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Closing Keynote Address

Stephen Lewis

Universities in the World of Change: Global Issues - Local Impact

I am thoroughly delighted to be here and to be amongst all of you. I want to acknowledge that gracing the front table nearest the podium are young people from child-friendly Saskatoon. It gives me particular pleasure when I say that, because in the 1980s and early 90s, UNICEF initiated an international “baby-friendly initiative” to support breastfeeding, with the help of a number of hospitals and clinics around the world. From that, there grew a succession of child-friendly and youth-friendly initiatives, particularly in conflict areas where portions of a ruined village were set aside and established as child-friendly environments. Gradually, this phrase has entered the lexicon. So, to have all of you here today is particularly appropriate.

I am also glad that coming here allows me to renew my friendship with Judy Rebick. It isn't often that two amiable subversives can come together through the auspices of the academic community.

I cut my teeth on the politics of this province. I remember that it was 47 years ago that I managed a campaign in Estevan for a new young fellow just entering Saskatchewan politics for the CCF. I want you to know that you're looking at the only person you'll ever meet who has knocked on every single door in Estevan.

I want to begin, if I may, with a disclaimer. I don't pretend to any particular expertise in the subject matter. On the other hand, I have read the program with an almost religious zeal. I've absorbed and committed to memory many of the abstracts. I am thoroughly impressed with, and engaged by, the scope of the subject matters that have been covered, which are nearly encyclopaedic in scope. I am a little intimidated by the knowledge that exists in this room and the extent of the scholarship. I'm not going to pretend to approximate some of the substance that has been discussed. I would wish, rather, to stitch a number of themes together and, perhaps, approach some of the subject matter in a slightly unorthodox way.

I thought, if I might, that I would begin in this fashion. A month or so ago, I had the tremendous privilege to have dinner with twenty-five academics at Columbia University. They were from the Mailman School of Public Health, headed by a really remarkable fellow named Allan Rosenfeld, and from the Earth Institute, headed by someone who will be familiar to a number of people in this audience, Jeffrey Sachs, the internationally known economist. These two institutes are coming together to form what will be called the Center for Global Health and Economic Development in an effort to root in Columbia University a capacity to respond to the needs of the developing world, particularly on those issues that are germane to human health.

The use of the evening, really, was to have everyone around the table talk about what it was that they were doing in their academic and community lives. I listened to the conversation in considerable awe because it was, in its own way, quite overwhelming.

The activist implantation of what the mind creates gives the university setting a sense of community, and gives the community a sense of the integrity of education.

One of the people has headed the paediatric unit at the Harlem General Hospital for considerable time and has integrated her work at Columbia in the Harlem community, including a great deal of research on neonatal illness. Another person at the table was dealing with homelessness and had moved energetically to build ties between the community's homeless and the University. A number of people at the table were dealing with questions of mental illness amongst marginalized populations and using Columbia's research capacity in order to document the phenomenon. Another person had carefully formulated a variety of drug regimens for people who are both HIV-positive and intravenous drug users. Sometimes the drug regimens are slightly different, depending on the source of infection. On the two top floors of the Columbia School of Public Health is one of the most advanced laboratories anywhere in the world.

It corresponds comfortably with the Center for Disease Control laboratories in Atlanta, and it was in the Columbia lab that the West Nile virus was first identified and a response to it clinically fashioned.

Indeed, just to give you a sense of the extraordinary range and social commitment of the people around that table: there was a fellow who had been in jail for ten years because he had once medically treated a member of the Black Panthers organization during a somewhat unfortunate bank robbery where someone was killed. He refused to break medical confidentiality when descended upon by the police and was jailed first for one year, then for an additional nine years, four of them in solitary confinement. I thought, as I listened to this panorama of university engagement with the community, that I was listening to something of excitement and import.

But this is a bridge that I want to build for you here. That was only the half of it. The other half of it went as follows: all these people who built ties between the community and Columbia were also building community ties to the world. Several of them were engaged in maternal mortality programs in India. Maternal mortality in India has been one of the most vexing and troubling phenomena over the last twenty years. We haven't been able to reduce the maternal mortality rates one iota. But suddenly, the emergence of cell phones at the village level in India is giving women who have problems during labour an opportunity to be taken to a clinic or hospital in sufficient time to save their lives. It turns out that cell phones have become the strongest medical intervention in that particular setting.

These were people who were engaged in dealing with arsenic in the water in Bangladesh. These were people who were doing research on what we call the Millennium Development Goals, goals which established, in the year 2000, targets for dealing with mortality rates, maternal mortality rates, longevity rates, universal primary education, gender disparity, HIV-AIDS, and all of the efforts to reduce internationally the plagues

that molest humankind. These were people who were training doctors at the University of Natal in Durban, South Africa, linking their training with an organization called MESAB (Medical Education for South African Blacks), linking their training with the Treatment Action Campaign in South Africa, the most dynamic NGO (Non-Governmental Organization) activist group. These were people who were linking their training with the Diana Trust, which is now doing significant palliative care in a number of hospices in South Africa. This was a group that had amongst it someone whom the World Health Organization has just asked to go to Iraq in the immediate aftermath of the war to establish refugee programs.

These were people who gave me a reason for being there, because we are collectively involved, led by Columbia University, in what is called MTCT (Mother to Child Transmission). A number of clinics set up throughout Africa attempt to prevent the transmission of the HIV virus from mother to child during the birthing process by use of a miracle drug, which reduces transmission by up to 53%. All of it is done in conjunction with UNICEF, the Elizabeth Glassier Paediatric AIDS Foundation, the national government, and the Association of Women Living with HIV-AIDS.

In other words, you take the capacity of a university and extend it into the world community, and you build a series of partnerships at every level with government and civil society and activist organizations and the uprooted and disinherited of this world. And you make it possible for the community and the university to engage in a collaboration of huge dimensions to benefit humankind. I see it and honour it. I see it at work in communities like these. I see it at work in the way in which post-secondary institutions have begun to reach out, particularly to Aboriginal communities, and the way in which Aboriginal communities have linked in research terms and in practical programmatic terms with universities and colleges. This is the life of a society, just as a university pretends to be the life of the mind. So the activist implantation of what the mind creates gives the university setting a sense of community, and gives the community a sense of the integrity of education. There has never been a greater need for this kind of collaboration than at this moment. Previously, we have had a profound failure, a profound inadequacy in our capacity to respond to global problems.

I can remember quite vividly back to the Vietnam War. I can remember the great civil rights struggle in the United States. I can remember the absurdity of nuclear weapon proliferation, and stand offs. But I don't remember any time equivalent to the time we have now, where on so many fronts, simultaneously, things seem profoundly out of whack, profoundly out of control. And part of it is because the assumptions that we all made about globalization were wrong, because globalization is fundamentally not working. We had an idea that multinational corporations, that trade and investment, liberal economics, and the values of the private sector would somehow allow us to fashion through—and I use this term descriptively—we would somehow fashion through

international capitalism a sense of social justice that would unite the world. This is simply not happening.

I can remember the debate in the General Assembly of the United Nations in 2000-2001 about globalization and how the great dreams even then seemed impossible. We all thought that communication technology and our capacity to move its benefits throughout humankind would introduce an era of social justice. It clearly hasn't. And what has happened, of course, is that the difficulties, the impediments, the obstacles, the injustices have appeared to grow, and I ask you, as an audience, just to reflect on that for moment. Globalization certainly hasn't dealt with poverty. Poverty intensifies and spreads internationally even as we meet at conferences like this. Globalization certainly hasn't been able to handle conflict. My god, whether you're talking about Iraq or the Middle East or Cambodia, no matter where you look in this world, we have struggled against conflict. We haven't been able to deal with conflict, and yet in a globalized world it was assumed that somehow this would all be resolved.

I was watching the news on Air Canada today and I saw Roméo Dallaire receiving the Order of Canada, and I thought to myself, as I watched Roméo, "What a magnificent Canadian that man is, who in 1994 begged the Security Council of the United Nations to give him additional forces in order to stop or diminish the genocide in Rwanda." And the Security Council, then as now, was absolutely paralyzed in its response. And eight hundred thousand people were slaughtered in the full light of the world in one hundred days and the world raised not a finger. You have to ask yourself about the moral anchor of the international community. This was only in 1994, between April the 6th and early July, not yet ten years in the past.

Globalization hasn't been able to handle the environment. All you have to do is look at global warming and climate change and the Kyoto Treaty and all the difficulties we're having. Globalization hasn't been able to handle disease, whether it's the spread of HIV-AIDS or West Nile virus or SARS. SARS has surely triggered internationally an alarm suggesting that we're about to deal with a succession of viruses infinitely multipliable, infinitely mutating, which we have difficulty diagnosing let alone clinically responding to.

All of this is in an international community, which is supposed to be prepared to respond adequately to assaults on the human condition. So we've failed to globalize social responsibility, economic responsibility, and collective public responses. But there is more. We are coping with the emergence of a superpower whose capacity to run the world has never before been equalled, and whose pre-emptive philosophy and ideological unilateralism is really quite frightening. And whether you were for or against the war in Iraq, it is surely obvious that the United States is determined to run things as it sees fit. This is an anxiety that we will all have to live with for the next number of years.

I was absolutely fascinated in an unlovely way by the resolution that came before the Security Council yesterday, talking about the reconstruction of Iraq. The United States had no time for the United Nations regarding reconstruction. The United Nations was supposed to play a subsidiary and inconsequential role and was very much in retreat. We are emerging into an international environment the likes of which we have not coped with before. There are no competing powers; there is only one, and it's running the world with very deeply set unilateralist beliefs. And that raises for countries like Canada a question of how we link with that broader international community. I think, and it's not a matter of naïve fantasy, that all of this requires from universities and institutions of learning – from all of us – thought, analysis, response, linkage, and making sure that we keep in touch with the rest of the world while we all watch the behaviour of the superpower.

And the third item that I wanted to bring to your attention, because I think it is imperative, is that so many of the goals that the world has fashioned for itself are no longer achievable. We're not going to be able to reduce infant mortality rates by the year 2015 in scores of countries around the world. We're not going to be able to reduce maternal mortality rates. We're trying desperately to achieve universal and free primary education for one hundred and thirty million children who are out of school. Between 60 and 70% of them, of course, are girls. We're not breaking through. We're losing in terms of life expectancy because of the pandemic of AIDS. There are countries in southern Africa where life expectancy has declined from 60 years to 38 years of age in the course of a decade. It's almost unimaginable. I heard a news report yesterday that by 2010 it is anticipated that the average life expectancy in Zambia will be thirty-three. This is a country whose life expectancy could have legitimately been 55 or 60 or beyond had this pandemic not invaded the land. And we're still having tremendous difficulties around problems of equality where gender is concerned. Indeed, gender inequality is turning out to be one of the true, almost diabolical, difficulties besetting women as we move into the twenty-first century.

One of the millennium goals, which we just haven't been able to crack at all in a serious way, is dealing with HIV-AIDS. That's the fourth item I wanted to mention before building some of these relationships, partnerships and collaborative activities for you. I don't want to overdo it because it consumes my life. I want simply to ask all of you, whom I insist on viewing as friends, to recognize the point that we have never had anything equivalent to HIV-AIDS. It is absolutely without historical precedent. The scientists are now talking of the possibility of a hundred million deaths or more before this pandemic is over. Try to imagine for a moment three times the population of Canada wiped out in a period of thirty years. The Black Plague in the fourteenth century did not approximate what is happening with the pandemic of HIV-AIDS. And we will lose more lives to AIDS than we lost in the two World Wars of the twentieth century, military and civilian casualties put together. I never know how to truly convey the wrenching horror that exists out there.

This virus is moving inexorably into China, India, Russia, Eastern Europe, and the Caribbean, even though Africa is the epicentre. That is where I spend my time; that's my job. I know that if the pandemic builds in India and breaks through to China, I have no idea how the world will cope.

And let me make this point to an audience that cares about social issues: The pandemic is focused ferociously on women. I don't know how often that has to be said for people to understand that we have never had a communicable disease that so selectively isolates the most productive age group between 15 and 49, and then goes after women because of the nature of gender inequality. In the presence of AIDS, gender inequality in Africa and most developing countries is fatal. So you have thirty million people living with the virus in southern Africa and 58% of them are women. And if you look at a more narrow age category, between 15 and 24, ten million people are living with the virus, and 67% of them are women. We are depopulating whole parts of the continent of its women.

And we're seeing male predatory sexual behaviour. Intergenerational sex is a problem, where older men are demanding sex from young women and young girls who have no sexual autonomy at all, have no ability to say no, or to demand the use of condoms.

And so the virus multiplies, and the prevalence rate amongst women rises to levels that are devastating. In the small country of Botswana, if you are a young woman of between the age of 15 and 19, the prevalence rate is 26%; if you're a young woman between 20 and 24, the prevalence rate is 43%; if you're a young woman between the ages of 25 and 29, the prevalence rate rises to 51.2%. One of every two women in that age range has been served with a death warrant. And these women are so strong, so resilient, because not only are they ill themselves, but they carry the entire burden of family as women always do. They look after their husband, who usually dies first, and then they get ill. They look after others in the community, and then they look after the orphans. They carry the burden of care.

We talk about voluntary home care; there is nothing voluntary about conscripted labour. It is the kind of thing which women do unacknowledged and unpaid, sustaining entire societies around the world. But when they themselves are shredded, when their lives are taken away, destabilization of the entire community is really cause for anxiety.

Then, there are the orphans, million upon millions of orphans. I just can't get over it. There's no country in southern Africa, I think, with a prevalence rate over 20% that doesn't have more orphans than the entire population of the province of Saskatchewan. Every single country with a prevalence rate higher than 20% now has a million orphans and more. And these kids end up staying with their grandparents. Grandmothers are now the essential vehicle of orphan care in large parts of Africa, and when the grandmother dies you end up with child-headed households. These are sibling families, with young

girls looking after sibling kids. They are embraced by the community, but the community is improvised, it can't handle the extra children. They wander the streets, they are bewildered, they're angry, they're anti-social, they're hungry, they're not well-clothed, they don't know what love and nurturing is. The pandemic has gone on for twenty years now. They are having their own children. How in god's name do you bring up your own child if you've never had the nurturing of a family?

These are tremendously difficult questions and I want to make this point: whether it is the phenomenon of the burden of care, which women handle, or the phenomenon of the orphan child abandoned, desolate, wounded, and angry, we haven't yet cracked the way in which society should respond. We haven't even done the research on where the orphans are and what the economic consequences are for women when they lose the economic and personal security of the family. So, again, there are such obvious bridges to be built between research communities—a thinking community—and the community out there. It so much warrants assistance.

I think it is important to say that whole sectors of African society are shredding. The agriculture sector has begun to shred because we have lost seven million farmers since 1985, and are likely to lose 16 million more by the year 2020 in southern Africa. They are almost all women, and when you don't have enough farmers to plant the seeds, till the soil, and take the products to market, then people don't have food. And when you have hunger in combination

with the attack on your immune system, then AIDS progresses that much more rapidly through the body towards death. The education sector is being torn apart in some countries. Two thousand teachers in Zambia die every year while fewer than a thousand graduate from teachers college. You tell me how you handle that kind of situation progressively and cumulatively over the life of a country?

I met with a Minister of Agriculture in an African country a few weeks ago. He said to me, "Stephen, last week I met with a delegation from the European Union." I said, "Why are you telling me this?" He said, "Because they brought ten people to the meeting and I went alone." I said, "Why did you go alone?" He said, "Because so many of my senior people are dead or ill, I had absolutely no one to take with me." The health sector falls apart, as does the police, the military, the security apparatus, and the private sector. You get a sense of a country fighting for its survival, which is the language that is used by presidents and prime ministers. I have heard words like "extinction" before, but I'd never heard those kinds of words being applied to Africa.

I want to make this point because I think it is terribly important. There is no reason for this; the pandemic can be stopped in its tracks. We absolutely know what to do: We

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know how to care for people. We know prevention programs, a multiplicity of creative, ingenious and effective prevention programs. And we know about treatment; we know about antiretroviral drugs that generic brands have now driven down in price to less than three hundred dollars per person per year. We know that we can prolong and save millions of lives. We simply haven't been able to summon the resources to do the job. We'll spend a hundred billion dollars on the Iraq war when all is said and done, but we can't raise seven or ten billion dollars a year internationally to handle AIDS, tuberculosis, and malaria. And I think it says something about the balance of moral weight internationally. It says something about fascination with financial architecture and our indifference to human priorities.

So I mention all of these things—the globalization phenomenon, the superpower phenomenon, the Millennium Goals, the reality of HIV-AIDS and the way it wrenches whole communities, families, and individuals apart—I mention it all because in the developing world there is generally a desperate need for collaborative interventions. And I've often thought that universities should be the source of those interventions. The partnerships you want to build with communities, you do so in your own areas. These are partnerships that can extend beyond Canada's borders but rarely ever do. Do you know that the University of Manitoba, in conjunction with the University in Kampala, Uganda, has now trained a hundred physicians in how to provide treatment for HIV-AIDS? Training a hundred doctors is an extraordinary contribution, which a Canadian university is making to aid the survival of a country.

When I was in Kenya just two to three weeks ago, I was working with a group of Canadians, again, interestingly enough, from Winnipeg, who are engaged in a project with commercial sex workers in one of the worst slums. They are performing intensive prevention work with over a hundred prostitutes who are engaged in survival sex work because they are desperate for a few pennies to keep their families alive. But here you have Canadians supporting an admirable and innovative HIV-AIDS prevention program, and doing it within a university in conjunction with NGO activists in another country.

As UN Special Ambassador on HIV-AIDS, I was immediately contacted by people from St. Francis Xavier University, particularly from a woman, Mary Coyle, who heads the Coady International Institute at St. Francis Xavier, which does work on international development. She said, "We want the whole university to respond to this. We've got our alumni, we've got our students, we've got our faculty, and we've got our support staff. They all want to get involved, this university wants to reach out." So I said, "What do you want me to do?" She said, "Can you make overtures for us?" I said, "Sure, let me suggest to you the country of Botswana because it has the highest prevalence rate in the world, and let me suggest to you the country of Rwanda because it's gone through a genocide and because you have a bilingual capacity." So they said, "Fine, let's do it." They don't have a medical faculty at St. Francis Xavier. The head of education, the head

of nursing, the head of alumni, and Mary Coyle met with everybody at every level, right up to the president in those two countries, because the countries are so welcoming to anyone who wants to help. And now they have student interns working with National AIDS Councils, working in clinics in the countryside, training teachers so that when I travel internationally, people from Botswana and Rwanda approach me and thank me for what St. Francis Xavier is doing in their countries. This one little university has reached out and has had a fundamental impact.

Just a few weeks ago, I met with medical faculty of the University of Toronto who want to figure out how they can do palliative care and research in southern African countries beset by the virus. Again, one has the sense of the university reaching out.

I don't romanticize universities. I had a woeful university career. I attended four post-secondary institutions of celebrated higher learning for a number of years and I never managed to acquire a degree. I have spent my entire adult life shamelessly lusting after honorary degrees. I already have one from Saskatchewan, so don't worry about it, although I know there are two universities. Well, I did say that I was shamelessly lusting. I am entirely open with my motives. I want to acquire through the back door what I could never acquire through the front.

I simply want to say that, as I sat that night at Columbia, I listened to the way that people's lives were so engaged in improving the human condition. I think of the strength, the idealism, the creativity, the character of a community of learning, and its capacity to excite others to engage with it in resolving issues in the community, or allowing the community access to it so that there are no obstacles, there is no sense of barrier. This is one of the great collaborations in the modern world. This can remedy a great deal of what is otherwise out of whack, and I urge you, therefore, to continue to consider it. I see from the synopses of the various abstracts that that is what you've been doing for the last couple of days. And I truly and deeply salute you for it. Thank you for having me.

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Stephen Lewis is currently the UN Special Envoy for HIV/AIDS in Africa and has had extensive experience as a politician, diplomat and humanitarian. Known formerly as Deputy Executive Director of UNICEF, Canada's ambassador to the United Nations and a prominent labour relations arbitrator, Lewis is a respected advisor and commentator on public issues.