JEFF SACHS:** The mindset obstacles, the institutional obstacles, were just enormous.

00:57:34:15

**ARCHIVAL (ABC News)**

**MAN:** The lack of infrastructure for the disbursement of the appropriate, uh, medicines is, is so primitive.

00:57:43:11

**JOIA:** These are just excuses. It was all about money.

00:57:49:16

**ARCHIVAL (ITN Source)**

**MAN:** It’s hard to overstate the scale of the AIDS crisis. 12 million people have little or no access to the drugs they need. It costs about 3,000 pounds a year for the drugs each sufferer needs. Globally that’s a bill of 40 billion pounds.

00:58:05:03

**JEFF SACHS:** By the year 2000, I was inquiring of colleagues around Harvard what could really be done about AIDS? Paul said ‘well we’re doing it.’

00:58:17:00

**ARCHIVAL**

**PAUL:** Jeff Sachs said, “I’ll go to Haiti with you.” And he did. He met Adeline. Middle of nowhere, in a village where there’s no electricity, hours from a road, doing really well.

00:58:29:04

**JEFF:** We saw a woman robust and healthy, and going about her daily life.

00:58:36:15

**JOIA:** Jeff looked at our model, made some little marks and he costed it out on the back of an envelope, and he said, “yeah this is what we think we need to spread this globally.”

00:58:45:00

**PAUL:** We were saying well we need “X” number of millions of dollars he said, “forget the M word. You don’t need the M word, you need the B word. You need Billions of dollars to go in this.”

00:58:54:15

**JOIA:** Andmeanwhile, the AIDS activists were making a ruckus around the world.

00:59:02:08

**PPP Archival:** We just want an opportunity, an opportunity to live.

00:59:09:14

**PAUL:** I had been invited to debate a guy from the World Bank. The World Bank had not been endorsing AIDs treatment.

00:59:17:13

**ARCHIVAL Durban AIDS Conference**

**Mead Over:** You’ve made a compelling emotional argument, Paul. Yet I hope even those among you that are firmly convinced by Dr. Farmers forceful presentation, will suspend your judgement for the next few minutes to listen to a different view.

00:59:30:21

**Eric:** He was saying prevention, that’s the only thing that works.

00:59:34:05

**ARCHIVAL Durban AIDS Conference**

**Mead Over:** I conclude governments should pay more attention to prevention because much of prevention would not be done without government intervention.

00:59:43:04

**Eric:** And that you don’t give a man fish, uh you teach him how to fish.

00:59:48:18

**Archival Durban AIDS Conference**

**PAUL:** It’s important to note that it's not just that people haven't been taught to fish, their boats have been destroyed, their nets shredded, and uh, you know their fleets have been sunk.

**PAUL:** AIDS activists, they had been saying the same thing. You can’t say that Africans with AIDS can’t get treatment. That’s bullsit.

**Archival Durban AIDS Conference PAUL:** Bankers in generally, my, my suspicion is they’re not getting a lot of sex because they spend a lot of time screwing the poor.

01:00:15:15

**(Hope For Africa Philly Protest archival):**

**Protestors:** SHAME! SHAME! SHAME!

01:00:19:07

**Eric Sawyer:**My friends in Africa and other developing countries die within just a couple of years of being diagnosed with HIV because they have no access to treatment.

**Eric:** We were like we were gonna put pressure on the drug companies, “we are gonna put pressure on the governments”, while people like Paul and Jim and Partners In Health were saying, “we’ll provide proof that drugs can be used in resource-poor developing countries effectively.**”**

**01:00:50:04**

**ARCHIVAL**

**Paul:** None of our patients have died. One person died a few days after starting therapy because we started too late. And isn’t that the lesson of the last twenty years? We started too late. Always start too late.

**01:01:05:07**

**JOIA:** People were saying, “Wow, you know, if they could do this in Haiti, we can do this in Thailand. If they can do this in Haiti, we can do it Soweto. If they can do this in Haiti, we can do it Siem Reap.” And people started talking about the Haiti model. And our patients wrote something that is called ‘The Declaration of Cange’, and they said ‘we have benefited from the fruits of science and we think our brothers and sisters in Africa should too.’

01:01:31:22

**Nerlande (PPP Tapes):** The Declaration of Cange. We the patients of Zanmi Lasante, here in Cange, have written this declaration to share with you all. It is we who are sick, it is therefore we who take responsibility to declare our suffering, our misery, our pain, and also, our hope. We have a message for you who suffer from the same sickness as we do. Do not get discouraged because you do not have medications. We pledge to remain steadfast in this fight for treatment. We have a message for the big shots– for those from other countries as well as from Haiti– we ask that you be conscious of all that we endure. We entreat you to put aside your egotism because all humans are human. We are indeed poor, but our poverty does not make us stupid.

01:02:39:22

**PAUL:** Wow. Um, you know like, uh, any declaration, um, Alma ata, any others. You know, you want to believe it matters. The difference between the two is pretty shocking of course– or striking, right? One is a declaration made by y’know the ministers of health and other political figures, and the other is, is a meeting displaying a different kind of expertise, you know?

01:03:26:06

**Adeline:** We said all humans are human. We all have the right to good health so we can live.

01:03:32:16

**St. Ker:** All humans are human. You might be rich, I might be poor, but our blood is the same. That's why if the wealthy can find treatment, so must we.

01:03:52:11

New York (no title card)

**Jeff:** I went back and saw then-Secretary General Kofi Annan, said, "This really can be done. This can be done at scale. And here's how it can work.”

01:04:01:18

**JOIA:** 2001, there was UN special session. Kofi Annan had called for the creation of a fund that would help poor governments treat HIV in their countries,and that then later became the Global Fund To Fight AIDS, TB, and Malaria.

01:04:15:10

**Kofi Anan(Frontline-Age of AIDS):** I propose a creation of the Global Fund dedicated to the battle against HIV/AIDS and other infectious diseases.

01:04:26:13

**JOIA:** The Global Fund was created with the idea that HIV treatment is possible and it must be possible cause they’re doing it in rural Haiti.

01:04:34:02

**JIM:** Uh,if you talk to people now everyone will tell you they were for HIV treatment, uh, in the late 90s and early 2000s, but that's just not true. There were very, very, very small group of people, uh, who, who were in favor of it. The most remarkable person I have to say who changed his mind is George W. Bush.

01:04:56:12

**PAUL:** Anthony Fauchi, who was head of NIAID, called me and said “you should come to Washington for a meeting in the White House the day after tomorrow.”

**PAUL:** And I said, “really?” I remember going in, bringing some before and after pictures. I was really nervous. They were saying “how are we going to get these antiretroviral medications to poor people?” And I just said “I know we can do this because we already have in Central Haiti, and you don’t need infectious disease doctors like me. What you really need are community health workers. There was a wave of doubters, and I was skeptical that we had convinced them.

01:05:39:09

**JIM:** I’ll never forget the day, it was January 28, 2003. PEPFAR, President’s Emergency Plan For AIDS Relief came out of the blue.

01:05:48:10

**President Bush(2003 State of Union):** Today on the continent of Africa nearly 30 million people have the AIDS virus. I ask the congress to commit 15 billion dollars over the next 5 years, including nearly $10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean.

01:06:08:11

**Eric:** I said ‘holy shit!’ Actually I think I added the word F in there (chuckling). I was blindsided. I couldn’t believe it.

01:06:19:11

**JIM:** And this was really, uh, uh, an incredibly uh gutsy decision to make, and it was done, as far as we can tell, I have never spoken to him about this– it was done on the basis of compassion.

**JIM:** When the Global Fund and PEPFAR came online, all of sudden, you know, we were talking about, um, a 10, a 10 billion dollars a year for three diseases, uh, that before, was maybe getting a couple hundred million. And so,um, uh, right then, we, uh, we understood that the fight had changed.

01:06:52:20

**PAUL(Archival)**: Bonjour. One of our big challenges is how can we help revive the public health system in order to,to deliver the right services we want to deliver.

**01:07:07:23**

**JOIA:** Once we had the Global Fund and PEPFAR. We said, “you know what? the health system in Haiti is falling apart.” So we strategically made a big decision that year: let's use that money to revitalize the public sector, to work with the Haitian government to build health systems, to train doctors and nurses, to put the resources and the structures in place to do it.

01:07:30:00

**Paul (Murdock):** This is going to be a new hospital. We will be reclaiming little bits of this, corner by corner until it looks like Cange. Hinche, the TB Center, starting next Month. Thomonde, the public health clinic, Lascahobas the future headquarters of this whole expansion. If we’re not everywhere in all these places, really seriously a presence, then we’re not doing our job and we’re way behind schedule... put Cange on the map.

01:07:58:02

**OPHELIA:** We knew it could take months for the money to be released. And that time would cost lives.

01:08:05:13

**LOUNE:** People are dying… every day. For them we’re not rushing (chuckles). What are you waiting for?

01:08:15:03

**OPHELIA:** We said, “let’s talk to Tom White.” Tom said “I don’t have that much left.” But he said, “let’s take a loan from Citizens Bank in Newton, you can use my home as collateral.” So this was getting down to the wire for Tom.

01:08:32:10

**JOIA:** We said we're going to put essential drugs in the clinics, not HIV drugs, we're gonna put those too, TB drugs, amoxycillin, family planning. And then we are gonna hire, and train, and pay a big army of community health workers. So, we were pumping our money into the public sector. And then we you know if people were sick and came in, we'd say hey you want an HIV test, they'd say okay, and most people don't have HIV, but they're getting health care.

01:09:02:14

**ARCHIVAL (hospital ribbon cutting)**

01:09:11:17

**OPHELIA VO:** Our strategy of taking AIDs money and using it to build the healthcare infrastructure in this one small part of central Haiti was attracting attention around the world. The hard lessons we had learned over 20 years were starting to pay off. And then, we had a chance to do the same thing for an entire country, to really test the dream that health care for all is possible on a much larger scale.

01:09:44:06

**PAUL:** And that’s when I met Dr. Agnes Binagwaho, at this big AIDs meeting. It was the first time she ever went to New York. She, you know walked off the plane with her bag full of articles and commentary. And we hit it off, you can tell she’s a leader (chuckles), and isn’t very shy.

01:10:03:22

**Dr. Agnes:** I was quite impressed because there were all so many knowledgeable people in that room. People who give their view and the world follow their view. But they were quite saying nonsense you know. And I say, “My goodness, if it is this, we have to follow that, we will go nowhere.” So as I’m very talkative, I start to talk a lot and to tell them, you know, the real life is not what you say here. Come in Africa and I will show you.

01:10:40:00

**OPHELIA VO:** Rwanda was a country that had been through massive suffering because of outside intervention– including colonialism, World Bank policies– eventually leading to devastating outcomes.

01:10:57:01

**ARCHIVAL:**

**News Report (England):** UN officials say that have never seen anything like it. The true horrors of this month long war are only now beginning to emerge.

**Reporter (Rwandan):** Social services are broken down, the homes are destroyed. Victims of the atrocities do not have the medication they need.

01:11:17:10

**OPHELIA VO:** When the genocide was over, the new leaders resolved to rebuild the country, and it was sometime after that we were invited in.

01:11:29:08

**RWANDA 2005 (title card)**

01:11:33:17

**PAULl(verite):** The government here is organized, there’s political will to get things done in health care.

01:11:40:13

**JOIA:** What the government of Rwanda saw was an NGO, Partners In Health, that was using HIV to revitalize primary health care and that was one of their real big mandates after the genocide, was to rebuild the healthcare system as a way to promote peace and stability.

01:11:58:08

**Agnes:** In 2000 we create an action plan designed with the entire country and it’s “Vision 2020.” We just say, we need to reach there, those are our targets, how are we going to do that. It’s very ambitious.

01:12:19:04

**PAUL:** We thought with the right support we could take the model that we’d developed with our Haitian colleagues and see it brought to some kind of scale.

01:12:28:03

**Agnes:** They say ‘we are experts in rural care and treatment.’So we told them okay, so let’s give you the worst place in Rwanda. There were nothing in that area. There was a former hospital that has been totally damaged by the genocide.

01:12:47:18

**OPHELIA:** It looked like it had been raided, and that was the hospital for this community. So, we began to bring some of our Haitian colleagues who’d been treating HIV and training community health workers.

01:13:01:16

**Fernet:** Under the tree, under the tent, wherever you could save lives you start.

01:13:08:20

**Nurse Peter:** I was one of the first four recruited by Partners in Health.

01:13:15:22

**JOIA:** We started to go house to house and people were so sick.

01:13:19:22

**ARCHIVAL**

PAUL: Dr Jeanne (needs subtitles)

PAUL: She needs urgent care right away.

PAUL: She’s dying. We need oxygen.

PAUL: She’s dying. I think it’s too late.

01:13:35:11

**Nurse Peter:** Joia carried patients on her back. This motivated us. It struck us to see a concerned foreigner helping our own. We got really challenged.

01:13:50:23

**JIM:** The history of the genocide took everything to another level in terms of the emotional intensity.

01:13:56:06

**Man:** This is a fragment from a grenade.

**Paul (verite):** This child needs the OR.

**Paul:** Did they know it was a grenade?

**Man:** No, they didn’t know.

**PAUL:** They were playing. Like kids.

01:14:09:23

**NURSE PETER:** So many people turned up. We tested their blood. Among the tested, half of them were HIV positive.

01:14:20:00

**Drobac:** The government wanted to place three community health workers in every village in the country. 45,000 strong.

01:14:26:00  
**Fernet (Verite):** You must always be engaged and have conviction in this battle. You can change the condition of your brothers.

01:04:34:16

**Fernet:** We were people with the same challenge. People who have to deal with the same social determinants.

01:14:46:04

**JIM:** This was the first place that I ever saw the country pushing Paul on thinking big.

01:14:55:04

**Agnes:** We give a phone to our community health workers that people can borrow. And we create an SMS platform linked to Twitter, so that our people who don’t have internet can ask any question by SMS.

01:15:11:21

**Verite Scene**

**Cameron:** Ruka has an urgent question.

**Agnes:** Yes.

**Woman:** He is saying, ‘The health center in Gasabo is out of TB tests.’

**Agnes:** Who is the director of the nearest hospital there? We’ll call him right away.

**PAUL:** This is stressing me out, doc!

**Agnes:** It’s stressing you?

**PAUL:** Yeah, it’s stressing me in a good way.

01:15:34:12

**Agnes Tweet:** A citizen from Gasabo Dist. complains of stock-out on SMS

01:15:35:09

**Verite Scene:** **Agnes:** Are you still at the hospital? Go by home passing through health center and call us back.

**Agnes Tweet:** I hope that all my fellow Rwandans have understood that Twitter is a tool of accountability.

**Agnes:** You’ll do a letter for me on Monday, copy to all the health centers, so that this will never happen again.

**Agnes:** We start to dream and to work together since we have the same vision of what a human is entitled to.

01:16:03:22

**PAUL:** Things like cancer care, surgery– that’s what they don’t have here.

01:16:10:02

**AGNES:** We are starting a systematic screening for all adults to see what our population is suffering from.

**AGNES:** We see a new set of diseases. Many cancers.

01:16:26:07

**Drobac:** We saw many women in their mid to late 30s dying in agony of metastatic cervical cancer. It was the biggest cancer killer of women in Africa. Around the same time, it became a vaccine preventable illness when the human papillomavirus vaccine was approved. So, Rwanda mobilized every community health worker in the country, went on to every school in the country.

01:16:50:07

**PAUL:** They did it. They vaccinated 93% of all 13 year-old girls.

01:16:54:13

**Drobac:** The rest of the world noticed. People wrote articles in The Lancet and premier global health journals criticizing Rwanda for giving the cervical cancer vaccine to 12 year old girls because it could divert attention away from more pressing health problems.

01:17:11:09

**PAUL:** I have a lot of respect and a lot of sympathy for colleagues who object to change. But I have more sympathy for the patients.

01:17:20:14

**Agnes:** This debate of, “because they are from a poor country they should not have access to treatment,” makes me furious.

01:17:29:01

**ARCHIVAL**

**UN/NCD Roundtable:** Massive costs will prevent many countries from providing treatment at large scale. Countries cannot treat their way out of noncommunicable diseases.

01:17:39:07

**ARCHIVAL**

**DR. THOMAS GROSS:** I want to emphasize sustainable. Do what you can with what you have, where you’re at.

01:17:45:22

**Agnes (Archival):** There are people, and those are the worst, who just say ‘too expensive for you.’ Who they are to tell us that when we have managed to mobilize? Who are they to say this this is too good for our people?

01:17:57:14

**ARCHIVAL**

**DR. THOMAS GROSS:** These low to middle income countries, they need to resist the temptation to want the latest most expensive technologies.

01:18:05:02

**Agnes (verite):** I am accountable to our people. You are accountable to who? People are dying my brother.

**Agnes:** So we commit to treat every cancer possible. And to mobilize like crazy to provide them treatment.

**Agnes (verite):** We want oncologists, we want pathologists. We need them.

01:18:20:09

**JOIA:** Rwanda did something interesting, they said, “we’re actually going to use our international aid to train the next generation of Rwandan health professionals.”

01:18:37:16

**Todd:** And they said look, you know, we don’t need people coming from DC to give a powerpoint to tell us how poor we are. What we need is a doctor to train our doctors.

01:18:46:12  
**Bill Clinton (archival):** Now I want to invite to the stage Agnes Binagwaho, the Minister of Health of Rwanda.

01:18:55:23

**Agnes:** We negotiate with the US government to devote a portion of the money they give us for health to produce the doctors we need for the future.

01:19:05:19

**Bill Clinton:** All those schools will send 100 faculty members to Rwanda a year, helping Rwanda strengthen its national health education system so that it is sustainable and will be able to be run and funded by the Rwandan government itself.

01:19:23:06

**Ophelia:** One of the things that we and our Rwandan colleagues have always been able to do is to make sure what we are doing is always so ambitious that it makes a lot of people uncomfortable.

01:19:33:21

**Drobac:** A lot of people were scratching their heads and saying, “why are you introducing cancer care in Rwanda?”

01:19:39:20

**Ophelia**: I mean surely you don’t need to do that right now because you haven’t yet done this.

01:19:44:20

**Agnes:** You know, that time it was HIV, couple of years later it was HPV vaccine, tomorrow it will be cancer treatment. It will be always there. They don’t believe we have an equal right to life.

*Still photos of end stage cancers.*

**Agnes:** An equal right to dignity. An equal right to say what is our own future.

01:20:24:19

**WASHINGTON, DC**

**March 23, 2012 (title card)**

01:20:27:11

**President Obama:** Good Morning, everybody. Despite its name, the World Bank is more than just a bank. It is one of the most powerful tools we have to reduce poverty and raise standards of living in some of the poorest countries on the planet. And that’s why the leader of the World Bank should have a deep understanding of both the role that development plays in the world and the importance of creating conditions where assistance is no longer needed. I believe that nobody is more qualified to carry out that mission than Dr. Jim Kim. It’s time for a development professional to lead the world’s largest development agency and that’s why today after a careful and thorough search I am nominating Dr. Jim Kim to be the next President of the World Bank, so thank you.

01:21:15:07

**PAUL:** Holy Shit!

01:21:17:14

**WSJ Archival:** The next World Bank leader is a leader in world health issues.

01:21:21:11

**Rachel Maddow (MSBNC Archival):** President Obama picked somebody who literally everybody who wrote about this today described as a surprise.

01:21:26:18

**Archival:** This is a big change. He doesn’t have an economics background, he doesn’t have a finance background, I mean he certainly doesn’t have a political background.

01:21:33:22

**JIM:** I spent a lot of my time at Partner’s In Health critiquing the World Bank because it made no sense that there were so many resources in the world and so few, uh, were used to stop people from dying from what Paul called stupid diseases. All of us even– though we were critiquing the World Bank– we all had great hopes that if the World Bank would focus their attention on something, that things would happen. And now in my job at the World Bank Group it’s especially a belief that there is no such as country that is a basketcase.

01:22:08:21

**OPHELIA VO:** It felt like a long time coming, but it was an amazing outcome to see one of our closest friends influencing on all issues affecting the poor, from the inside. And as it turned out, it was just in time.

01:22:29:09

**RWANDA August 2014 (title card)**

01:22:30:00

**Agnes:** We continue to improve. Our people are in better health. But we have more challenges because we don’t have...

**Offscreen:** I’m sorry can we hold for one second.

**Agnes**: Is there a problem?

**Offscreen**: Yes.

**Agnes:** Oh, lala.

**Offscreen:** Dr. Thierry wants to speak to you right away.

**Agnes**: Hello, Thierry? Yes? He came from where? (Listens) Isolation directly. Don’t call me, take him straight to the hospital. You must get a room ready immediately. And get his chart. No do not send a doctor, send an ambulance. You cannot put more people at risk. You take him there, he sleeps there, you do an exam, draw blood, and make sure it gets to the lab in Kampala by this evening. And isolate everyone who has been in contact with him. All of them in isolation, blocked. Block him. Thank you. First suspected case of Ebola.

01:23:49:04

**ARCHIVAL**

**K24 (Kenyan News Report)**: Threats of the deadly Ebola virus finally landing in the East African Region. The Rwandan Ministry of Health has come out to assure the public that it is just a suspected case and the test was still ongoing.

01:24:04:20

**Agnes (verité meeting with staff):** All borders are informed, and screen anyone coming in Rwanda. And when there is fever, they call us. We have now somebody coming from Congo who have fever, so we are going to isolate another person. If there is any risk we put that person in isolation. We take the blood and the blood go to an international lab the same day. If they are positive, we will quarantine all the people they have been in contact with across the country. Today, we have put 13 people in quarantine for 21 days. We have no choice. That’s what we do. Uh, to assure that, uh, the country is safe.

**Agnes**: A young German coming from an ebola country has fever. Sign of ebola. We had to isolate him to put all the measure against ebola.

01:24:55:14

**Peter Drobac:** The government of Rwanda was trying to respond as quickly as possible. In order to respond effectively you have to have a functioning health system.

01:25:05:00

**Agnes (verité):** The community health workers know what to do. And each health center, at the border.

01:25:16:13

**Paul (verité)**: So uh what is going on with Ebola?

**Agnes(verite):** It break my budget, ouais.

**PAUL:** Yeah, that’s what I heard, the isolation, I mean…

**Agnes(verité)**: No, we have isolation in each hospital over the country. We have check-in at seven– seventeen borders.

**Paul(verité)**: Yeah

**Agnes(verité)**: Because this virus is not like the predecessors. Previous ones would have been over in a month.

**PAUL:** Yeah, it’s the longest outbreak.

**Agnes(verité)**: You should be afraid guys.

**Paul(verité)**: Yeah

01:25:53:23

**Daily Mail (Ebola Archive):** The current Ebola outbreak in West Africa is the world’s deadliest to date as health officials in Guinea, Liberia, and Sierra Leone struggle to control the virus.

01:26:06:07

**Paul (Archival):** This is not about ebola. This is because a failed healthcare system.

01:26:14:18

**JIM:** It became clearer and clearer to me that this was getting completely out of hand. The infectious disease doctors I know we're more scared than I'd ever seen them before.

01:26:24:01

**PAUL:** I was I was feeling panicky. It was already wiping out the caregivers, including the professionals.

01:26:30:15

**JIM:**I called Paul, and, and Paul said “oh my god it's so bad. This is the worst thing any of us have ever seen.”

01:26:39:00

**PAUL:** I said you should ring every alarm that you can as President of the World Bank, and do what banks do: get us some money.

01:26:48:22

**JIM:** And then I took a look and it turned out that nobody had provided any funding for Ebola, that’s not what the World Bank Group does but a crisis like that can cripple the world economy.

**Archival**

**Jim (at Ebola meeting)**: I want to welcome everyone for this extremely important, uh, important meeting. Unless we quickly contain and stop the Ebola epidemic, uh nothing less than the future of not only West Africa, but perhaps even Africa, is at stake.

01:27:13:09

**Arthur:** I can’t imagine, that there would’ve been another president of the World Bank, who could’ve gotten the bank to invest five hundred million dollars into the Ebola epidemic.

**Jim:** The World Bank had evolved over time. And beyond health, this crisis had enormous economic implications.

01:27:32:02

**Jim Kim(World Bank Meeting):** This is just crazy. Th-the analysis shows us it’s, it’s absolutely idiotic not to invest more in health. Can we do something that makes the case more broadly? I mean th-this is important.

**Woman (World Bank Meeting):** We’re hoping to build on that case that through community healthcare workers– I mean they are critical in reaching out to the underserved, making the connections, and have proved very important in Ebola responses you know.

01:27:56:02

**JOIA:** By August of 2014, we were invited to both Liberia and Sierra Leone by the governments to have a hand in the fight.

01:28:05:22

**Paul (verité)*:*** Liberia has lost too many doctors, too many nurses, along with too many citizens because, again of the lack of staff and stuff.

01:28:17:03

**President Ellen Johnson Sirleaf (verité):** And that’s what is going to build our national capacity to do it ourselves.

01:28:23:05

**PAUL:** It’s not rocket science. Right? Rebuilding a health system in Liberia or anywhere else– the only impediments in our way are those who are going to argue that we don’t need a staff, stuff, space, and systems.

01:28:38:03

**RWANDA**

**Agnes(verité):** (No subs) Hello? Ambassador? Good Morning.

**AGNES:** There was a real risk to have brought Ebola in Rwanda. So we did the test on the patient that could be infected by ebola. And I was called with the result.

**Agnes (verité):** You’re welcome sir. Bye.

**Agnes (verité):** Health sector workers, good morning. Good news. Negative for Ebola. Ah, ouais!

**AGNES:** We all know that is a strong health system that allow to be prepared, that allow you to respond in case of an emergency response.

01:29:19:06

**PAUL:** Rwanda has the most dramatic arc from complete misery and devastation, to a recovery.

01:29:28:00

**AGNES:** We dream big without having anything.Now we have universal access to treatment, life expectancy have doubled.

01:29:38:20

**PAUL:** These declines in mortality are probably the steepest declines in mortality ever recorded anywhere at any time.

**01:29:47:04**

**Agnes (verite):** I’m going to sleep very well this night. I will.

**Agnes (verité):** We were nowhere, and now the people are looking at us for advice on how to make it.

01:30:01:10

**JIM:** Optimism is a moral choice. If you walk into this work, and you're cynical and you're pessimistic, well, you know you probably will live out your very low ambitions.

01:30:13:04

**Paul:** It’s heavy!

01:30:16:07

**Ophelia:** Early in 2011, we broke ground on a new teaching hospital in Mirebalais, just down the road from where I met Paul all those years ago. We’d always have plans to build a hospital, but we changed the scope of it after the earthquake, 12 months before.

01:30:36:22

Port-au-Prince, Haiti 2010 (title card)

**Ophelia:** It was one of the most unimaginably terrible disasters. In less than one minute so many hundreds of thousands of people died. I don’t think that we had imagined anything quite like that.

**Ophelia:** Over the years, we had worked closely with the ministry of health in Haiti to build a dozen hospital and clinics that belonged to the country. But after the earthquake, we realized Haiti really needed something we long dreamed of: a major national teaching hospital owned by the people through the government, to treat patients, to train Haitian doctors, nurses, and specialists. And make it into something that would actually change things for the future.

01:31:40:15

**PAUL:** Everytime I go by that hill where I met Ophelia, I just get a real kick out of going, uh, going over that bridge and waiting for a modern hospital to loom in the view.

01:31:49:16

**PAUL (verite):** I was very proud as someone who was there when all the work had began because we had built everything on our shoulders.

01:32:10:12

**OPHELIA:** To come back to that place and to now see this sprawling tertiary hospital, I’m reminded of the road that had to be traveled on to get that hospital there. And how this whole process has been amplified thousands and thousands of times, so that we now have many different people working in many different countries.

01:32:37:21

**PAUL**: (greeting man, indistinguishable)

01:32:40:01

**JIM:** "The key is to have a pessimism of the intellect, but an optimism of the will."

01:32:47:09

**PAUL:** You can’t pretend that these problems don’t exist. Right? Or that they don’t have solutions. You know health for all still needs to be the future.

01:33:01:03

**St. Ker**: All humans are human.. Because of this, I’m alive today. I would like all the poor to survive as well.

**Paul and St. Kerr** Verite (no subs)

01:33:10:12

**OPHELIA:F** So much of this work is built on love, and that means going through very difficult times together and sticking with it.

01:33:20:17

**Melquiades and Jim Kim verité:** (no subs)

01:33:24:03

**PAUL:** To me this is about hope. And it’s about rejecting despair and cynicism.

01:33:33:10

**Fr. Lafontant(Mass):** It goes back to the beginning of Cange. From where we were, to today, that we can offer the hospitality to others. With hope. Because hope keeps us alive.

**FR. LAFONTANT** I suppose we did well. If I leave, I leave with a joyful heart.

01:34:13:02

**ARCHIVAL**

**Patient:** I’d lost all hope.

**Paul:** You had lost hope, how about now?

**Patient:** Now…

**Loune:** Hope has returned.

**Patient:** Hope has returned. Hope has returned.

01:34:29:17

On Screen: As of 2017, Partners In Health was working of 10 countries to rebuild their health care systems.

01:34:36:20

Their team has grown to over 17,000 people. 98% are from the local communities in which they work.

01:34:46:19

In 2016, the World Bank announced a $15 billion commitment to accelerate universal health coverage and rebuild health systems in Africa.

The World Bank Group now leads on all issues that affect the poor including climate change, displacement, and education. Their goal is to end extreme poverty by the year 2030.

01:35:05:05

Dr. Agnes Binagwaho and Dr. Paul Farmer co-founded a university dedicated to training future generations of health care workers to reach the 400 million worldwide without access to health care.

The first day of classes was September 12, 2015 - the anniversary of the Declaration of Alma-Ata.

01:35:16:07

Bending the Arc

01:35:21:13

**PAUL:** When I was in high school, I wrote a paper saying why the right to health care was bad. What an idiot.

**CREDITS**

01:35:49:01

**Paul:** It’s a medical complex in the middle of a squatter settlement. You know, a major medical center in the middle of a squatter settlement. So, of course a lot of people think that’s completely nuts, but the locals think it’s great, because they think ‘well we lost our land, we lost our water, we lost everything, but we have a medical center.’ So hey, you know it’s not what the development experts say to do but they also have jobs.

**Paul:** Is this mine?

**Patient:** Oui.

**Paul:** She puts a chicken in my hospital, then it becomes my chicken!

02:36:31:01

**Agnes:** Oh-ho, this is my song. Musique.

**Agnes:** “Too loooong…”

**Seal:** “And you wanna be free…”

**Agnes:** Beautiful. Okay, so let’s go.

01:37:29:00

**Thomas Kim:** We see each other as brother and sister.

**Paul (Off Camera)**: Yeah, what does that mean?

**Thomas Kim:** It means that we see each other as family.

**Catherine Bertrand-Farmer:** Yeah, because also that we both each other never had a brother or sister, so we are kind of related, especially when are fathers are both best friends and they always live with each other.

**Paul and Jim:** ( laughing. )

**Paul:** Don’t make us cry. Don’t make us cry.

**Catherine (off camera):** What’s so funny?

**Paul:** It was very nice. It’s not funny. It’s very moving.

**Jim:** It’s very nice. Come here guys.

01:38:16:03

END CRAWL