

NATIONAL PRESS CLUB LUNCHEON WITH BARBARA BUSH

SUBJECT: DISPARITY IN HEALTH CARE BETWEEN RICH AND POOR

MODERATOR: ALAN BJERGA, PRESIDENT, NATIONAL PRESS CLUB

LOCATION: NATIONAL PRESS CLUB BALLROOM, WASHINGTON, D.C.

TIME: 12:30 P.M. EDT

DATE: WEDNESDAY, MAY 26, 2010

(C) COPYRIGHT 2008, NATIONAL PRESS CLUB, 529 14TH STREET, WASHINGTON, DC - 20045, USA. ALL RIGHTS RESERVED. ANY REPRODUCTION, REDISTRIBUTION OR RETRANSMISSION IS EXPRESSLY PROHIBITED.

UNAUTHORIZED REPRODUCTION, REDISTRIBUTION OR RETRANSMISSION CONSTITUTES A MISAPPROPRIATION UNDER APPLICABLE UNFAIR COMPETITION LAW, AND THE NATIONAL PRESS CLUB RESERVES THE RIGHT TO PURSUE ALL REMEDIES AVAILABLE TO IT IN RESPECT TO SUCH MISAPPROPRIATION.

FOR INFORMATION ON BECOMING A MEMBER OF THE NATIONAL PRESS CLUB, PLEASE CALL 202-662-7505.

ALAN BJERGA: (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Alan Bjerga. I'm a reporter with Bloomberg News, and the President of the National Press Club. We're the world's leading professional organization for journalists and are committed to our profession's future through our programming and by fostering a free press worldwide. For more information about the National Press Club, please visit our website at www.press.org. To donate to our programs, please visit www.press.org/library.

On behalf of our members worldwide, I'd like to welcome our speaker and our attendees to today's event, which includes guests of our speaker as well as working journalists. I'd also like to welcome our C-SPAN and Public Radio audiences. After the speech concludes, I will ask as many audience questions as time permits. Now, I would like to introduce to you our head table guests.

From your right, Robert Schlesinger, opinion editor for *U.S. News and World Report*; Geraldine Ryerson-Cruz, international news manager for the relief and development agency, World Vision; Abeer Abdalla, arts and culture freelance journalist; Rick Dunham, Washington bureau chief for the *Houston Chronicle* and Hearst Newspapers, and President of the Eric Friedheim National Journals and Library at the National Press Club; Jeff Sturchio, President and CEO of the Global Health Counsel, and a guest of our speaker; Susan Page, Washington bureau chief of *USA Today*; Jenna Bush Hager, Baltimore educator, *Today Show* correspondent, and a guest of the speaker; Andrew Schneider, associate editor for Kiplinger and chairman of the Speakers Committee.

Skipping over our speaker for the moment, Linda Kramer Jennings, Washington editor of *Glamour* magazine and professor of journalism at Georgetown. She's the member of our Speakers Committee who organized today's luncheon; Jean Case, CEO of the Case Foundation, and a guest of the speaker; Lynn Sweet, *Chicago Sun Times*, Washington bureau chief and Politics Daily columnist; Charlie Hale, cofounder of Global Health Corps, and a member of the Public Policy team for Google; Maria Recio, Washington bureau chief for the *Fort Worth Star Telegram*; and Emily Walker, Washington correspondent for MedPage Today, and a new member of the National Press Club. Thank you. (Applause)

Although she now lives in New York City, today's speaker is no stranger to Washington. She was seven years old when her grandfather became the 41st President of the United States. She was 18 when she returned to the White House as the daughter of the 43rd President. Barbara Bush is the elder of the twins born 28 years ago to Laura and George W. Bush. She's named for her grandmother, the former first lady. When her father was Texas governor, she attended high school in Austin, where she played softball, ran cross country and was voted most likely to appear on the cover of *Vogue*.

In 2004, she prepared to graduate with a degree in humanities from Yale, the fourth generation of her family to attend. Barbara fulfilled that high school prediction when she and twin sister, Jenna, appeared on *Vogue's* cover. A few months later, the twins shared the spotlight again to introduce their father at the Republican National Convention at Madison Square Garden, where Barbara said that she and Jenna "were really not very political, but we love our dad too much to stand back and watch from the sidelines."

These days, Barbara lives in a fifth floor Manhattan walk-up. After working in educational programming at the Cooper Hewitt National Design Museum, she helped form the Global Health Corps two years ago and is now the nonprofit's president. Her interest in global health equity was inspired by her father's HIV/AIDS initiative and the time she spent interning after college at a children's hospital in Cape Town, South Africa, and later for UNICEF in Botswana.

She also has traveled extensively through Africa with the U.N. World Food Program. Once described as "the reserved" or quiet of the twins, Barbara is now speaking out about a cause in which she believes. Welcome to the National Press Club, Barbara Bush. (Applause)

MS. BUSH: Thank you, Alan, for my introduction. I never thought at age 28 my most likely to be prediction from high school would come back at the National Press Club. But I'm glad it did. Anyway, I'm so happy to be here today. I wanted to thank a few of Global Health Corps's friends that are joining us; Jeff Sturchio, who is the head of the Global Health Council, which is the other GHC, he's been an amazing cheerleader for Global Health Corps and I'm thrilled that he's here. And I also have Jean Chase, who has-

- she and the Case Foundation supported Global Health Corps from the very beginning which we are so appreciative. So thank you, Jean.

And Charlie Hale is one of our other cofounders. He actually works for Google and he is in D.C. representing Google at the National Geographic Spelling Bee today, so I'm thrilled that he could come. And I also have Geeta Gupta, who is wonderful. She is one of our advisory board members, and she has been really instrumental in Global Health Corps so I'm thrilled. She's sitting in the back, I'm thrilled that she could make it.

And lastly, I wanted to thank my sister who is here today. She, ironically, is now a member of this club. She is now, to my surprise and to my family's support, a member of NBC's *Today Show*. And so now she is a member of the press, formerly the enemy. (Laughter) So I'm thrilled that she could be here today. And I'm thrilled for all of the National Press Club members and other distinguished guests for joining us. Thank you so much for the warm reception here.

I'm excited to talk to you about my organization, Global Health Corps, and the work that we are now doing to promote global health equity. From maternal and child health to nutrition, to malaria and HIV/AIDS, global health is an issue that has drawn the attention of presidents, world leaders, heads of business and religious groups, artists and musicians and compassionate people all over the world.

But, it is also an issue that has captured the imagination of my generation, a generation of technology, a generation that is increasingly global, globally connected and globally engaged. The global health challenges facing our world today are real and they're very serious. As many as 500,000 women die as a result of childbirth every year. Approximately nine million children die under the age of five. Every 30 seconds, malaria kills a child in Africa. And the number of people living with HIV/AIDS worldwide grows by one million every year. Fewer than four million of the 14 million who need immediate treatment are actually receiving it. Each year, millions of people die from preventable and treatable illnesses. These are very daunting statistics, and sometimes they tend to spark dire headlines, headlines that cite a failing war on AIDS, or call attention to the seemingly insurmountable deficits in the funds needed to save lives.

But what those headlines and stories sometimes miss is the ever-growing interest of people in our generation to take on these global health challenges and to serve on the front lines in a global movement for greater health equity. These headlines do not mention the tenacity and optimism of a new generation of leaders that are committing their lives to making change. For my generation, these health crises aren't something we're willing to just read about and hope to solve some day. We're engaged now.

According to reports last fall by the Consortium of Universities of Global Health, the number of students enrolled in global health programs in the U.S. and Canada has more than doubled in the last three years. And to meet this growing interest, more than 55 universities have established formal programs in global health. Groups like the One

Campaign have piqued the interest of hundreds of thousands of young people who want to engage in changing the unacceptable status quo of health.

My own interest in global health grew out of my experience traveling with my parents in Africa, first in 2003 when the President's Emergency Plan for AIDS Relief, PEPFAR, was being launched, and then later on my own to work in South Africa and Botswana. I vividly remember standing next to a tiny, precious girl who was lying down dressed in her fanciest white and lavender dress. I didn't know the detail of that child's life, only that she was too sick to stand. And though she looked like she was three, she was seven. Her mother dressed her up and brought her in her fanciest outfit to see the American President who was visiting her country. And sadly, she didn't live much longer than that.

And at that moment, I was 21 years old and I really could not wrap my brain around this image. But, that type of memory was paired with amazing, brilliant memories of meeting just totally engaged and totally committed healthcare workers that were working to support girls like this and her family members. So, after I went on that trip, I came back to the United States and I was desperate to work in this field. I wanted to do anything that I could to change the fate of that little girl.

So, I went back to college, I enrolled in as many global health classes as I could, and I searched for a program like Global Health Corps I didn't find one, so I ended up moving to South Africa and working at a children's hospital following college. And after that experience, and after working for over a year, I returned to the United States and I began talking with others about how to harness the interest and the energy and the passion of other young people looking to make a difference in global health. One of the primary challenges that we saw was the false assumption that you can't work in global health if you aren't a medical professional, the idea that global health work is only done by people with medical training, doctors and nurses.

The truth is that the complexity and the scope of today's challenges require people with diverse skills from a wide range of backgrounds in medicine and beyond. To truly bring about innovative, sustainable solutions, we must engage people with skills ranging from education and psychology to technology to computer programming to monitoring and evaluation, to program management and business methods, and beyond. To truly shift the tide of global health, we need new innovative solutions and we need an amplified public mobilization.

Global Health Corps grew out of my desire, which was shared by my colleagues, to harness all the passion, the energy and the skills of young people in our generation to confront the global health challenges facing our world today. We wanted to give young leaders, regardless of their skill sets, the opportunity to engage effectively right now. We had been inspired by seeing organizations like City Year and Teach for America that had effectively promoted service in their fields and shifted the mindsets of young people that were graduating from college to approach education as a career choice.

Global Health Corps works with our partner organizations, including the Clinton Foundation and Partners in Health to identify an area of need. We then recruit recent college graduates and young professionals for yearlong placements within these organizations. Fellows work in teams of two, one fellow from the country where they're serving partnered with an international fellow. Our fellows are currently from six countries right now, from the U.S., Tanzania, Malawi, Haiti, Burundi and Rwanda. And so they are truly a cohort of global young leaders. Our fellows do the fellowship and they're supplemented by mentorship from great leaders in the health field and other related fields, along with retreats, training and community building.

Not surprisingly, we received a great deal of interest in our fellowships as they offer a unique opportunity for young people to have an immediate impact. Last year, we received more than 1,200 applications for our first class of 22 fellows. And this year, the entrance has continued to grow exponentially. Our current fellows have been on the ground, working for just over ten months in Malawi, Tanzania, Rwanda, and here in the United States in Boston and in Newark. From training hundreds of nurses in Newark on how to communicate effectively with their patients, to counseling homeless teenagers on how to advocate for themselves and stay healthy, to improving the availability of health records and information in Tanzania to opening a brand new district hospital and pharmacy in Rwanda, they are making a lasting difference.

So now is the fun part, I get to tell you about some of them. One of our fellows is Ameet Salvi. He is a 26 year old from Illinois who studied engineering at UC Berkeley. After graduating, Ameet went to work at Restoration Hardware and then the Gap specifically doing supply chain management. After three years in retail, he began looking for a way to use the skills that he had to make a change. He heard about Global Health Corps, applied, and was accepted as one of our first class of 22 fellows. Only weeks after leaving his job at the Gap, Ameet moved to Zanzibar in Tanzania. His job is to do for the one million people on the island of Zanzibar exactly what he did for the Gap. But instead of working to get jeans into stores, he is working to get life-saving medicines into health clinics and into the hands of the patients that need them most.

Since beginning his fellowship, Ameet talks about what an honor it is to use his skills to offer hope for a better, healthier life to the patients that he's met. And he credits the unique vision of Global Health Corps with his transition into the retail industry into global health. It's not the career that he expected, but he's sure that this is his future, a career working for social justice.

For Jeffrey Misomali of Malawi, his work is more personal. After watching his father die of HIV/AIDS, he wanted to help save other families from knowing the same grief. Jeffrey attended the University of Malawi, earning his degree in environmental science and technology, and then he completed his graduate studies in Bristol in water and environmental management. He put his skills to use addressing water, sanitation and environmental problems that affect community health.

Then he heard about Global Health Corps and applied. Today, as a Global Health Corps fellow, Jeffrey and his partner are working to improve and expand an expert client's program. In the program, HIV positive mothers who are the expert clients, they counsel pregnant women that are HIV positive who are expecting new children. They counsel them on the importance of HIV prevention, testing and treatment. These expert clients are mothers themselves, aware first hand of the issues positive mothers and positive caregivers face.

Weekly, Jeffrey visits his expert clients in different districts to hear their success stories to provide them with support and to make sure they have what they need at clinics. He checks in with them to make sure they feel that they've been able to successfully counsel expecting mothers and help them improve their life, or stop the spread of disease to their unborn child. Jeffrey and his partner, Emily, ask their expert clients to write down their success stories so that faces and names can be paired with statistics.

Statistics like the fact that one in four people live with HIV in the district where they work. And, as they point out, that's roughly the same statistic as how many people own an HD TV in the U.S. When visiting one expert client, Jeffrey was worried that she might not have any success stories. She had been very frustrated dealing with stock outs of HIV test and medicines, a continuing very harsh stigma of HIV in their community and high patient needs and numbers.

Jeffrey and Emily reluctantly asked her for success story, assuming she would have been too discouraged to write one. Instead, Jeffrey said, she excitedly grabbed her notebook and showed Jeff and Emily the story she had written. And as Jeffrey reached to tear out the page to take it with him, he realized the notebook was full of success stories due to positive reactions of HIV positive mothers. Based on her counseling, thousands of HIV mothers were not having children with HIV based on this program. Jeffrey's work is succeeding and making sure that other families don't have to suffer due to the loss of someone they love.

One of our fellows is named Soline Mugeni. She is Rwandan, but she actually grew up in the neighboring country, the Congo, because her family fled the violence that engulfed her country in the mid 1990s. Soline, after living in the Congo and graduating from high school went to Canada to get her master's degree in community health services. But while she was in Canada, she knew that she desperately wanted to return to her country to help in the rebuilding process.

Today, she is working for the Clinton Foundation in Burera. Burera is a district in the north that was really badly hurt by the genocide. Specifically, Soline works alongside community health workers. These are individuals who provide healthcare provision for their neighbors. They're really the backbone of the healthcare society in these tiny communities, in these rural communities. In Rwanda, community health workers are not paid. So most of them hold two or three other jobs just so they can volunteer as a community health worker.

Soline helps them to create cooperatives, to provide financial resources for their work. This program that Soline is working on is a pilot program, and if it proves successful, it will be scaled across the entire country of Rwanda. She is already working with 15 cooperatives, each with 50 to 150 members in it. She is making a huge impact in the health of communities in Rwanda today, and a huge impact in rebuilding the healthcare system in her country.

Soline says that everyone has a right to live in a good, healthy environment, one that has clean water, where children can go to school and where children feel safe. Soline wants her work with Global Health Corps to not only help rebuild our country, but to rebuild the Rwandan people's hope for a better life. So these three examples that I just shared with you are all of fellows working in Africa.

But Global Health Corps also works in the United States, right now in Newark and in Boston. United States is certainly not immune to global health challenges. Bertha Pham is one of our fellows working to improve global health equity in Newark, New Jersey. She graduated from Yale, where I went, and soon afterwards she joined the Peace Corps in Mali. She served as a Peace Corps volunteer for two years and then she returned to the U.S. to receive her post doc from Columbia. She had little experience working in the U.S. and was curious and excited to serve as a Global Health Corps fellow to lessen inequity in her own country.

She now works on a day to day basis with homeless youth in Newark, personally escorting them to doctors appointments, counseling them on life with chronic illnesses like diabetes, walking them through the procedures of signing up for Medicaid, and educating them and supporting them with dealing with illnesses like HIV. Bertha's experience working in Newark, ranging from helping an epileptic find medical care without insurance, to collaborating with a mobile healthcare unit from UMDNJ have made her acutely aware of the profound need in some cities in the United States. But despite the urban blight, there is tremendous potential for healthcare interventions. And with this hope, she's entering a career in medicine, matriculating at Harvard Medical School this fall.

Today, Soline, Ameet, Bertha and Jeffrey are making an impact within the health organizations serving on the front line of global health. No matter where they go after their fellowship year, they will continue to be advocates for global health for their rest of their lives.

But in order to build a movement for greater health equity, these 22 must just be the tip of the era. With each new group of fellows doubling every year for the next five years, the potential for innovative, sustainable solutions grows exponentially. And that is inspiring.

So, the next time you read or write or report about global health challenges, about the number of children dying from malaria, or the cost of treating HIV/AIDS, don't allow

the statistics to show that nothing can be done. Instead, also highlight the optimistic stories of real people making real change. Remember Ameet, remember Jeffrey, remember Soline and Bertha, and remember all the other young healthcare providers that are choosing to serve today, not waiting for tomorrow. Think about this borderless movement of young leaders who are already helping to build a more just world.

Some people, I don't know who they are, but some people say that our generation is entitled. But after meeting our fellows and reading this year's applications, I know this simply isn't true. If you know young people interested in global health, encourage and challenge them to join this movement. Encourage them to apply their skills and energy to improving global health equity. Let them know that one person can make a difference, because frankly we need them. Thank you very much. I look forward to your questions. (Applause)

MR. BJERGA: And we look forward to your questions as well here. So please, if you're watching on Press.org and you want to email something in, please do so. Or, if you have something to send up, please do so. We have a good amount of time here to have a good conversation. And that's why we like having folks like you over here at the National Press Club today. First question that we have here is actually following up on what you were talking about in terms of a person doesn't necessarily have to have a medical background to be helpful on this issue. You also gave some personal examples, including retail management, for example, of a way that a person could help. What are some skill sets that are needed that a person could look at going into this field that are not necessarily medical related, but are in demand right now for the work that you do?

MS. BUSH: So as I mentioned the way Global Health Corps works is that we partner with organizations and find out what their needs are. And honestly, the needs range. But there's been some pretty clear themes; people with technology skills, with computer management skills, are desperately needed in the health field. People with program management skills and business backgrounds are very needed. Grant writing skills are very helpful to nonprofit organizations. Monitoring and evaluation is a really big field that's lacking in the health field.

And then just general project management. But honestly, one thing that inspired me when we were starting Global Health Corps is I saw Paul Farmer speak and he said to a group of people, he said-- it was at a college campus-- and someone said, "I'm interested in working in health, but I'm not studying medicine." And he said, "Honestly, tell me whatever you're studying, tell me what skill set you have and I could tell you a way that you could apply it to the health field." And we definitely see that working in Global Health Corps in terms of the needs of our partner organizations.

MR. BJERGA: Now, how did you literally go about forming Global Health Corps? What does it take for social entrepreneurs to create an innovative project?

MS. BUSH: Well, right now I have Jenna sitting up here with me, and Charlie, and we have an amazing team that has worked with us. We have four other cofounders

that started Global Health Corps with us. And really, we all had an interest in health. We all had an interest in service, and we all actually met through starting Global Health Corps Jenna hosted us all at her house in Baltimore for a weekend and we just brainstormed about ways that we could engage people in our generation in health. And we came up with the Global Health Corps model.

And really, if anyone is interested in sort of starting their own thing, starting a startup, all you really need is people with good ideas that are willing to support you and just guts to do it. I mean, we quit our jobs and started working full time on this. And we just spoke with as many people as we could that had worked in this field. I met Jean literally, I think, one month after we had really written our formal business plan. And just seek advice from anyone that's worked in these fields just to hear what they think you should work on. Just listen to anyone that has experience with this and then just get good at fundraising and get good at talking with people and get good at recruiting recent college grads.

MR. BJERGA: Has it been challenging to raise funds? How do you deal with this fundraising environment when there are so many people working in this space?

MS. BUSH: It's definitely been difficult to raise funds, but we've managed to cover our first class of 22 fellows and we've almost completely covered our next class of 40 fellows, which will start in August of this year, until August of 2011. And I would probably say end of 2008 was not the ideal time to start a nonprofit. But we have been successful at it. And at the same time, we were thrilled to start this nonprofit at that time because so many people were rethinking their career choices. So many people with really unbelievable skills were thinking about if they wanted to continue working in the field that they were working.

So the talent of our fellows and the talent of our applicants is really outstanding. So we were actually really excited to start an organization at that time period.

MR. BJERGA: So a person signs up. They've volunteered, they're excited. They have a skill that you find a way to apply. You send them to an African country. What kind of support are they going to get?

MS. BUSH: Well, as I said, first of all it's a team model so everywhere we work, there's two people working together within that organization. So already, there's a team working with them. We do a training, we hold it at Stanford University before they go to work on a lot of personal preparedness and community building so that all of our fellows can rely on each other. They're all having pretty similar experiences, since they're all working on health challenges that organizations are facing.

So in terms of support, the community amongst Global Health Corps fellows is really outstanding. The training is a great way for them to get together. We hold retreats throughout the year so that they can get together and talk about challenges they're having and share best practices. And then all fellows also receive two mentors that serve as

emotional support and brainstorming with them throughout the year. And then on top of that, they receive financial compensation so that they can do this as a job for a year.

MR. BJERGA: What are some of the biggest lessons about life, about working in a difficult area, about global health that fellows and yourself have learned in the field?

MS. BUSH: I would say that one, as I mentioned, we hold retreats and we held a mid-year retreat in Rwanda for all of our fellows that were working in Africa. They all got together. And in terms of lessons, they were all dealing with a lot of the same challenges, even though their projects were very different, which was interesting. That someone that's working on medical records in Rwanda could be having the same challenges as someone that's doing research in Tanzania. But the health field is a complicated field. Everyone's trying to deal with problems and sometimes they don't have the proper resources in order to do them. So I think the best lessons that they've learned is really trying to think creatively about how to do the best that they can with what they have. And really, how to collaborate with other organizations or other people that are working on similar issues. Because you can really expand your reach by doing that.

MR. BJERGA: And how significant a concern is security for global health workers, especially those stationed in post-conflict areas such as Rwanda?

MS. BUSH: We, of course, definitely take that into account absolutely before ever sending fellows anywhere. Rwanda is a post-conflict country and they're holding elections this year, so it'll be interesting to see how that plays out. Security definitely plays a part, but we work with embassies in the countries where we're working and we follow all the State Department guidelines, so our fellows working anywhere are doing what our government recommends that they do in terms of safety.

MR. BJERGA: What may be the next cities in the United States that you would expand to?

MS. BUSH: Well, that is a really good question because we're looking to expand in the United States. And I think there are a lot of interesting places that we could expand to in the United States. I think there's a lot of cities that have, a lot of urban cities, that have urban health problems. D.C. is one that has a very HIV rate and there's a lot of interesting work that can be done.

And then there's a lot of places that have a lot of rural health problems as well, in Appalachia and the South. So we're constantly looking for great partners that we can work with. Right now, just in terms of our capacity, we're hoping to build out more placements within the eastern United States just because that's where our fellows are already working and we can build community amongst them. But we are very open to new partners and we love receiving emails from organizations that want fellows. So if you know if any, send them.

MR. BJERGA: You mentioned D.C. We have this question from the audience. You mentioned training of nurses in Newark. Is there any effort in D.C. to do that kind of service?

MS. BUSH: So not through Global Health Corps just because we aren't working in D.C. right now. And training nurses in Newark, it's through a very large public hospital called the University of Medicine and Dentistry in New Jersey. And that's where our fellows are working, and they're specifically working on health literacy with nurses and doctors.

And I know that health literacy right now in terms of the health world, that's a really big buzz word. So I'm sure that that's being done in D.C., just not through Global Health Corps

MR. BJERGA: You mentioned in your address Paul Farmer being an inspiration. Are you planning to do more in Haiti this year and next?

MS. BUSH: That is an interesting question, and Paul Farmer definitely is an inspiration and he's on our advisory board with Geeta. So we're thrilled to have his knowledge. And Partners in Health is one of our partners in Rwanda and in Malawi and they obviously do great work in Haiti. And we are very interested in expanding to another hub and have definitely thought about expanding to Haiti and the Dominican Republic, or the Caribbean. So it's on our list of places that we're interested in expanding to in 2011.

MR. BJERGA: In the countries and governments you're working with, how significant a problem does corruption represent as a barrier to providing equitable healthcare in the countries where you're engaged?

MS. BUSH: Where we're working, corruption can be a problem all over the world, and it can certainly be a problem in some of the countries where we're working. But our fellows specifically work with nonprofits. And a lot of the nonprofits that they work with, especially the Clinton Foundation, does a lot of work with the governments, with local governments on up the chain. So currently, a lot of our fellows are actually working with local governments and district level governments. And for them corruption hasn't been a problem. And it's very important, obviously, to work with governments in the country where they're working so that what they're working on fits with the larger plan that the government has in place for healthcare, therefore making it sustainable and therefore helping it last in those countries.

MR. BJERGA: Questions about approaches and techniques. What do you think of the role of telemedicine, for example, in rebuilding healthcare systems in the developing world?

MS. BUSH: Well, I think there's a huge role for that. I think there's a lot of interesting work being done through text messages, a lot of community health worker programs use cell phones, basically, to text message to hospitals if they're having

problems with the patients. Therefore, they don't have to walk several miles to get to the hospital, they can take care of it then. And I'd love to actually know what Jean thinks about this. I think there's a lot of amazing work already being done with technology and health, and I think that there's an opportunity for a lot more to be done.

MR. BJERGA: And what role is social media playing in global education with your projects?

MS. BUSH: I mean, social media plays a huge role in terms of education, in terms of our fellows being able to communicate with each other, with their family. They all blog about the work they're doing, they all have flip cams. And I think that that's just a really easy way for them to get the message of what they're working on to the people that they care about. And then also for other young people that are interested in entering health, there's so many ways for them to get engaged through the internet right now and to learn about what's being done through social media. I honestly can't imagine how fellowship programs worked before the internet. It's just been such a blessing for us.

MR. BJERGA: The Global Health Corps is a private sector effort. But inevitably, you're going to be dealing with governments, you're going to be dealing with government funding, which can be an important component of projects. What have you learned in your role about working with government and government relations, and how important is increased government funding in advancing efforts such as your own?

MS. BUSH: Well, in terms of working with government, I already acknowledged how our fellows work with local governments in the countries where they are. And a lot of them are also working for organizations that are PEPFAR funded or USAID funded. So they're working for organizations that already receive government funding and that really helps them expand the amounts of work that those organizations can do. So I think government funding is very important. And I think it's played a huge role already and citing PEPFAR as an example, has played a huge role in sort of changing the course of the way that the AIDS epidemic could have gone. I'm glad that PEPFAR was signed again two years ago and renewed. I think it's very important to have government funding.

And from a nonprofit right now, we don't receive government funds so it doesn't affect the work we do. It does affect the work that our partners do and the work that our fellows do.

MR. BJERGA: As you can see, we have a lot of audience interest in the Global Health Corps and the projects they're doing. Of course, there are other areas of life that people are interested in as well when we say the name Bush. Checkered pasts, potential futures. (Laughter)

MS. BUSH: Oh, no.

MR. BJERGA: So we have a few questions about these, and we're going to start with a little bit of a transition here, and we're going to use the National Press Club as the transition. This audience member asks, "Your mother came to this podium. She spoke here about AIDS in Africa. How did she inspire you in this career, and how much crossover is there between your organization and your mother's work on women's issues in global health?"

MS. BUSH: Well, my mom definitely inspired me to work in health, as did both of my parents. And really, the best thing that they did for Jenna and me was expose us to the work that they were doing so that we could be aware of the work that the government was doing, we could be aware of really brilliant people that they had been speaking with in the health field, and for my sister in the education field.

As I mentioned, I was really lucky to travel with my parents in 2003 to Africa, and that was really probably the first time that I had seen health intervention really making a difference. And since then, I was very lucky to sort of tag along with my parents on other trips that they were taking around the world. And I was completely inspired by their commitment, but also really inspired by the people and the work that I saw going on on these travels. And just by brilliant people that were from those countries and brilliant people from the United States that were working for USAID or other aid organizations that had devoted their lives to these causes and made an extreme difference.

So my mom has been a huge inspiration. And it's very fun because she obviously understands the work that I'm working on, and also she understands the work that Jenna's doing. So it's very easy for all of us to talk about what we're focusing on. And I'm really excited to learn more as she and my dad shape the institute that they're creating in Dallas on more about their health work as well. So it'll be fun to see it in the future.

MR. BJERGA: And by the way, feel free to incorporate your sister in the responses to some of these upcoming questions in case you feel a need for assistance or just some backup, because that's what sisters are for. Both of your parents have written memoirs. Your mother's book hit the stands earlier this month, your dad's will be out in the fall. Did you have a chance to vet both manuscripts before they went to press?
(Laughter)

MS. BUSH: I did read my mom's manuscript before it went to press and I didn't have any problems with it. And I haven't read my dad's manuscript yet, his book comes out in November. But I will before it comes out. I can't imagine that it'll say anything that we don't want it to, so they should be great.

MR. BJERGA: Was there anything either in the book itself or a preliminary manuscript that you found surprising or possibly embarrassing?

MS. BUSH: There wasn't anything that I found embarrassing. [to Jenna] Did you find anything embarrassing?

MS. HAGER: No, I wasn't in it.

MS. BUSH: There wasn't anything embarrassing, but I mean I was definitely surprised to read my mom's book. She is a very private woman and so some things came out, especially just about her growing up experience and her childhood in Midland that I didn't know about. And I just loved reading it because it was so much fun to read a book from my mom's perspective of memories that I had when I was little that are from a little kid's mindset. And to get to read them from her perspective and to go through them again was really just so fun and so it was a big blessing.

MR. BJERGA: Would you and Jenna ever consider writing a joint memoir?

MS. BUSH: Probably not. (Laughter) We don't know if there's a market for it.

MR. BJERGA: How has living in the White House and being in that sort of a spotlight had an effect on how people treat you in the professional world?

MS. BUSH: Well, we never actually lived in the White House. I mean, obviously everyone that I've worked with has known the role that my parents have played. And I don't think that it's had an effect. My previous positions definitely started at the bottom and I definitely have been an assistant to people and interned in organizations and gotten coffee for my bosses and done everything that everyone else was doing. So I don't think it played a big role in my work experience.

MR. BJERGA: This audience member says another security question. What were the ups and downs of having Secret Service agents as a college student?

MS. BUSH: Well, Jenna and I got Secret Service when we were 18, when we were entering into college, which obviously is a really big-- that's a time when everyone has a lot of change. So I was leaving Texas and going to school at Yale. And it definitely, we got used to having people there with us. But they were a great group of people and we had so much fun getting to know them and being around them. Honestly, it sort of felt like they were more like our brother than a Secret Service agent. And we were honestly also really, really thankful that they were there because we knew that they took their job very, very seriously.

And it definitely put us at ease in knowing that our parents had Secret Service also. It put us at ease in terms of knowing that they always had really brilliant, great people around them making sure that they were safe. So, really just thankful for them. And I still love running into them in New York and chatting about fun times with them, too.

MR. BJERGA: When do you turn to your parents for advice?

MS. BUSH: I mean, I turn to my parents for advice all the time, especially now that we started Global Health Corps. It's the first time in my life that I worked for a startup

organization, so it's a really interesting feeling in that normally in your job you have a boss above you, you have someone guiding you in terms of the work that you're doing. And in working for a startup, it's yours, it's an open canvas. And so it's been really great to be able to turn to my parents for advice about who we should be talking to, or how to approach fundraising meetings or what criteria we should be looking for in fellows just because they have great experience that they're willing to share with us.

And then, of course, personal reasons. My mom's very clean, my mom's very organized, my mom loves decorating. These are all things that are very fun to ask advice about, so a whole range of things.

MR. BJERGA: What advice would you have for Sasha and Malia?

MS. BUSH: I mean, I don't have a lot of advice for them just because I think they're very smart, lovely girls and they obviously have parents that are very devoted to them. I guess the biggest piece of advice is just really take advantage of the opportunity, take advantage of getting to be with your parents and see them in the role that they're doing and travel with your parents, which I've already seen that they're doing. And what an incredible experience for two little girls. And just be a support to your parents and have fun with them.

MR. BJERGA: At some point, would you like to leave the administrative end of things to Global Health Corps to somebody else and go work in the field yourself as a fellow?

MS. BUSH: Yes, I would love to be a fellow. We've been working on this. Every time that we meet with our partner organizations and create the job descriptions for our fellows, we're so unbelievably jealous that we don't get to be the ones to do this work. And we have a great team of people, so I probably won't be a fellow, but we have a great team of people on the administration of Global Health Corps that are very supportive and doing brilliant work. So, it would be fun to dream about.

MR. BJERGA: Do you see this as a long-term career path? Where do you see yourself in five years, ten years?

MS. BUSH: I do see this as a long-term career path. I do want to work in the health field and I've loved getting to work in the health field. And in five years, I hope that Global Health Corps has grown, I hope that we have 500 fellows working in the field at that time. I hope we have a great alumni network of fellows that are making change in the field. I hope that one of our previous alumni is speaking at the National Press Club about their work in the health field. So I do see it as a long-term career goal.

MR. BJERGA: You started with 22 fellows, and this year you have 40. Where do you see the organization in the next five to ten years?

MS. BUSH: In five years, as I've said, we'd love to have 500 fellows and we'd also like to expand. We're trying to build out. So right now, we're in east Africa and the eastern United States. We want to build community in those areas so that there's more fellows there to provide support for each other and so that they can collaborate on the work. And then we'd really love to expand to other parts of the world. I know one of the questions before was about Haiti and the Caribbean. We'd love to work there, we'd love to work in South America, we'd love to work in Asia. There's health issues all over the world and it's really fun to think about how to strategically expand to all of these places.

MR. BJERGA: Periodically, there are calls for idealism to a generation. You had the Peace Corps in the 1960s. You had AmeriCorps in the 1990s. Obviously you weren't around for those, this is your own generation's call. But how might you distinguish the dynamic of this generation's idealism as opposed to idealism that we may have seen in the past?

MS. BUSH: I think one thing that we've seen, and one thing that I've already talked about a bit is there is idealism, obviously, and that's great and that needs to be captured. But what's so exciting is also people that have skills. Our generation has skills just from growing up in the time period that we did because of connectivity, because of technology, because we really do live now in a global society. I think our generation is idealistic, but I think we also all have a lot more knowledge just based upon exposure through connectivity.

And therefore, you can be more informed about the work that you do and you can make sure that the skills-- you work on the skills that you need to make a difference in these areas.

MR. BJERGA: How has Global Health Corps distinguished itself from the Gates Foundation in Africa? Compare and contrast your work, how you may complement one another and how you may be different?

MS. BUSH: Well, we're very different than the Gates Foundation. And the Gates Foundation is doing great work in Africa, they're doing great work in a lot of places in the world. But they're really a granting organization. And what we provide is manpower, basically. We provide people that are willing to do the work, we provide people with energy to commit to improving these organizations and people with ideas and skill sets. And that is very fundamentally different, different in terms of what we provide. Although I probably would imagine that our hopes for the health field are very in line with the hopes of the Gates Foundation, and they want to end the health challenges that I've already discussed and that we all already know about. So the end goal is the same, our approach is very different.

MR. BJERGA: Here's a question about foundations and family. You've mentioned the Clinton Foundation several times, how have you worked with President Clinton and what do you think of your father's comment that your grandfather has

adopted him into your family? Following on that, were you to see Chelsea Clinton would you say, “Sister?” (Laughter)

MS. BUSH: Who wrote this question? I like this question. Let’s see. Well, the Clinton Foundation is one of our great partners, and we actually work with the Clinton Health Access Initiative, which is a piece of it. And I work with the people that work for CHAI, Clinton Health Access Initiative. I did not structure our partnership with President Clinton. And they're doing unbelievable work, which is the reason that we're partnering with them. They're really bringing about great change. They work very closely with governments at a local level, so we're thrilled to be able to partner with the Clinton Foundation.

And yes, my grandfather has a very close relationship with President Clinton. They had for a long time, and then they worked together to raise funds after the tsunami and now our dad is working with President Clinton to raise funds for Haiti. So we're all connected as one family now.

MR. BJERGA: Looking at your biographical materials, I noted that you don’t have a television set in your fifth floor Manhattan walk-up. I'm sure someone could help you with that, especially if you--

MS. BUSH: I don’t want one.

MR. BJERGA: --especially if you wanted to see your sister’s pieces on the *Today Show*, which would seem to be a sisterly thing to do. This audience member asks, “Can you critique your sister’s *Today Show* pieces?”

MS. BUSH: I mean, I think my sister is amazing on the *Today Show*. And even though I don't have a TV, I've managed to see all of her pieces. She's actually in New York a lot to do the filming of the *Today Show*, so I go and stay with her at her hotel so I can use that television. Or, I can see them on the internet. But I think they've been really great. I think Jenna was born an entertainer, so it’s perfect for her.

MR. BJERGA: What is your most entertaining Jenna moment?

MS. BUSH: I don't know what I'm allowed to say. A ton. Jenna growing up had an amazing imagination. I mean, it was no surprise when Jenna wrote a book because when we were little, Jenna loved playing Barbies, and they were her scenarios between the Barbies, were the most dramatic, drawn out situations that you can imagine. So, I wasn't surprised at all when she grew up and wrote a book and when she was a teacher. I have too many to say, I don't know. I need to get them vetted from her before I say them on C-SPAN.

MR. BJERGA: Audience question. Would you consider following in Jenna’s footsteps and joining the media to help spread your global message, “Barbara, Join Us.”

MS. BUSH: Yeah! I mean, I love talking about Global Health Corps and I love taking advantage of the media to talk about health issues, but I'm not sure that there's any request for me to join the media, so probably not.

MR. BJERGA: Moving on to a more serious note, what role do you see multilateral institutions such as the World Bank in addressing global health inequity?

MS. BUSH: I think that there's a role for all institutions in addressing global health equity. I think we're a nonprofit playing a small role in health. Governments play a huge role, the World Bank has a role to play and I think to really bring about effective change, all of these organizations, any type of organization needs to be involved. And most importantly, they need to partner and make sure that they're working effectively together. So I think there's tremendous potential for multilateral institutions to play a role.

MR. BJERGA: Another very serious question from the audience. Your father's administration will be remembered for many things. But one important day was September 11th, 2001. Where were you that day, what is your memory and what did you feel?

MS. BUSH: September 11th obviously was a very defining moment during my dad's presidency. And obviously, it caught everybody off guard. I was in college, I was a sophomore and I was in my dorm room at Yale. And I felt shocked, just like everybody else. I mean, I know that I found out the same way that anyone else did. Our alarm clock went off in our dorm room and my roommate and I were waking up and the radio announcement was about it. We had no idea, we thought it was just an accident. But in the dorm room next to us, one of my-- another student at Yale was sobbing and we didn't know why, and then that's sort of how we figured out what had happened.

You know, and I think I felt the same way that everyone else in the country did, totally shocked and very, very saddened and it was-- same as my parents, same feelings all of us had, which was just sort of shock. And then also knowing at that moment that my dad's role as president was going to be very, very different based on that day.

MR. BJERGA: You talked earlier about some of the experiences that inspired you to go into global health. But was there an earlier moment, earlier period in your life when you decided that service was the area that you wanted to go into?

MS. BUSH: I think service was just what we did growing up. I mean, I don't know if that's generational or what, but we grew up seeing our parents involved in a lot of different organizations, in a lot of different service. The church where we went, there was always service opportunities, whether it was feeding the homeless. I remember in high school, to graduate from Austin High, you had to have done a certain amount of community service. So, it was always just there and it was always something that I never thought about whether or not you did it, you just did it. That's what you were supposed to do and it was fun and it was rewarding.

And so I don't think there was a moment in which I thought, "I'm going to go into service." I think I just always grew up knowing that it was going to be a part of my life and that was a fact.

MR. BJERGA: This question has been submitted in different forms by about five different people. Barbara, you are clearly passionate about health issues and about helping people. Is there any chance we will see your name on a ballot one day?

MS. BUSH: No, there's not. Very happy working on Global Health Corps right now and working in health, but I'm not interested in politics.

MR. BJERGA: We are almost out of time, but before asking the last question, we have a couple of important matters to take care of. First, to remind our members and guests of future speakers. On June 7th, we have Brent Scowcroft, who was National Security Advisor to Presidents Gerald R. Ford and George H. W. Bush. He will be presenting the Ford Journalism Award. Did Brent have a nickname in anyone's administration? Anything we should say?

MS. BUSH: Not that I know of. We used to go on long-- we went on hikes with him a lot.

MR. BJERGA: If you have any questions for Brent, send them on.

MS. BUSH: I can't believe I got to go with him.

MR. BJERGA: On June 9th, we have Ashley Judd, who will be discussing the controversial practice of mountaintop removal coal mining. On June 10th, we have Steven Chu, the Secretary of Energy. He will be talking about accelerating innovation to help meet our climate and energy goals.

Our second order of business is to present our guest with the moment you've all been waiting for, the presentation of the traditional National Press Club mug. (Applause)

MS. BUSH: Oh, thank you.

MR. BJERGA: As we add to the Bush family collection on that, I know that your mother has spoken here, and I think your grandfather did. I know your father has been here. I don't know about your great-grandfather, but it's hard for me to believe that Prescott Bush didn't step foot in here at some point.

MS. BUSH: We might have a mug.

MR. BJERGA: You might have a mug? And it probably is the same mug.

MS. BUSH: Could be.

MR. BJERGA: Our final question for the day, noting that you and your sister obviously were literally twins, and twins have special relationships and obviously for many years you were the Bush Twins. But you've sort of gone off on your divergent paths. That really began in college with Jenna at the University of Texas and you at Yale. Recently, studies have come forth showing lifetime earning power, depending on what college you went to.

MS. BUSH: That's not fair.

MR. BJERGA: Ivy League schools tend to do better than state schools, although that is no way an aspersion on the University of Texas in any way. But do you feel that your education and path thus far will insure you of greater career and financial success than your sister?

MS. BUSH: Well, I mean to be honest, my sister basically should be supporting me right now. I work in the nonprofit field, so no. Right now, I'm saying no. That's my answer. (Laughter)

MR. BJERGA: Perhaps she could get you a TV set.

MS. BUSH: Maybe she can buy me a TV set.

MS. HAGER: She's more than welcome to come over and watch it whenever she wants.

MS. BUSH: Thank you.

MR. BJERGA: Thank you for coming today. (Applause) And thank you to the many people at the National Press Club who have helped put this event together, especially Melinda Cooke, Joann Booz, Tina Creek with our broadcast operations center. Its library and broadcast center have organized today's event. For more information about joining the National Press Club, as well as how to acquire a copy or a transcript of today's program, please go to our website www.press.org. Thank you very much for coming to the National Press Club for today's luncheon. This meeting is adjourned. (Sounds gavel.)

END

