GLOBAL HEALTH IN LIGHTS
Hollywood’s Master Storytellers & Stars Highlight Global Health in Entertainment

An edited transcript of a panel discussion held on March 24, 2010 at the Library of Congress in Washington, D.C.
HOLLYWOOD, HEALTH & SOCIETY

Hollywood, Health & Society (HH&S), a program of the Norman Lear Center, provides entertainment industry professionals with accurate and timely information for health storylines. Funded by the Centers for Disease Control and Prevention, The Bill and Melinda Gates Foundation, The California Endowment and the National Institutes of Health, HH&S recognizes the profound impact that entertainment media have on individual knowledge and behavior. HH&S supplies writers and producers with accurate health information through individual consultations, tip sheets, group briefings, a technical assistance hotline, panel discussions at the Writers Guild of America, West, a quarterly newsletter and Web links to health information and public service announcements. The program also conducts extensive evaluations on the content and impact of TV health storylines.

For more information, please visit: www.usc.edu/hhs.

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Sandra de Castro Buffington, director of the Norman Lear Center’s Hollywood, Health & Society program, moderated this discussion which brought top TV producers, writers and performers together with key Washington policymakers to focus on how global health is portrayed in entertainment media.

A video of the program can be watched in its entirety online at: http://youtu.be/oPO3E1oGHDc
MARISSA HARGITAY is an actress, activist, and victims advocate, dedicated to being a force for change. Inspired by her role as Detective Olivia Benson on NBC’s Law & Order: Special Victims Unit, Hargitay founded the Joyful Heart Foundation, whose mission is to heal, educate, and empower survivors of sexual assault, domestic violence, and child abuse and to shed light into the darkness that surrounds these issues. With hubs in New York, Los Angeles and Hawaii, JHF offers healing retreats and community programs for survivors of abuse and the professionals who care for them. As Mariska says, “Joyful Heart is about the courage to heal, and all of our programming is dedicated to honoring that brave decision.” Hargitay has lent her time and voice to other organizations such as Lee National Denim Day (one of the largest single-day fundraisers for breast cancer) for which she was the 2007 Ambassador, The Norma F. Pfriem Breast Care Center, The Santa Monica Rape Crisis Center, The Girl Scouts of America, Project ALS, The James Redford Institute for Transplant Awareness (JRI), and Safe Horizon. She has also appeared in national campaigns for NBC’s “The More You Know” and Got Milk. Hargitay won the 2006 Emmy for Outstanding Actress in a Drama, a 2004 Golden Globe Award, six SAG Award nominations and two Gracie Allen Awards from the American Women in Radio and Television. In 2009, Hargitay, along with the Joyful Heart Foundation, was honored with the Empowerment Award by Peace Over Violence. Hargitay is married to actor Peter Hermann. The couple have one son.

SANDRA DE CASTRO BUFFINGTON, MPH, is the Director of Hollywood, Health & Society, a program of the USC Annenberg Norman Lear Center that leverages the power of the entertainment industry to improve the health and well-being of individuals and communities worldwide. The program provides resources to leading scriptwriters and producers with the goal of improving the accuracy of health-related storylines on top television programs. Funded by the CDC, The California Endowment, The Bill & Melinda Gates Foundation, HRSA’s Division of Transplantation, ONDCP and the NIH, the program recognizes the profound impact that entertainment media has on individual knowledge and behavior. She is known for her award-winning work in global health and social transformation. She has nearly 30 years of experience working in global health, entertainment education and emergence technologies; 20 years were spent working internationally, and five of those years were spent in residence overseas.

NEAL BAER, MD, is a Harvard-trained physician, practicing pediatrician, and award-winning television writer and producer. Since 2000 he has been the Showrunner and Executive Producer of the NBC series Law and Order: Special Victims Unit. Before his tenure at Law and Order, he was Executive Producer of ER. Recently, his mentorship of a Mozambican HIV/AIDS orphan resulted in the documentary film Home Is Where You Find It. He was also an adjunct professor (2001–2005) at the University of Southern California teaching in the area of health communications, health promotion and disease prevention, and sex education. He is also Co-Chair of Hollywood, Health & Society.

SALLY CANFIELD currently serves as a Senior Program Officer in the Global Health division for the Bill and Melinda Gates Foundation. Canfield provides strategic counsel to the Foundation leadership regarding their relationships within the advocacy, policy, and political communities. Her responsibilities also include managing a multi-million dollar grants portfolio that consists of high visibility partners like the ONE Campaign, the Center for Strategic and International Studies (CSIS), and the worldwide Friends of the Global Fight organizations. Her position with the Gates Foundation follows a distinguished career in the Executive Branch, on Capitol Hill, and in two Presidential campaigns. Canfield has held various senior positions including Deputy Chief of Staff at the United States Department of Homeland Security, Counselor to the Secretary at the United States Department of Health and Human Services, and Senior Policy Advisor to the Speaker of the House. In the 2000 campaign, she served as Domestic Policy Advisor to then-Governor George W. Bush and in 2008 campaign cycle, she served as Policy Director and in-house Policy Speechwriter to Governor Mitt Romney. Canfield was recognized for her work in 2004 by Government Executive magazine where they named her as one of the “Top 100 Most Influential Persons in Homeland Security”. In 2005, National Journal named her one of the “Top 100 staffers on Capitol Hill” and in 2008, Glamour Magazine featured her in their article “10 Political Powerhouses Under 40”. Canfield has also worked for Congressman Jim McCrery and Congressman Mac Thornberry, the Mutual of Omaha Companies, Caremark International and for John McLaughlin on his public affairs talk show, The McLaughlin Group. She has a Bachelor’s Degree from Northwestern University in Evanston, Illinois and has studied at Saint Catherine’s College, Oxford University.
Good evening everyone, and welcome. Thank you all so much for being here with us tonight. My name is Sandra de Castro Buffington, and I’m Director of Hollywood, Health & Society, a program of the USC Annenberg Norman Lear Center. Our mission is to harness the power of the entertainment media to improve the health and wellbeing of people around the world.

It’s a very special evening for us here in Washington, D.C., bringing Hollywood to Capitol Hill. We’re focusing tonight on global health, and the way Hollywood TV shows, like Law & Order: Special Victims Unit, take on these topics and inform their audiences while entertaining them.

The screenwriter Robert McKee once said, “Stories are the creative conversion of life itself into a more powerful, clearer, more meaningful experience. They are the currency of human contact.” And it is this currency that we are celebrating tonight.

I’d like to start by recognizing the Co-Chair of Hollywood, Health & Society’s Board, Dr. Neal Baer. Thank you, Neal, for all you do for our program and for the world.

(Applause)

I’d also like to thank Courtenay Singer, my colleague at Hollywood, Health & Society; and Jean Brodeur and Jennifer Grodsky of the USC Office of Federal Relations, for their contributions to this wonderful evening.

Hollywood, Health & Society works with television writers to help them get accurate global health content from experts for their scripts. By doing so, we harness the power of storytelling to educate and inspire viewers about the most important global health topics of our time. We recognize that television, film and new media can educate, entertain and inspire.

Speaking of inspiration, tonight we have an extraordinary panel. Dr. Neal Baer, executive producer of Law & Order: Special Victims Unit; Mariska Hargitay, star of Law & Order: Special Victims Unit and founder of the Joyful Heart Foundation; and Sally Canfield, Senior Program Officer at The Bill and Melinda Gates Foundation.

I’d like to talk about Hollywood, Health & Society’s role as a bridge between Hollywood’s creative community and the world of public health. Many of us in this room have asked, “How can we possibly reach people around the world with lifesaving global health information? What could possibly capture and hold their attention?” As Mandela said, “It always seems impossible until it’s done.”

The answer is storytelling: on-air, onscreen and online. Hollywood, Health & Society works with many of the world’s master storytellers. Their shows reach up to 20 million viewers in a single hour in the United States alone, and over 400 million viewers in more than 100 nations around the world.

Our funding partners recognize the power of entertainment media to improve health and save lives. Hollywood, Health & Society has been funded for the last eight years by the Centers for Disease Control and Prevention. And we also have funding from the Bill and Melinda Gates Foundation, the California Endowment, HRSA, ONDCP, NIH, AHRQ and others. You in this room know what that alphabet soup means.

According to the 2005 HealthStyles Survey, nearly two thirds of regular viewers of television reported that they learned something new about a disease or how to prevent it from dramas and

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Sandra de Castro Buffington
comedies. Nearly one third of those viewers took action on what they learned. So Hollywood, Health & Society provides a sustained and systematic program of outreach to writers and producers to increase the accuracy of public health content for their scripts. And we measure the impact of those TV health storylines on viewers.

So let's take a look at an example. This is an example from ABC's Grey's Anatomy. Both Hollywood, Health & Society and the Kaiser Family Foundation consulted on this episode entitled "Piece of My Heart." This clip is about preventing mother-to-child transmission of HIV.

(Video played)

The impact was powerful. The first time this episode aired, it reached nearly 17.5 million viewers. The Kaiser Family Foundation conducted three random telephone surveys of 1,500 regular viewers – one week before the story aired, one week after that, and again six weeks later. The question was asked, “As far as you know, if a woman who is HIV-positive becomes pregnant and receives the proper treatment, what is the chance that she will give birth to a healthy baby that is not infected with HIV?” The correct answer was: greater than a 90% chance.

Before the episode aired, only 15% of viewers got the answer right. The week after the episode aired, 61% of viewers got the correct response. Six weeks later, 45% remembered the information correctly. This means that from baseline to six weeks later, there was a 300% increase in knowledge, and that eight million viewers learned this information for the first time.

So we work with most of the major scripted shows in Hollywood, including dramas, comedies, Spanish-language telenovelas, children’s programming and more. And we recognize exemplary TV health storylines at our Annual Sentinel for Health Awards ceremony at the Writers Guild of America West.

Now, I’d like to introduce our panelists for the evening, starting with a Sentinel for Health Award winner, Dr. Neal Baer. Dr. Baer is a Harvard-trained physician, a pediatrician, and former executive producer of the Emmy Award-winning series, ER. He's currently executive producer of Law & Order: SVU.

Dr. Baer has also somehow found the time to mentor a teenager in Mozambique who was orphaned by HIV/AIDS. The boy’s name is Alcides Soares. And Dr. Baer and movie director Chris Zalla gave Alcides a video camera and taught him how to shoot. The result is a stunning documentary film called Home is Where You Find It. We’ll show you clips shortly. As co-chair of our Board, Dr. Baer makes a tremendous contribution not only to our program but to many artistic and philanthropic endeavors around the world.

Also joining us tonight is Mariska Hargitay. Ms. Hargitay is truly a force for social change. She's played Detective Olivia Benson on Law & Order: SVU for 11 years. Mariska won the 2006 Emmy for Outstanding Actress in a Drama Series, a 2004 Golden Globe Award; and has earned many more awards and accolades.

While for most those achievements would be enough for a lifetime, Mariska is not content to stop there. Inspired by her role as Detective Benson, Mariska founded the Joyful Heart Foundation in 2004 to heal, educate and empower survivors of sexual assault, domestic violence and child abuse and to shed light into the darkness that surrounds these issues.
Joyful Heart runs retreat and community programs that use innovative approaches to healing. They also collaborate with government, nonprofits, advocates and survivors to address these issues strategically. We’ll hear more on the important work of the foundation from Mariska shortly.

Next, I’d like to introduce Ms. Sally Canfield, Senior Program Officer for the Bill and Melinda Gates Foundation. Ms. Canfield provides strategic counsel to the foundation leadership regarding their relationships within the advocacy, policy and political communities.

Sally manages a multimillion-dollar grants portfolio that includes high-visibility partners such as the ONE Campaign. She has had a distinguished career in the executive branch, on Capitol Hill, and in two Presidential campaigns.

Please join me in welcoming our distinguished panelists.

(Appause)

Now, I’d like to give the floor to Dr. Neal Baer. Now, Neal, you are a show runner on a hugely successful TV series, a filmmaker and a medical doctor. You’ve applied your integrity, knowledge and skills to something rare – to addressing global health in film and television. And you take it a step further by showing women and children in developing countries how to tell their own stories.

So on that note, shall we start with a clip from your documentary?

Neal Baer: Great.

Just to set it up – this is about a four-minute clip. I happen to work with an organization called Venice Arts. And we teach people photography so that they can tell their own stories. And so you’ll see some of the photographs that 18 AIDS orphans took. We bring in photographers from the United States and then also use local photographers as well. And then, when we leave, we establish a photographic institute where we’ve been [for] young people. We also did it with mothers who are HIV-positive in Cape Town, South Africa as well, so that they could tell their own stories.

In the past, documentarians and photojournalists have been outsiders. They’ve gone in and taken pictures and told stories, and then left. That still leaves the side of the story of those who are the insiders. So by giving people cameras – and in this case, a movie camera that, actually, Mariska and Chris bought for us – we’re able to help people tell their own stories as well, which adds more complexity and more layers to the story.

(Video played)

(Appause)

Thank you. So the film is actually 27 minutes. And it’s been at 25 film festivals. And Alcides was just in London at the Human Rights Watch Film Festival. So it’s completely changed his life, which was really gratifying for all of us who worked with him. He did find his brother, after many months, that’s a quite compelling scene. And he was reunited with his brother after 10 years.

So if I told you that there are between 14 and 20 AIDS orphanages in Africa, or that there are 300,000 children – maybe 320,000 children – who are getting antiretrovirals (or ARVs), in Africa for the treatment of HIV/AIDS; or that there are 430,000 new infections of HIV in children every year. Or if I told you there are 2.1 million children who are infected with HIV – it’s hard to fathom those numbers.

What does it mean – 2.1 million children have HIV? What does it mean that there are 14 million, 15 million kids – there are four or five Los Angeleses filled with AIDS orphans...

Neal Baer
United States. You don’t see that problem in the U.S.

If I tell you all those numbers, which are the best numbers we have from UNAIDS, it’s hard to fathom those numbers. It’s hard to really put it in our heads. Somehow we’re not structured neurologically to understand what that means. I don’t really know what it means that 2.1 million children have HIV or AIDS.

But I do know what it means to see a story – and you just saw a short version – of one child’s search for family after his parents have died of AIDS. I can relate to that because I have my own son. Or you have children, or you have nieces or nephews or cousins. You can bring your own life’s template to the story you just saw. And you were moved when I told you that he found his brother. And you’re moved by stories.

Because I think neurologically, our brains are structured to tell stories. That’s how we keep track of our lives. If we lose the ability to tell stories, as we do if we have Alzheimer’s, say, then we’re in a complete state of flux.

So storytelling, for me, is the power for change. And while statistics are important, so we know what we’re working with, we feel – in Los Angeles, where we write the show, and in New York, where we make it – that the storytelling part is what can change the world. If you’re moved by the stories that we tell, then we know from research that we’ve done that you tell others about it, or you go on the Internet to learn more. Or you Twitter, or you follow my Twitter, or you look at my BubbleTweets, or you go to the links that I send you to to find out about rape in Congo. And if we keep telling these stories that move us emotionally, then there’s a chance that we’ll influence Congress to deal with this problem of orphans and providing ARVs.

As an aside, antiretrovirals really weren’t available in Africa till 2004 and only about 300 thousand children are getting them. So that leaves about 1.8 million who aren’t. That is a crisis.

So, by telling stories, together we can then create change, because we can tell our congress people and we can talk about it. And we can get involved in many ways.

The last thing I’ll say is that with new media particularly, we’ve been very fortunate at NBC that we can connect our viewers in all kinds of ways to take action. Because you’re inspired. Once you see something, we want to get you before you lose that inspiration. If we can get you to the Internet, then we can give you all kinds of ways to take action – from reading different books to writing congress people who are particularly interested.

For me, that’s the power of storytelling. It’s really the power of change. It’s the greatest gift I have and I’m able to share it. So I feel so fortunate.

(Applause)

Sandra de Castro Buffington: Thank you, Neal.

I’m just going to ask each panelist one follow-up question at this point, and then we’ll have a Q&A at the end.

Neal, what is it that inspires you to tell stories about global health, or the little-known stories of people from developing countries?

Neal Baer: I think there’s a false view in Hollywood, particularly amongst TV executives, that Americans aren’t interested in anybody but Americans. So, many people have pitched shows about Doctors Without Borders. You haven’t seen it on TV because they haven’t bought those shows.

So fortunately, on ER and on SVU, we can tell those stories. Why? Because we’re a global society. We’re all connected through the Internet, mobile phones. One out of three people in Congo has a mobile phone.
With that connection, there’s power to talk to people and to share our stories. I heard anecdotally about our show on rape in Congo that the audience doesn’t know that six million people have been killed there. They don’t know what’s going on, but they want to know.

Maybe because I’m a physician and a pediatrician, too, so I like kids, and I care about kids’ health, but I’m no different from almost anyone else. I think it’s incumbent on us as storytellers to share those stories. And it’s pretty simple. Just because our show takes place in New York – and Mariska will tell you about some of the stories we’ve done – we have found ways to tell stories about the world, because the world is coming here as well. So we can’t let the past parochial views stop us from telling global stories.

John Prendergast is here. And what really helps is partnering, too. We partnered twice with John – once on a show we did about child soldiers from Uganda, and the psychological issues involved in what happens to them when the war has ended; and then recently, last week, on rape in Congo.

So we look beyond ourselves. Because I’m not an expert on the material, and I don’t know the medical answers to many things we want to write about, so we look to Hollywood, Health & Society for medical information. There are people here who have helped from NIDA in the past, and we’ve done shows with ONDCP on alcoholism and cigarette addictions and drug abuse.

We turn to experts, not experts with agendas but those who have the data, so that we can make our shows as accurate as possible. As Sandra said, 57 million people watch SVU a week. That’s including the syndication. Each week, 57 million people watch our show, which we’re grateful for, and we want it to be accurate.

That’s why we turn to people, particularly in D.C. and at major universities, for help in making sure that the stories we tell are accurate.

Sandra de Castro Buffington: Let’s show another clip. Would you like to see “Retro?”

(Video played)

Neal Baer: That particular show did not go over well. I gave a presentation in Paris about two years ago with the Aspen Institute. The Gambian and South African contingent were not very happy with it. But that was the point. There are many people in the United States as well who don’t believe that HIV causes AIDS. And it got people stirred up. When that happens, I’m really happy. Because then they will have a conversation and talk about it and, hopefully, do some more research.

Sandra de Castro Buffington: This is a really important clip. And Hollywood, Health & Society conducted an evaluation of the impact on viewers. And our research showed significant knowledge gains among viewers who had never been tested for HIV, an increased awareness of HIV deniers among females, and an increase in global health priorities among viewers.

We use these findings to show that powerful storytelling, like “Retro” can impact viewers’ knowledge and attitudes about global health.
Let’s transition. Now it’s time to hear from the extraordinary Mariska Hargitay. And she’ll start by showing us two clips of her compelling work on SVU. And she will also talk about how her role on the series inspired her pioneering efforts to address the devastating reality of sexual violence and abuse, and to help survivors to heal.

So Mariska, the floor is yours.

Mariska Hargitay: Thank you, Sandra. And thank you, everyone. I’m so honored to be here. People tonight have come up to me and said, “thank you for your work.” I want to reflect that back to you, and say, “thank you for your work.”

When I started on Law & Order: Special Victims Unit 11 years ago, sexual violence had never played any significant role in my life, and certainly not on a daily basis, and certainly not the kinds of issues that the show addresses. And then, there I was, immersed every day in some of the worst that people can do to each other.

It wasn’t just the scripts that pressed the tragedy and the pervasiveness of these acts into my consciousness; it was actually the letters that I was getting. I’d appeared in lots of other projects before SVU. I had gotten letters like, “Hi, my name is Amy, I’m 16 years old, and I love your show, can you send me a photo?” Now I was getting, “Hi, my name is Amy, I’m 16 years old, and my father has been raping me since I was 12 and I’ve never told anyone.” I remember the breath leaving my body as the first letter came. And I’ve gotten thousands of letters like that since.

The show operates in the world of fiction. And I’m fortunate that I can close my dressing room door and go home at the end of the day to comfort and safety. But the show’s fiction is based in facts. And the facts are simply horrific.

Nearly one billion women – that’s one in three women worldwide – will be beaten, raped and abused during her lifetime. Yet, around the world, women suffer in silence, ashamed and alone. Every two minutes, someone in the United States is sexually assaulted. Rape and sexual assault have the lowest reporting, arrest and prosecution rates of all violent crimes in the United States.

Neal – our brilliant Neal – and our brilliant team of writers have taken some of the darkest crimes and the worst human suffering imaginable, brought them out of the shadows and placed them into the sharp light of primetime television, allowing us as actors to be the voice for victims.

Please watch this portrayal of the experience of a courageous survivor in the aftermath of her assault.

(Video played)

Every year, more than 200,000 courageous individuals report their rape to the police in the United States. Almost all are asked to have a rape kit collected. The process that you just saw in the clip can take four to six hours.

We’ve learned that the healing process for survivors begins and is often sustained in the response of the communities around them. The medical community is often the first-responder in the rape crimes. Getting that response right is critical for the survivors and our society.

That is why I’m so proud to be working in partnership with government and sexual assault advocates to educate medical professionals to ensure that they are ready and prepared and trained before the victim comes to the door, and not reading out loud the rape kit instructions for the first time, as the victim is sitting on the table. That is an unfortunate reality that we are still hearing about today when survivors reach out to us.

Our hope is that in educating the medical profession about sensitive and effective rape kit collection will lessen the trauma...
that the victim suffers, bring perpetrators of sexual violence to justice; and that journey toward healing can begin.

The potential benefits of testing of the DNA evidence in the rape kits are enormous. It can identify an unknown perpetrator, it can confirm the presence to a known assailant, corroborate the victim’s account of rape, and exonerate innocent suspects. National studies have shown that cases in which a rape kit was collected, tested and found to contain DNA evidence are more likely to move forward in the criminal justice system.

For example, when New York City began to test every rape kit, the arrest rate for rape kits skyrocketed from 40% to 70% for reported cases. Conversely, untested rape kits typically represent a loss of justice for rape victims. In the United States today, it is estimated that there are hundreds of thousands of untested rape kits sitting in police evidence storage facilities and crime labs across the country.

We’re working in collaboration with the Department of Justice, Congress, law enforcement, advocates and survivors to bring attention, funding and new legislation to eliminate the backlog. So many of the fierce men and women who are fighting for justice of rape victims are in this room tonight. And for that I am so grateful.

In April of last year, Nicholas Kristov wrote an editorial in the New York Times entitled, “Is Rape Serious?” Now, about the backlog of untested rape kits in police freezers around the country, he concluded the quote from Polly Poskin, an executive director at the Illinois Coalition Against Sexual Assault: “If you’ve got stacks of physical evidence of a crime, and you’re not doing everything you can with the evidence, then you must be making a decision that this isn’t a very serious crime.” So you have my fierce commitment and ongoing support of Joyful Heart to continue to stand with all of you and do whatever it takes to bring justice and healing to survivors.

Sexual violence is not only an epidemic in this country, as we all know. It knows no borders and touches every corner of the globe.

In fall of 2009, when I was preparing to shoot the episode, I read and watched films about the atrocities being perpetrated in Congo, Uganda and Sudan. I learned of gang rapes, internal mutilations, amputations, and rape as an instrument of war. I learned of women who had been raped so violently that they can no longer control their bowels. I learned of government, military and social systems that not only fail to prosecute those committing these acts, but fail to condemn them and, worse still, harbor, protect and sometimes include the perpetrators. I learned of hundreds of thousands of women imprisoned in silence of fear and shame.

Let’s take a look at a clip from a recent episode, one that I’m so proud of, that just aired last week, called “Witness.”

(Video played)

Yeah, need a minute after that.

Reading and seeing stories of African women, I found myself in a realm of reality that was beyond what my heart could comprehend. I’m sure you’re all feeling the same way.

Eastern Congo is the world’s deadliest conflict globally since
World War II. Widespread rape is used as a strategy of war and an instrument of communal terror, making this region the world’s most dangerous place to be if you’re a woman or a girl. Hundreds of thousands of women and girls have been raped. Sexual violence has been used to torture, humiliate and destroy not only women and girls but entire families and communities.

Advocates from the region have told stories of unthinkable atrocities that are taking place, including sexual assault of minors as young as 20 months, and elders as old as 87. You can’t even comprehend it.

Rape is not the only sexual health issue of importance globally. Reproductive health problems are the leading cause of health and death for women of childbearing age worldwide. Every minute, at least one woman dies from complications related to pregnancy or childbirth. That is over half a million women a year.

Impoverished women, especially those living in developing countries, suffer disproportionately from maternal death and disability, sexually transmitted infections, including HIV, unintended pregnancies, and other problems related to the reproductive system and sexual behavior. The spread of HIV/AIDS is a continuing tragedy. Since the beginning of the global epidemic, almost 60 million people have been infected with HIV, and 25 million people have died of HIV-related causes.

Through television’s power to simultaneously educate and entertain, we hope that our work is making a difference in improving knowledge and concern and shining light on health issues and sexual violence in this country and around the globe.

Thank you very much.

(Applause)

Sandra de Castro Buffington: Mariska, thank you.

How do you deal with the difficult subject matter of the show and run a foundation where you bear witness to such deep suffering?

Mariska Hargitay: I think that my answer was by doing something about it, and refocusing. You hear these stories, and it’s – demobilizing? What’s the word I want to say?

Neal Baer: Debilitating.

Mariska Hargitay: Debilitating. And it’s everywhere. It has to stop, and we have to educate. I am so proud and honored to be on a show that does just that. That is my answer: by raising awareness and doing something about it and giving hope back. I feel that to have this incredible machine behind me and an executive producer who is so courageous and will tackle anything, and is educating everywhere, is quite inspiring to me.

I get feedback from people saying, “your show changed my life.” and these issues are on television, which means that they are, indeed, water cooler conversation. People are talking about sexual violence, they’re talking about this stuff in ways that they haven’t in the past.

Understandably, people want to sweep it under the carpet. It is painful, it is difficult, it hurts, it’s overwhelmingly scary. But the fact is, it’s present. We need to do something about it, we need to talk about it, we need to change the way we talk about it, and we need to be accountable for it. It excites me to have a platform where we can do that, and to open a dialogue about these issues.

I didn’t know about rape in the Congo. I didn’t know. I was one of the people who didn’t know. I’m so happy that I know, and I’m so happy that I can talk about it. That’s what we have to do, right? Talk about it.

(Applause)
Sandra de Castro Buffington: Thank you. We’ve seen some powerful footage this evening. I want to show you an example of how compelling storytelling on daytime dramas can have a real impact. This will be lighter than the last clips you saw.

Mariska Hargitay: These people are going to ask me to leave.

(Laughter)

Sandra de Castro Buffington: No, I don’t think so. We’re going to see a short clip from “Tony’s HIV.” This is from The Bold and the Beautiful, one of the longest-running daytime soaps in the world. This was a minor storyline aired over several episodes about a young man, Tony, who learns he’s HIV-positive. He tells his girlfriend, Kristen. They later get married and go to Africa to adopt a little boy. This story reached about 4.5 million households in the U.S. and some 350 million viewers in over 100 countries worldwide.

Our Centers for Disease Control and Prevention experts gave the writers key messages about reducing stigma and about heterosexual transmission and risk. So this is a very short clip.

(Video played)

We got permission from the network to do a public service announcement featuring the lead character, Tony, giving the CDC’s AIDS Hotline number for viewers to call.

The PSA was aired first when Tony learned he was HIV-positive on August 3rd; and the second time, on August 13th, when he disclosed this information to his fiancé, Kristen, an extremely emotional plot point in the story. This resulted in the highest peak in callers all year, a total of 5,313 calls in a single day, higher than any of the other times this number was aired on TV during that year, during a 12-month period. The second-highest was for National HIV Testing Day, which involved an enormous campaign with significantly more national support and media exposure.

Now, compare that to 60 Minutes, the surgeon general’s campaign, and even MTV – they didn’t come close to a minor storyline in The Bold and the Beautiful. So we use this type of tracking to show that television viewers can be moved to seek more information about health topics when they’re tied to a storyline with characters they relate to and when the PSAs aired at a dramatic plot point.

Hollywood, Health & Society also works with the writers from the Fox series, House. The diagnostic nature of the show allows for many opportunities for health topics to be introduced. So in honor of World TB Day, I’d like to show you a clip on the important subject of TB around the world. The clip is called “TB, or Not TB?”

(Video played)

Sally Canfield: Thank you very much. I think a lot of what we’ve seen today underscores why the Bill and Melinda Gates Foundation supports projects like this. Storytelling is such an important component of how we discuss our lives, but it’s also such an important component in the developing world.

We’ll hear from Sally Canfield, who will talk about her impressive work with the Bill and Melinda Gates Foundation, where she addresses global health issues, such as TB, polio, malaria, and HIV and AIDS, among others. Sally, the floor is yours.

Sally Canfield: Thank you very much. I think a lot of what we’ve seen today underscores why the Bill and Melinda Gates Foundation supports projects like this. Storytelling is such an important component of how we discuss our lives, but it’s also such an important component in the developing world.

Much like any large organization with a head that’s someone like Bill Gates – he recently turned to us and said, “I’m on the ground
If you are able to boil it down to a single story about an individual in a village or in a country who is representative of what is happening throughout the country, people respond so much better.

Sally Canfield

So for us, that meant, “Oh my God, what are we going to do?” We didn’t know. We thought that information was out there. And what we found among our partners was that the data and the information we were using was about 20 years old. We had not even known what was going on on the ground, from the groundbreaking programs that we had recently started here in the U.S. and around the globe since 2004.

We found that everybody had anecdotal evidence, but no one knew what was actually happening. If you talk about not knowing what the negative stories are, we didn’t even know what the positive stories were. We didn’t know that polio is now 99% cured – we have four endemic countries left – that approximately 1.2 million lives have been saved over the last five years because of the U.S. President’s Emergency Plan for AIDS Relief, or PEPFAR, program, that bed nets are now a fairly common practice in developing countries.

What we wanted to do was tell that story. And Bill and Melinda wanted to tell that story. So we started to compile this.

The other point that was made tonight, which was incredibly important, is that all these numbers are overwhelming. But if you are able to boil it down to a single story about an individual in a village or in a country who is representative of what is happening throughout the country, people respond so much better.

I’m here in D.C., a city that everybody prides themselves on being knowledgeable about every topic at all times...

(Laughter)

...we did some great focus groups with people who we felt would know what was going on. These are people who said, “I read four newspapers a day, watch all the cable news shows, I know everything that’s happening.” We found they had absolutely no idea what was happening in global health. They had the exact same stereotypes of aid and foreign aid that you would see on late-night C-SPAN call-in shows.

(Laughter)

Foreign aid goes into the pockets of dictators, foreign aid is wasted. Fifty percent of the U.S. budget goes to supporting Egypt, or whatever. I mean, it was completely skewed. And we thought, “Oh, my goodness, we have so much work to do about telling people what is actually happening in the developing world, especially since these programs have just started.”

So we came back with this information to Bill and Melinda, who were stunned. They couldn’t believe this was happening. We’ve made a lot of progress. But so much more needs to be done. No one is telling the story.

We reconvened and decided to start a project called the Living Proof Project. If you go to www.livingproofproject.org, there is not only a number of small three-minute videos, which we gear that to the D.C. audience, so it has the time span of a flea. But we sent former Nightline producers out into the field. We gave them our contacts and said, “Go find the stories. Go find what’s out there.
Tell us what's happening in the field."

We came back with some fascinating stories. And believe me, there are tons of stories that could be told that are negative, and they should be told. But there are also a ton of stories that can be told that are positive.

There's a story that we call “Barber Shop.” It's about a woman who is HIV-positive. She got it from her husband. He wouldn't let her get tested. He eventually passed away. So she got tested, in addition to everyone in her family. And they are all positive. But they're also all getting ARVs from the PEPFAR program.

She started a barber shop in her village in Ethiopia. And if you watch the video, she asks everybody when they come in, “Have you been tested, and what is your test result?” And believe me, after you get that haircut, you better go get tested or else she's going to find you.

I think that these are the things that we need to talk about. Here in D.C., we have so much partisanship, and we have so much negativity. But the reality is that global health is probably one of the areas that we can all agree on. That's been through the last administration and through this administration. Both parties really do feel that this is an important investment.

Just to put the investment in context: the federal budget for 2010 was roughly $3.5 trillion. Of that, only $8.6 billion, or approximately one quarter of one percent, goes to global health. Not only is there room to grow (by the way – for anybody in here who's responsible for the budget)...

(Laughter)

...but it's a small amount. And that small amount is having an enormous impact.

The other thing we discovered is that it matters that we have a constituency for global health. There are so many organizations out there that have a constituency for their issue. Those people call their congressmen, they call their senator, they let it be known that they are watching the budget, that they want to see these investments made.

Up until a few years ago, people in Africa didn't have any organizations here in town that were willing to speak for them. Now we have a fairly vibrant advocacy community here in D.C. But we have to get more active, and we have to get better at telling members of Congress that there is a constituency out there that is watching this budget line, that they want to make sure that these investments are made.

It is so easy to say that these programs aren't working. Typically with foreign aid, we think that we can cut it and everybody will be happy. Not really. What we've found now is that through PEPFAR, through the Global Fund, through the U.S. President's Malaria Initiative, or PMI, these programs are working and they're working well. They deserve to be funded and that they deserve to be grown.

What we've done through the Living Proof Project is create a kit that people can take to their members of Congress. There are factsheets that you can print off and that you can bring with you. I also encourage people to go to www.One.org. This is a...
partnership that was forged a long time ago between two unlikely people by the name of Bill Gates and Bono.

Bill’s on Twitter now, by the way, in case anybody wants to follow him. And he has some interesting insights on things.

ONE is really one of the most effective advocacy arms we have here in D.C. They have two million people on their service. They make a difference. They make a difference to your member of Congress, they make a difference to your senator.

We have to make our voice known because this is a really tough time for us. Tell the story in a positive way by talking to the American people about investments that were made in global health. Not only does no one in D.C. know about it; try to extrapolate that across the country. No one knows what the U.S. has done.

Bill Gates recently testified in D.C. One of the things that he said in his testimony is that the investments that we’ve made in global health are some of the greatest investments that the U.S. has made since the Marshall Plan.

There are so many people in Africa who have been saved by these programs and we don’t talk about it enough. We don’t talk about what has happened, and why, and make the case that these programs need to stay in place, they need to be extended. Because they’re working. In a town where there’s a lot of programs out that can say aren’t working, these are working.

I encourage you to sign up for ONE. I encourage you to go to our website. I encourage you to talk to your members of Congress and say, “This is important to me as your constituent.” Because that’s the only way that we are going to make sure that these programs stay in place.

I thank Sandra and Hollywood, Health & Society. I think that we’ve shown now why storytelling is so important, and these components are so important, and that if we don’t start to educate ourselves, our friends, our families, our neighbors, then these stories don’t get told. To that extent, this is important. This is why we’re so excited to be a partner with them.

So, thank you.

(Applause)

Sandra de Castro Buffington: So my one quick follow-up question for Sally is – do people know what global health means?

Sally Canfield: Oh, that’s a great question. No.

(Laughter)

Sally Canfield: To be really honest with you, no. In the focus groups that we did in D.C. and around the country, we asked what global health meant. The answers were as wide and as varied as you can imagine. People thought that it had to do with all sorts of things that had nothing to do with HIV or malaria or TB, or any of the issues we talk about. They thought global health meant something here in the U.S. They thought it meant – and this is a new one – health tourism. No, this is not about getting facelifts in India.

(Laughter)

This shows me that we have such an important part to play in education of our Congress, our friends, our family, our neighbors. It behooves us to go out there and talk about these issues. How do you take one story and extrapolate that to mean that this one person in this village got the ARVs, and that’s replicated two and a half million times across Africa?

We assume that we know what it means, because we talk about it all day long. But I will tell you, if you look at any of the data that...
we produced on the Living Proof Project, there's a long way to go.

Sandra de Castro Buffington: Thank you.

Now we'd like to take questions from all of you.

Audience member: Hi. I'm with the Consultative Group to Assist the Poor, which is housed at the World Bank. I've seen some of these clips before, and they always get to me. It's obviously such a powerful medium for effective change.

Since you're already looking at some of these global issues, how do you see this storytelling being able to be brought to developing countries, so that these same kinds of tools could benefit behavior change in developing countries as well?

Neal Baer: The University of Southern California is supporting and doing a lot of research on soap operas in South Africa that deal with HIV/AIDS and women's empowerment, both on the radio and on television. Our shows are on in India. When I was in India, I was actually teaching writers about HIV/AIDS and how to incorporate it into their storylines, because I had done it on ER with Gloria Reuben's character, Jeanie Boulet. That was in 1994. Cut to the present: there are no HIV-positive lead characters on American television. There are in India, but not in the United States, even though HIV is still a profound problem particularly amongst young gay men and African-American women in growing numbers. So, why is it?

We can't just tell stories globally; we have to tell the stories about some of these global health issues in our own country. They're being neglected. We're trying to do that here.

People ask me about Ice-T when I go to South Africa, or they asked about Mariska when I go to India. They're watching our show, so they get these stories. There is some interesting work that's been done recently about how American television changes women's lives in particular.

There's a writer for foreign policy named Charles Kenny. He's written some really interesting pieces on this. American television shows women that they can have jobs, that they can be educated. There's a real positive element beyond health, but in living, that these stories tell.

Fortunately, there are new shows being done around the world in individual countries, in Afghanistan even, right now. So that's where there's a lot of possibilities. The work that is being done in Latin America as well is pretty interesting.

Sandra de Castro Buffington: Thank you for that question.

As Neal said, we know that the reach of U.S. programs is worldwide. I spent a lot of time in the Middle East over the last 12 months showing clips and showing impact results, and talking with people about our model, really bridging the creative community with public health. People would come up to me afterwards. They know every show in the series of Law and Order: SVU or in Grey's Anatomy. They know them better than I do. And so these shows are being watched.

I remember asking some women in Oman why they watched these shows. And they said, “Sandra, this is the only way we can learn how justice is delivered, or how healthcare is delivered.” And
they do watch the programs.

But what Hollywood, Health & Society will be doing in partnership with the World Bank is we’re going to set up a network of centers for entertainment education, like Hollywood, Health & Society, but in the major media markets around the world that serve developing countries. We’re looking at India, Egypt, South Africa and Brazil, and eventually Mexico and Nollywood, Nigeria. There are many campaigns, and there are many individual soap operas and programs around the world that have social content.

But we don’t know of any sustained and systematic models of outreach that provide on an ongoing basis accurate content on development issues — whether it’s health, or conflict transformation, or finance or the environment. So that’s the model we’re moving to. We envision having a network of centers with the hub in Hollywood. Because every creative community in the world wants a connection to Hollywood. So that’s our plan.

Neal Baer: New media has a huge and profound place for health storytelling. In India, for instance, where culturally it may be still somewhat taboo to discuss sex education in the home, the Indian cell phone company has provided video games where young people can go on for free and learn sex education.

And so this is all happening. And if you read a book called Design Revolution by Emily Pilloton, she explains 100 different design innovations that are changing the world, and this is one of them. One out of three people have cell phones in Congo. Women use cell phones in Congo to inform each other where rapes are occurring.

Mobile phones move beyond laptops. Because everybody doesn’t have a laptop, we don’t have the satellite structure yet to connect everybody through laptops. But mobile phones, yes. That’s where we have to start thinking. But how can we do that? I could take a clip and embed it on a mobile phone, for instance. There’s a lot of very interesting work going on where storytelling can lead the way on mobile phones.

Sandra de Castro Buffington: Sally?

Sally Canfield: New media really has to be taken to the individual level. Someone once told us that no one should go to Africa or the developing world without a flip phone. We’ve been toying around with the idea of having a Living Proof channel on YouTube, so that anybody who wants to go and put up their own story can. That can go viral. What we’ve learned in the past several months is that once that goes viral, it goes pretty fast, even globally.

We can tell stories and our partners can tell stories, and people on the ground can tell stories – that can be uploaded via camera phone or what have you. That there’s an opportunity that we have to be willing to take a gamble on.

Sandra de Castro Buffington: Who’s next? Yes?

Audience member: I recently started at Georgetown School of Foreign Service studying media and politics. And I was wondering what you think could be done specifically in Hollywood for executives and writers, and actors and actresses, to convince them to incorporate these global issues of health and development in shows like Gossip Girl that have a younger audience.

Sandra de Castro Buffington: That’s our job at Hollywood, Health & Society. So that’s what we’re working on.

We’ve been holding panel discussions at the Writers Guild of America, West. We have a partnership with the Guild. The president of the Guild is the co-chair of our Advisory Board with Neal. We bring in experts on global health. We bring in people who can tell real stories of real people – case studies. This is what inspires writers.
If you want content in TV storylines for any age group, you’ve got to work with the writers. People often think it’s the celebrities. And Mariska is unique. But it’s really the writers behind the stories who are creating this content and have the power to put global health into a storyline. So that’s our primary audience.

It hasn’t been that easy. From my experience with writers, they tend to write about things they know, they’ve experienced, they care about. So you’ve got to really inspire them. And to get someone to really understand what it’s like in a developing country when they haven’t been to a developing country is a challenge.

Sally Canfield: Firsthand experience is incredibly important. We found that through members of Congress, through people who are policymakers, by taking them to clinics, taking them to places of conflict, it is a profound experience and it changes you forever. I can’t tell you how many people who we’ve taken on a trip, or who I’ve gone on a trip with, who came back and said, “What can I do to help?” It’s probably the singularly best way to invest money in terms of trying to change people’s minds.

Audience Member: Good evening. I’m a pediatrician and past president of American Academy of Pediatrics. One of the stories that needs to be told is about vaccine-preventable diseases. The difference in what’s happening in the U.S. versus what’s happening in the global community is just unbearable for someone who knows about these diseases.

People in the U.S. are refusing to get vaccines because they’ve never seen these diseases. Overseas, you’ve got about 200,000 to 300,000 children dying from measles, or from complications from measles. This contrast in terms of people refusing help versus what’s happening in the global community – where we need to get more vaccines to children – is certainly something I hope you can work into a story, if it hasn’t already been done.

Neal Baer: We did it last year, right, with Hilary Duff. We like to ask questions that are the basis of our show. So we asked the question, “What is a parent’s social responsibility to vaccinate?” We know that a lot of parents have various points of view about vaccinating their own kids. But what happens when you don’t vaccinate your child, and your child comes down with measles? And in fact, Mariska’s husband, Peter, who’s an actor, was the lawyer in that episode with Hilary Duff. What happens when your child exposes another child, in this case, a 10-month-old, who can’t be vaccinated because she’s too young. And then that child dies from measles? We had data about the last measles epidemic in United States, where 123 kids died between 1989 and 1992.

We put it out there for people to talk about because there are very strong issues and strong beliefs in the United States. We haven’t done it on an international basis. But I imagine we could, because people come to the U.S. with, say, polio. But the good thing, as I said about our show, is it’s repeated a lot.

We purposely cast Hilary Duff. I figured, “How do I get young people to watch this episode?” Well, I’ll cast a young icon. And so, it got a lot of attention.

People didn’t agree, but they talked about it. And they talked about, “What is my responsibility?” I know how I feel about my own kid. But it broadens the thinking a little bit, and it’s tough.

So we have done it. But it certainly can be done by many, many shows.
Sandra de Castro Buffington: And on an international basis.

Sally Canfield: Right.

Sandra de Castro Buffington: We like that idea.

Sally Canfield: Vaccinations are the cheapest way to save a life in the developing world. Bill and Melinda just recently announced at Davos a $10 billion commitment over 10 years to vaccine development and distribution. It is one of the most important things that we can do. They wanted to have this next 10 years be the decade of vaccines.

We have to take this seriously. It is absolutely one of the most inexpensive ways that we can save lives.

Audience member: I’m wondering what some of the side effects are, psychologically speaking, when you have a media bringing in external ideas rather than extracting them from the indigenous communities.

So let’s say, for example, something like addressing the obesity situation in America – what can you learn from these communities that you’re teaching?

Sandra de Castro Buffington: We look at the social determinants of health disparities, which means that we’re looking at communities, and looking at the way space and place, or environment, impacts health.

For example, we’re funded by the California Endowment, and this is their main focus. We can talk to mothers from now until we’re blue in the face about feeding their children healthy foods, having the kids go outside to walk and exercise. If that family lives in an inner city, where they don’t have access to fresh vegetables or fruits, there are no sidewalks, and there are no parks, and it’s unsafe for the kids to be outside, we’re not getting at what’s happening in that community. And so we look at the environment. And to do that, we have to understand from the inside out, the reality of people day to day.

It gets back to storytelling. We need to have the stories of those people. And in fact, we do. Because of our work, the California Endowment started a story bank. They went into communities and they started having people tell their stories. And they bring the stories to us at Hollywood, Health & Society. And then we set up briefings with writers and producers like Neal. And we take these community stories to them to see if we can inspire them to turn it into a TV storyline.

Neal Baer: I met the California Endowment people through Hollywood, Health & Society. I took the project that I’ve done in Africa with Venice Arts. We gave cameras to kids in Compton, which is in South Central L.A., so that they could tell stories about what concerns them. They could share their photographs with community centers and at community centers, where they’re discussing these issues with adults. Now we’re moving into seven other cities, with the hopes that we’ll go into all of them.

These kids are telling their own stories – what affects them, what they’re thinking about. You’re learning about telling stories. We just don’t give kids cameras and say, “Hey, go out and shoot pictures.” We really talk about stories. We show them examples. Once you have a camera, it gives you a way to look at the world, to really focus. As Alcides said, “When I got my camera, I started to see my city, Maputo, in a new way.” So we give kids cameras, and they can start to see the world in a new way, in a fresh way; start taking pictures. And then they can articulate what worries them or what things they like about their community.

Audience member: I’m with a nonprofit organization called Citizens for Global Solutions. When you talk about storytelling, you’re really not telling all of the story. Because part of it is also values. You’re illuminating the values.
I’m a lawyer and I work on a wide range of issues. What occurs to me is that these health issues are not only health issues. They’re issues relating to children, issues relating to women, issues relating to justice. I would like to encourage each of you to think broadly about the values the world has, and the values we all share as human beings, that America may need to learn a little about.

Sometimes we think we lead the world in everything. In fact, at the UN Convention on the Rights of the Child, the United States is one of the only countries in the world that hasn’t adopted. Unbelievable. The UN Convention on the Rights of Women, the International Criminal Court, all of these are international initiatives that could be illuminated and which, frankly, Americans would benefit from learning a little more about. The whole world would benefit from knowing about our shared values – not just health, but justice and humanity. Thanks very much.

**Audience member.** I have to thank Sally. I work for the ONE Campaign. And to return the favor, I have to say I’ve seen the Living Proof Project. It’s one of the most compelling pieces of educational material and it will really move you. So I do hope that does get around to everyone here.

Before I get to my question, I also want to address Mariska and your project. Thank you for sharing it with us. There’s a movement now in the issues of maternal and child health, and these same women who are victims of rape are the future and hope for a lot of these developing countries. All you have to do is Google “maternal and child health” and you’ll see the amazing progress in this area. It links very nicely to what you’re doing.

Two weeks ago, I attended the testimony with Bill Gates and Bill Clinton that you spoke of. I thought it was almost a watershed moment to hear Bill Gates say that it is important – not only important, but necessary – that we have creative voices and storytellers involved in this process to make aid more effective.

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I have a background in both international development and entertainment. So I see the value of what you guys are doing to communicate these issues to others. Can you talk a bit about the overall vision, the big picture? Where do you see this movement, and what you’re doing, in 10 years? What do you eventually want this to become?

**Sally Canfield:** Thanks for the question, and thanks for the ONE Campaign’s support. This is really a test drive for us. We wanted to see if people were interested in what Bill and Melinda were talking about. Because heretofore, they really hadn’t been. People knew what the Gates Foundation was, they knew who Bill Gates was, but they weren’t quite sure what we did as an organization.

So Bill and Melinda came here to D.C. and gave a speech called “Why We Are Impatient Optimists.” They are optimistic people about what they see in the future. Bill is the ultimate optimist in that he refuses to give up on the notion that we are going to get an HIV vaccine. He knows that it is scientifically the most challenging thing we will take on. But he refuses to believe that we don’t have the minds to be able to come up with it.

Interestingly enough, at Davos, where they made the announcement of the “decade of vaccines,” almost every world leader in the developed world – including all the G8 leaders – asked Bill to come to their countries to give the same speech.
My hope is that through our own advocacy and through the use of Bill and Melinda’s voice and the resources that we have at the foundation, not only can we invest in advancements so there are permanent solutions to some of these global health issues, but that we can educate not just the policymakers, but those around the policymakers that help them make those decisions, and the public in those areas.

There was an initial spurt in the last several years around these issues, especially around HIV and malaria. But I will be very candid with you. When I talk to some people here in the Capitol, they’re like, “That’s last year.” It’s fascinating to me. I get told that there is a “treatment mortgage” now for people who are on ARVs – that we can’t spend any more money, because we’ve put too many people on treatment, and so now we have to stop. I really hesitate to have policymakers tell us that people are now treated as a financial transaction.

We hope that Bill and Melinda can start to educate people about why this is necessary, why having a healthy society and a healthy, productive people in their home countries, are going to benefit us for the long term. Over the next 10 years, I hope this becomes something that people talk about regularly.

I hope it’s something that they say, “Yes, it was a worthwhile investment by my government, regardless of whether I’m in France or America.” It was fascinating. Bill went to see the president of Italy when they hosted the G8 last year. And they were just dismissive about the commitments that they had made to this agenda. We have to hold them accountable. The Canadians host the G8 this year. Let’s hold them accountable. Next year, it’s France. Let’s hold them accountable.

They’ve made commitments, they’ve made promises. And so what we have to do is make sure that we are using our own collective voices to hold countries accountable for the commitments that they’ve made to these issues.

Sandra de Castro Buffington: Thank you, Sally.

So I’d like to thank you all for coming for what has been a wonderful, inspiring evening. I want to extend a warm thank you to all of tonight’s speakers. We’ve all made so much progress towards improving health and wellbeing worldwide. And with the ongoing help of Capitol Hill, Hollywood, and young filmmakers like Alcides Soares and others, we can unite the world in reaching our global health goals. It is possible, and we can do it.

So thank you all for being here tonight.

(Applause)