

Male: My Lords, ladies and gentlemen, please rise for the 39th President of the United States of America, the Honorable Jimmy Carter.

[Applause]

Lord Speaker
Baroness

D'Souza: Good afternoon, everyone, and a warm welcome. My Lords, members of the House of Commons, distinguished guests, welcome to the Queen's Robing Room and to the second in the Lord Speaker's Global Lecture Series. It's a pleasure and a privilege and an honor to welcome the 39th President of the United States, Jimmy Carter, to Parliament. After leaving office, many U.S. presidents have retired from public life, and few have had much impact on the national or international stage. One, John Quincy Adams, declared on the eve of leaving the White House in 1829, "There is nothing more pathetic in life than a former president."

President Carter, however, has gone against the grain. In his farewell address in 1981 he vowed to work as a citizen, as he had as president, for the values upon which the United States was founded. His characteristic dogged determination, his commitment to the promotion of human rights and the alleviation of human suffering through The Carter Center, his tireless diplomatic work on the international stage and his backbreaking endeavors with Habitat for Humanity have all borne out his vow. And in fact "backbreaking" is a very appropriate term because I just heard from President Carter that he himself spends a week a year actually building houses. That is a lesson for us to learn.

With a rare energy that so few possess, President Carter has achieved more in his retirement than most of us will manage in our lifetimes. He has accomplished as much since stepping down from the presidency as he did before assuming that great office of state. And perhaps his most impressive achievement since leaving the White House has been his pivotal role in eradicating Guinea worm disease, the first disease likely to be eradicated by man without vaccine or curative medicine and likely only the second after smallpox to be eradicated at all through manmade efforts. Surely even President John Quincy Adams would've been heartened by that.

Let me now, dear people, give the floor to our distinguished guest, who will be speaking for about 30 minutes. And following his speech we will take a few questions from the audience and perhaps one or two also from Twitter, as this event is being webcast live. I'm delighted to introduce to you President Jimmy Carter.

[Applause]

Pres. Carter: Thank you. Well, I want to thank first of all Lord Speaker Baroness D'Souza. I want to thank the members of the House of Commons who are here, the members of the House of Lords and also guests and my personal friends who have joined the audience. I'm very grateful for this invitation to come and speak to you this afternoon. As a matter of fact, this proves that there are at least some times when having been president can be an advantage. Thank you for that.

I remember that soon after I left the White House I went to China for an extended visit and came back through Japan. I was asked to speak at a small college in the southern part of Japan; it was a graduation speech. And since I was just newly out of the White House and this was a very important speech, I noticed that the audience was very nervous. The students, their parents, the professors were all kind of uptight. I decided to put them at ease by telling them maybe a funny story.

But I knew that it took a long time to translate English into Japanese, so instead of using my funniest joke, I used my shortest joke. When it was over, the audience erupted into laughter. In fact, it was the best response I've ever had to telling a funny story. I couldn't wait to get to the end of my speech so I could ask the interpreter to tell my joke. The interpreter was very evasive, but I persisted and finally he ducked his head and he said, "I told the audience, 'President Carter told a funny story. Everyone must laugh.'"

[Laughter]

Well, as you know, we are two friendly nations. Some people say we are separated by a common language, but I don't think I need an interpreter this afternoon.

There is an exhibit called "Countdown to Zero: Defeating Disease" at the American Museum of Natural History in New York. It was prepared by the Museum of Natural History and The Carter Center, and it's been quite popular. It was originally scheduled to be there for just six months but they've extended it now to two full years, so it'll be closing at the end of 2017. Tomorrow, an updated exhibit of the same kind will be opening at the London School of Hygiene and Tropical Medicine and will be in London for at least three months, and we hope that all of you will have time to go by and visit and get a little bit more than you'll get from my speech this afternoon.

It's fitting to bring this exhibit to this great country because you've made so much progress in improving global health. Your two prestigious tropical medical schools, the London School, which I've already mentioned, and the Liverpool School of Tropical Medicine also have partnered with The Carter Center for more

than two decades, supporting our efforts to eradicate disease, advance peace and build hope.

Drastically reducing or wiping out our diseases from entire regions or even the whole world is not an easy task, but it's clearly possible to do so, and that's been proven.

There are very practical reasons for alleviating the suffering of people in other countries. First of all, it keeps the disease from affecting ourselves and those we love. It advances science and technology. It supports commerce and economic development. And it's also very efficient. These are all good, practical reasons. And it's also the right thing to do to share our knowledge, experience, and science with those who need our help to improve their own lives. It's also an act of kindness, a recognition of our common humanity.

These are ambitious goals and many people must come together to accomplish them, including our NGO (The Carter Center) and others like us, your government and others as well; private foundations and national ministries of health are also central partners in this fight against neglected tropical diseases. That's the name that they bear from the World Health Organization.

This year, to combat lymphatic filariasis, schistosomiasis, trachoma, river blindness, Guinea worm and others, our Carter Center goal is to administer 81 million doses of medications. You may know this is more than the people who live in the United Kingdom, and it's a very great challenge for us. We are helped by many other people, GlaxoSmithKline, the Lions Clubs International, Merck, Leventis, and others who are represented here this afternoon.

Neglected tropical diseases all need greater attention because they have such a devastating impact, but only on the lives of the poor. These diseases are no longer known in even moderately wealthy countries -- China and, say, Egypt no longer have these kinds of diseases. It's just in the homes of the poorest people of all. And these diseases are neglected because the people who live in those countries are neglected. They all need greater attention because they have such a devastating impact.

We have learned from personal experience that poor people, the poorest of all people, who are often scorned or derogated, are just as intelligent as we are. They're just as ambitious as we. They are just as hard-working as we. Their family values are just as good as ours. They just need some help, and that's what we provide through The Carter Center and this program that I'm describing. I've come to admire their judgment and wisdom, their courage and faith, and their great accomplishments when given a chance to use their innate abilities in improving their own lives.

Rosalynn and I founded The Carter Center in 1982 initially to focus on peace and conflict resolution. And then in the early years we recruited Dr. Bill Foege, of the U.S. Centers for Disease Control before we recruited him, who had been instrumental — he was a leader — in the eradication of smallpox, which was done finally in 1977, when we had our last case of smallpox in the world. That happens to be when I was President of the United States.

Knowing that eradication was possible by looking at the example with smallpox, in 1986 we decided to go after a particularly difficult and unpleasant one called dracunculiasis or Guinea worm disease. Dr. Donald Hopkins, who was also at CDC and was also part of the eradication of smallpox, joined The Carter Center to devise and to implement strategies to eradicate Guinea worm. As a former president, I used my influence to gather resources, to raise money, to publicize the effort, and then to go to every country involved and induce the leaders of the country to let their ministries of health cooperate with us.

In 1986 we surveyed the world and we found 3.5 million cases of Guinea worm in 21 countries in Asia and Africa: three countries in Asia and the rest of the countries in sub-Saharan Africa. Last year, we only had 22 cases in 20 villages in the entire world. So this debilitating disease is on the brink of eradication.

The parasite's lifecycle is this: People in isolated communities that have no access to running water in a stream or even a deep well must get their drinking water from stagnant rain ponds that fill up during the rainy season and remain stagnant or dormant for the other nine months or so of the year. And it's within those stagnant waters that the Guinea worm larvae breed. When a person with an emerging worm enters the pond to get more water or to ease the pain of their affliction, the worm ejects hundreds of thousands of larvae into the water again which are then eaten by tiny water fleas (so-called). When people drink the contaminated water, the larvae end up in their abdomens. They stay there and eventually grow into a longer worm, sometimes as long as a meter. [Holds hands a meter apart.] That's the average length of a Guinea worm.

The worm emerges by releasing an acid-like substance that helps them to burn the inside of the skin or epidermis, and then they begin to emerge. It takes about 30 days on average for a Guinea worm to emerge from a body with excruciating pain. This is an intense burning sensation. In the Bible, by the way, this disease is called the fiery serpent. It afflicted the Israelites leaving from Egypt under slavery and going through the desert area for 40 years to enter the Promised Land. This is called the fiery serpent that afflicted them.

The ancient treatment for Guinea worm is just wrapping it around a stick about as big as my finger or so. And instead of emerging in 30 days you can expedite the

exit of the Guinea worm, being careful not to break it so it comes out, in about 20 days. That was the only treatment for thousands of years of Guinea worm before, you might say, The Carter Center came along. You can cut that down to about two or three weeks if you're lucky.

It's believed that this inspired the symbol for medicine. A lot of people think that it's a snake that's kind of wrapped around a rod. It's actually a Guinea worm wrapped around a stick. This is the Staff of Asclepius, which is now the basic symbol for medicine itself. So it's an ancient disease, and a symbol for the entire medical profession is the treatment of Guinea worm.

There is no vaccine and no medical cure for Guinea worm disease once it starts. It's being conquered mainly by health education to keep people from entering water sources when they have a Guinea worm emerging from their body and also by filtering their water in their contaminated pond through a very fine filter cloth so that everybody can drink the water that doesn't have the Guinea worm in it. At times, we also use a mild larvicide called Abate®, which is given to us by BASF, to kill the water fleas and also the larvae in the water.

Guinea worm has a one-year life cycle. If we can filter every drink and keep the people out of the water when they have an emerging worm then the disease transmission in that village stops forever. The Guinea worm campaign has accomplished this now, our campaign, in 23,700 villages in the world. We have Guinea worm now only in 20 villages on earth. Some of you...

[Applause]

Pres. Carter: Some of you may have seen a Guinea worm emerge because it's been quite prevalent in past years. The first time I saw a Guinea worm was in a small village of about 500 people just about 50 miles from Accra, the capital of Ghana. We went into this village, which had about 300 people that had Guinea worm emerging from their bodies. We were in a clearing in the jungle, and over at the edge of the crowd during the ceremonies, when we were explaining the project to the people there in the village, I saw a pretty young woman standing there holding a baby in her right arm. I decided after the speeches were over to go over and just speak to her and ask her the name of the baby. When I got over there I realized, finally, that it was not a baby she was holding in her arm but her right breast, which was about more than a foot long, and it had a Guinea worm emerging from the nipple of her breast. Later that year, she had 11 other Guinea worms emerging from different places in her body. This made a horrible impact on all of us who were there.

We had a very wealthy Pakistani banker there with us, and he volunteered to give all the money and personnel needed to dig that village a deep well so they no

longer had to use their contaminated pond. And we came back a year later -- zero Guinea worm. That was my first experience with the actual eradication of Guinea worm.

I would say our biggest problem at the beginning was communicating with the various people who spoke. Even a village five miles away spoke a different dialect. The people had hundreds of dialects in almost every country in Africa where Guinea worm existed. That was a very difficult problem. They had no television at that time and very few radios either. And there was practically zero literacy. The average man in those villages — 3 percent of the men were literate — and practically no women had ever been educated to read or to write.

So you see, it was almost impossible just to communicate with the people there about what was going on. So we decided finally to use cartoons. We would draw two cartoons. One was a woman over here who dipped water out of a pond and she filtered her water, and then the bottom picture showed she didn't have any Guinea worm. The other woman in the cartoon didn't filter her water, and she had Guinea worms coming out of her body. That was the only way we could communicate with the people and teach them how to do it. And the women adopted those cartoons quite eagerly. They replicated the cartoons that we gave them and printed them on cloth and made dresses and shirts, their clothing, out of the Guinea worm cartoons. So they were used as decoration.

But that was not an automatic solution. We had a lot of Peace Corps volunteers from the United States with the Guinea worm program. In Niger, a young Peace Corps volunteer drew the cartoons showing the women standing in the water. One did the right thing and didn't have Guinea worm and the other one did the wrong thing and she had Guinea worm.

The record for most Guinea worms found in one person is 84, in a farmer in Nigeria. That was in 1999. Nigeria had the most cases of Guinea worm of any country in the world, 650,000 cases of Guinea worm, and they were one of the earliest countries to have zero Guinea worm. This Nigerian farmer, though, he was treated by our people. The Guinea worms were gotten out of him, and the wounds were treated. And then, since he had survived and he knew all about the Guinea worm cycle at that time, he volunteered his services to teach surrounding villages about how to avoid the experience.

We have a large coalition of partners, including DuPont Chemical Company. I went to see the chairman of DuPont Company, and I asked him for \$50,000 a year to deal with Guinea worm. He said, "Well, how do you address it?" So he brought my response to the Board of Directors of DuPont, and they devised a special fiber that would not rot in the tropics. If you take an average napkin off a table like we had at lunch and you get it wet and dry five or six or 10 times a day, it'll be rotted

in a couple of weeks. But they developed a special fiber that would not rot, and they created about 6 million square meters of filter cloth, gave them to us, and that's how we basically got rid of the Guinea worm.

The Tuaregs — you might know that they are the nomads in the Sahara Desert, in the northern part of Mali and Niger and so forth — they had multiple drinking holes because they would just stay on their camels or their horses and ride from one place to another. They couldn't have a big filter cloth to go over a jar of water because they didn't use jars or filter cloths. So they developed a very fine pipe filter that they could wear around their neck. It was just a reed, and on the end of it was tied a filter cloth around it like this.

So we used that and later Vestergaard, a Danish company, worked with our Center to create more than 9 million pipe filters. When we faced Guinea worm in Southern Sudan where a war was still going on and we couldn't get our people in there, we sent in about 9 million of these filter cloths that people wore around their neck. And John Garang, who was a leader of the revolutionary forces in South Sudan, every time I saw him he made sure he had his pipe filter on his neck to set the example. And I wore a pipe filter too while I was there. I think you'll get a sample of those maybe today. But when we finally got into South Sudan, they had a much lower incidence of Guinea worm than we had anticipated because the people had been wearing the pipe filters and using them. So the Tuaregs themselves invented one of our key weapons in use against Guinea worm.

You might be interested in knowing that the total cost of our program the past 29 years now has been about 225 million pounds, a tremendous bargain, by the way, because we have averted more than 80 million cases of Guinea worm since 1986. To put it into perspective, the total cost that I just described, 225 million pounds, is less than the cost of one C17 aircraft and the United States has 190 of those, most of them never used. So that puts it into perspective.

We conduct an intense search for remaining cases in every country where we have made progress and when there are finally zero cases in a country, the World Health Organization requires at least three more years of intense surveillance of that country all over to make sure that there are no new cases of Guinea worm. They or we sometimes give as high a reward as \$200, which is enormous money for them, if they report any case of Guinea worm. So we make sure that it's completely eliminated. And of course The Carter Center works with these countries until the end. We now have 198 countries on earth that have gone through the process of having zero cases of Guinea worm and then going through the three-year examination process.

We've had some unexpected developments during this last 30 years of our eradication program. The greatest remaining challenges are from insecurity in

parts of Mali, South Sudan, and Ethiopia. The only other country is Chad. But we still have civil wars in some of those countries and it makes it impossible almost for us to get filter cloths or workers to go in and help eliminate the disease. This is a very serious problem.

Also, we have found Guinea worm recently in dogs, some dogs on one river in Chad. Those are the major obstacles. We have found dogs with Guinea worm in five other countries that we treated, and when we've gotten rid of them in human beings, they've disappeared in dogs as well. So we have good prospects there.

In the last week, by the way, we've had four security instances among about 10,000 people that work for us on Guinea worm and with one death, unfortunately, in South Sudan. Despite these challenges though, both in Mali where a war is going on, as you know, and South Sudan, last year between 2014 and 2015 both of them reduced their incidence of Guinea worm by nearly 85 percent. So they made very good progress even in spite of the war. It's the governments who want to get rid of this disease and put them at a very high priority.

In Chad during the annual fish harvest, dogs have been eating raw fish or fish entrails that are carrying Guinea worm larvae. And we offer a small stipend for everybody that has a dog that has a Guinea worm if they'll tie the dog up throughout the time until the Guinea worm emerges. So we're making good progress in Chad as well.

By the way, to change the subject to some degree now away from Guinea worm, there are other potential disease candidates for eradication, and we are looking closely at these. The only international task force on earth that does this is located at The Carter Center. It's financed by the Bill and Melinda Gates Foundation. We assemble groups of people. A representative from Great Britain is always there, by the way, from the Liverpool School of Tropical Health. They come to The Carter Center, and we analyze every human illness to ascertain which one might possibly be completely eliminated in a particular country or region or eradicated from the entire world.

We found eight diseases in all. We're working on most of them. But you might be interested in knowing that they are Guinea worm first of all, dracunculiasis; polio myelitis, polio is well known; mumps; rubella; lymphatic filariasis, which is elephantiasis, and causes enormous swelling of genital organs and arms and legs; cysticercosis; measles; and yaws. These are fairly well known to many people, experts on tropical diseases. Two of these diseases only, just two out of the eight, have been selected by the World Health Organization to be targets for eradication, and that's polio and Guinea worm. And of course the finish line is in sight for both of them.

The Guinea worm campaign has taught us that there is a great deal of potential and benefit from eradicating diseases or eliminating them from large regions of the world. In fact, The Carter Center is already working on some of these personally. We try to eliminate river blindness. We've done this almost completely now in South America in our hemisphere, and we're working on eradicating or eliminating this disease from Uganda. We've just about succeeded there and in North Sudan. River blindness (in Africa) is much more virulent than it is in our hemisphere because it was brought over to our hemisphere by slaves a century or more ago. We've proven, though, that what we've already done successfully in the South American area can be done in Africa.

We are also working to get rid of blinding trachoma and also we're trying to work now to eradicate two diseases from Hispaniola – that's Haiti and the Dominican Republic -- and that's malaria and lymphatic filariasis. In our hemisphere both of these diseases are carried by the same mosquito. In Africa they are carried by two different mosquitoes. Our coalition has eliminated river blindness in six countries in our hemisphere, and the only exception to that is a very small tribe of Yanomami Indians that live on the riverbank on the border between Venezuela and Brazil. These Indians, it's a very small tribe, only 25,000 or so in all, they don't know where the border is and they travel freely back and forth over the border. But recently these two countries have agreed to a compact — which has been very difficult politically to achieve — to let us go back and forth across the border without getting a visa every time we went. So we'll be able to finish the job, I believe now.

I'd like to close my remarks this afternoon by sharing with you some common lessons and principles we've learned that can be applied to disease eradication, that's the whole world; elimination, which is from one country or one region; or just control efforts, which is year after year.

First, we build trust I might say in us among the affected people by approaching them with complete respect and recognizing their independence and freedom and their knowledge of their own community is much greater than our knowledge of their communities. We don't impose our ideas on them but help them solve their own problems, and Guinea worm obviously is recognized by them as a serious problem.

Every step is collaboration between us and them, and we give them all the credit for success. The Carter Center doesn't claim any success in a village. It's the village chiefs and the ones who did the work, the volunteers. And in a country when it completely has gotten rid of the last case of Guinea worm, we let the president of that country announce the success or the minister of health and not The Carter Center. The ultimate decisions are made completely by the local

communities and there have been, as I said earlier, over 23,700 of them in many different countries.

Our overall strategy is set by us and the minister of health, with his approval, but the actual work is now taking place through about 10,000 volunteers who have to monitor every village on earth that might have another outbreak of Guinea worm. This is about almost 5,000 communities. So even though we're just about on the verge of getting rid of Guinea worm, we still have to monitor every village. If anybody does get Guinea worm, we isolate that person and prevent them going back in the pond and spreading the disease again.

So we share, we provide the knowledge and supplies, but they provide a responsibility and take the risk. We have a variety of partners involved with us, civic organizations and local churches and mosques in particular. But before we'd get to a village in the past, quite often it's been the local imam or the local missionary who has taken care of wrapping this worm around a stick to make sure that it emerges, frequently. They still did a lot of the health work.

There has to be exact, I say, quantifiable results so we know in every village in every country exactly how many Guinea worms exist in that country each year so we can let the people know that there has been progress since the last year or not much progress. And if it's a problem, of course we help them solve the problem and overcome the difficulty.

We have an ethical obligation, I think, to prevent suffering wherever we can. Meeting this obligation is very dear to us at The Carter Center, as you know, and we'll carry it on after I'm no longer alive. My prayer has been that I will live longer than the last Guinea worm. And so...

[Applause]

Pres. Carter: My doctors tell me, by the way, that I'm making good progress in the treatment I'm getting for the cancer that has appeared in my brain and in my liver. So it'll be a close race, but I hope still that I'm going to win it.

If a disease can be eliminated completely from a nation or eradicated from the world, that is much better than just controlling the disease year after year after year interminably, because it's much more cost-effective. When you just control a disease, when you don't have the all-out effort for the whole world to get rid of it completely, that leaves part of the population suffering from the disease still suffering, which I don't think is very humane, and it's certainly not cost-effective.

Our only failure is not to try. Our partnership with your country has been one of the greatest boons that we've had in making this progress that I've already

described. As I said in Oslo a few years ago, and I quote myself, "The bond of our common humanity is stronger than the divisiveness of our fears and prejudices."

I want to thank the Lord Speaker for this opportunity and Her Majesty the Queen, obviously, for making this space available. Thanks to the House of Commons and the House of Lords and especially Lord Chidgey, sitting on the front row, who has been our host and whose daughter Kate did a great deal in making the visit here successful and pleasant for us.

But my greatest gratitude is still to the dedicated village volunteers still working tirelessly on the front lines to eliminate this disease completely. Thank you very much.

[Applause]

D'Souza: We will come to formal thanks later. But I feel compelled to say my thanks to President Carter for having given us the ingredients for successful development at the end of his talk today. And in particular, I think what he's illustrated is that the eradication of the Guinea worm has involved a change in behavior and culture, which are one of the most difficult things to achieve but obviously one of the most sustainable forms of development. And I suppose the other thing that does also strike me is that if you are willing to remove your name from success you can achieve great things.

I think what we will do now is have questions. And I think there is going to be a roving microphone. What I will do is to just point out one, two, three people so that the doorkeepers can come to you with a microphone. Could you please say who you are and from whence you come? If you're in the House of Lords I think we know you. But if you're not in the House of Lords perhaps you could tell us what organization you come from.

James at the back there, James, and then Andrew Mitchell, and then Lord Trees, yes. So we've got three.

Q: President Carter, good evening. James Landale, BBC. Thank you very much indeed for your lecture and forgive me for bringing us down to grubby politics. I just wonder if you could give us your assessment of the state of American politics at home, and particularly the impact of the anti-establishment mood that is clearly existing there and also whether you are for Sanders or Clinton.

Pres. Carter: What was the last part?

D'Souza: Sanders or Clinton.

Pres. Carter: Well, I was hoping I wouldn't get that question, but I'm not surprised at getting it. I'm not involved directly anymore but I was the one that put Iowa on the map because when I ran for president I didn't have any money, and I ran my general election without raising a single penny and so did my opponent back in those days. But we've had a massive infusion of money into the American political system now, and it's almost impossible for any candidate of the Democratic or Republican party to be successful without having the ability to raise at least \$200 million. Just two people in our country, the Koch brothers, have already announced that they are giving over \$800 million to the campaigns this year for president and for U.S. Senate and Congress and the governorships. So that's one of the things that has happened.

At this moment we've only seen Iowa, and Bernie Sanders was surprising in tying Hillary Clinton, who was looked upon at the beginning as the unequivocal, inevitable Democratic nominee. And on the other hand, Jeb Bush was looked on with the same degree of confidence as the nominee of the Republican Party. I think he got 3 percent in Iowa and is on his way out now.

I think the next contest in New Hampshire will be — I think Bernie Sanders will probably carry New Hampshire. He's way ahead in the public opinion polls now, and he's from nearby Vermont so he has an advantage there perhaps. And then in my judgment, my estimate is that Trump will prevail in New Hampshire. He's far ahead so far and I think a direct vote by him will help to overcome the detailed organization that Ted Cruz did that got him the victory, a narrow victory, in Iowa.

So I don't know what the final result will be. I think my own personal opinion is that it's very likely that Hillary Clinton will still prevail in the Democratic Party, and of course I'm a Democrat and I'll be supporting the Democratic nominee. Bernie Sanders, though, has had a remarkable showing, particularly among young people. In public opinion polls in Iowa he had about 85 percent of support among young people, and Hillary only had about 13 percent among young people. That's just reverse of what Obama did. Bernie Sanders had the same advantage in the young people as did Obama in 2008.

What's going to happen in the future in the Republican Party I think is almost completely unpredictable. I have a feeling that Trump will fade away. When people get ready to actually put on a ballot, this is a person I want to lead me for the next four years or eight years, I think they're going to have a little bit different opinion than they had just looking at [inaudible] and the issues that come up during the primary season. I don't know who will be the Republican nominee.

Ted Cruz now has the apparent advantage but he's served in the Senate, as you know, and he has zero support among his fellow Senators because he has radical beliefs that he's espoused in the Senate, maybe excessively, and he's personally

derogated or condemned the integrity of some of his fellow senators. Rubio, the young senator from Florida, I think has a better chance ultimately than Ted Cruz.

If I had a choice of Republican nominees, let's just say for instance between Cruz and Trump, I think I would choose Trump, which may surprise some of you. But the reason is that Trump has proven already that he's completely malleable. I don't think he has any fixed opinions that he would really go to the White House and fight for. On the other hand, Ted Cruz is not malleable. He has far right wing policies in my opinion that would be pursued aggressively if and when he might become president.

So that would be my choice. But I don't yet know obviously who either candidate will be. As I said earlier, I'll support either Bernie Sanders or Hillary, whoever gets the nomination. It'll be one of those. I still believe that Hillary has the best chance. But in the Republican side I don't really know. In fact, I don't know either side.

D'Souza: Maybe we'll get a question on eradication of disease.

Pres. Carter: Oh, maybe so.

D'Souza: Andrew Mitchell?

Q: Mr. President, I'm not from the BBC and I'd like to ask you a question about international development. I'm Andrew Mitchell from the House of Commons down at the other end.

Pres. Carter: Yes.

Q: I used to have responsibility for international development during the first part of the coalition government when I was the secretary of state for international development. We worked closely with you on NTDs and particularly on Guinea worm, and we're very proud to use British taxpayers' money to support the fantastic work that you did.

Pres. Carter: Yes.

Q: The question I want to ask you is this: As you survey the neglected tropical diseases and the other challenges across the piece, particularly in very poor countries, do you see the possibility or the need to change the way in which organizations like the WHO operate? Could we not be more effective internationally through the U.N. and through other international bodies in trying to tackle Ebola and the other diseases, which it seems to me we're very slow in doing? Your effort of course was, with us, was a bilateral effort and you've done

a huge amount across the piece. But it seems to me that the international architecture needs amendment, and I wondered whether you thought that was so.

Pres. Carter: Well, as you know, WHO is part of the United Nations. When we determined ourselves Guinea worm was to be eradicated, it took us eight years to get WHO to put Guinea worm on the list to be eradicated. And we still don't have two diseases (eradicated), and I mentioned eight diseases total that The Carter Center has now determined can be eradicated. So the bureaucracy of the WHO, like all other bureaucracies, it's troubling to me. I think it's a dedicated organization, does a lot of wonderful things.

I think the Centers for Disease Control, which is right next door to The Carter Center and whom we rely on every day, has learned a lot about the Ebola crisis once it evolved. They were not ready for it, and I think it's more prepared for Ebola the next time it breaks out and that's probably going to happen in the next 10 or 20 years at the latest. And the more recent disease obviously that causes deformed babies, that's caused by mosquito bites— I don't think that's a kind that we have even considered to be possibly eradicated.

As I mentioned in my speech, I think a much more cost-effective way to address these diseases is to target them for elimination in a country or region or eradicate them from the whole world. And we have a lot of them on our list to be worked on. And I, my own personal choice for the next disease would be river blindness or onchocerciasis because The Carter Center has proven in the six Latin American countries that we can get rid of it, and we've also confirmed that, as I mentioned, in Uganda and Sudan and other countries in Africa. So that would be a very possible choice. Measles is another choice that could be made but it has to be officially done by WHO.

We use some of our minimal influence, but it took us eight years to get approval from WHO, and I haven't put it on the top of my priority list yet to get another one endorsed. But I think that the thing that we should do from a moral point of view and an ethical obligation is to help these poor people who suffer because they're just ignorant about what causes their problem and how to get rid of it. And it's very inexpensive to eradicate these diseases once you target them and concentrate on them. Even polio, which now has about 70 remaining cases at the end of this past year, it's been, I think, cost-effective. I think nobody would deny that. And we obviously see now the advantage of having done smallpox back even when I was president a long time ago.

So to eradicate or eliminate a disease is the best approach in my opinion, as many as possible, and we need to be even more aggressive. I think the governments of the countries, including Great Britain, obviously the United Kingdom, and my government could be very effective in persuading the leaders of WHO to be more

aggressive in doing this. That's one of the messages I want to give today. Thank you for your question. There was another question somewhere.

D'Souza: Lord Trees?

Q: Thank you very much, Mr. President. I'm Sandy Trees. I'm a Crossbench Peer here in the House of Lords. And thank you for a lovely talk and all the wonderful work you're doing and The Carter Center are doing for the control of neglected tropical diseases. I'd like to ask you about the funding of the control.

Pres. Carter: Yes.

Q: The funding is coming principally from great philanthropic foundations such as your own, Bill and Melinda Gates Foundation, and so on and two governments, two national governments, the United Kingdom and the U.S. governments, just two governments. And as you are well aware, there is a funding gap for us to really push forward and confirm the great gains that have been made in the control of neglected tropical diseases in the last 10-15 years. What do you think can be done to make the members of the G7 and the G20 step up to the plate and contribute a bit more and match the sort of funding proportionately that's coming from the U.S. and the U.K.?

Pres. Carter: I think generically speaking the biggest obstacle for many people who look on foreign assistance or aid is kind of taxing poor people in rich countries to give money to poor people in poor countries without effectiveness. And so the main measure that we can vouch to be accurate is that it is cost-effective. Just to eliminate the blight of Guinea worm or polio on one person is a matter that you can't quantify. It's worth more than you can estimate. But it costs us about three pounds total. That's from private contribution from Arab countries and many others, including Great Britain, to do away with Guinea worm. And that makes a profoundly important economic advantage to the world.

There was one very small area, just one county in Nigeria that was analyzed by the World Bank on Guinea worm. They found that that cost that region \$20 million as a matter of fact and not pounds per year in lost agricultural product because the farmers with Guinea worm couldn't get into the field. So it's a great economic and social and personal benefit to the people that receive it.

So I think the main thing is to show that foreign assistance is needed from a humanitarian point of view, which maybe wouldn't make much impact on people that are spending the money, but also that it is very cost-effective. It helps our country to do away with Guinea worm in foreign countries, and it helps our country to do away with polio in foreign countries. It helped our country to do

away with smallpox in other countries that had it. I think that's the best generic approach.

And to publicize what is being done, I think the publicity that we get from this relatively unknown disease of dracunculiasis just because I've been president and I've been involved in it does help to lower the goal, to make the goal to raise some funds easier. We get a good bit of money from Arab countries. I go to these countries and I tell them that my first priority from them is to help Guinea worm, and they don't know what Guinea worm is. And explain it to them and tell them, "Why don't you help us in countries that have a lot of Muslims." And I said the same thing to the King of Saudi Arabia. He said, "Well, don't you want to help Christians too?" And I said, "Yes sir." And so, on that visit, he gave me \$9 million for Guinea worm. So you have to use all kind of persuasion sometimes.

But I think if you tell even children about Guinea worm and how much it costs per Guinea worm and get the children to raise maybe \$10 each personally, the children will respond even and of course adults as well. I don't know how to answer your question directly. It's an almost insoluble problem. But it's been a wonderful chance for us to raise a lot of money. We never dreamed at the beginning it would cost \$225 million to get rid of Guinea worm. And now, with just 22 cases left, we still need a lot of money, because we have to keep 10,000 people employed in monitoring villages where Guinea worm might break out and we have to provide filter cloths and everything for them. So the cost is great. But that's always a challenge, raising money.

D'Souza: We can take a few more questions. But can I just -- we have one from Twitter from Dave Labring in the U.K. Will the eradication of Guinea worm be your greatest professional achievement outside of your presidency?

Pres. Carter: Outside of my presidency? Well, it'll be the one that's most gratifying to me. It's really heartwarming to go into a village that has had the affliction for thousands of years and the only treatment they've ever had was to wrap it around a stick so they would suffer 20 days instead of 30 days and not know what caused it.

When we went to this first village the chief told us that it was caused by eating the wrong species of goat or that it was a curse put on them by the confluence of planets or things like that. And to tell them it comes out of their pond was a sacrilegious thing for us to do because the pond was considered sacred. If the pond hadn't been there, their ancestors wouldn't have lived there, their village wouldn't even exist. So we had to get a magnifying glass and show them the little water fleas and say, "Look, this is what's in your pond, in your precious, sacred pond. This, it is evil spirits in your pond. Help us get rid of the evil spirits and make your pond sacred again."

So we've had to use arguments like that. And I mentioned the problem with the cartoons. So just to get to the basic, it was very, very important. But to help the people and see them actually be afflicted with over half the population having Guinea worms coming out of their body one year, including many schoolchildren, and then go back a year later, zero Guinea worm -- you can't imagine the warm feeling that I get. So I think that would be my most cherished experience.

By the way, one of the signs that's been my favorite of all time, I was in Nigeria riding in a big motorcade with the president's wife to a little village that had Guinea worm and schoolchildren had been turned out. They didn't have to go to school that day because I was visiting the country. And one group of children had a sign on their side that said, "Watch out Guinea worm, here comes Jimmy Carter."

[Applause]

Pres. Carter: That's still my favorite sign.

D'Souza: We have Narendra Patel, Matt Ridley, and Hugh Edwards, please.

Pres. Carter: OK.

Q: Thank you. President Carter...

Pres. Carter: Yes, sir.

Q: [Inaudible]

D'Souza: Could you use the microphone, Narendra, please?

Pres. Carter: Yes, that would be good. That would be helpful for me.

Q: President Carter, my name is Narendra Patel. I'm a member of House of Lords.

Pres. Carter: Yes, sir.

Q: I'm full of admiration of what you've achieved. I was born in Africa. I visit there often and I've seen what a terrible condition disease for people who are inflicted. You've achieved this by inflicting behavior change in the people, teaching them what the problem is and then behavior change. You alluded to river blindness.

Pres. Carter: Yes.

Q: And obviously, that's the next one that could respond to the same kind of strategy and I hope you will progress to do that after you've eradicated your last Guinea worm. You expressed a wish that you will live to see the last Guinea worm. I hope you change that wish to making sure that last river blindness is also achieved.

Pres. Carter: I'll change my priorities depending on, you know, what's decided by God. I'm praying that I'll survive the Guinea worm. I'll also start praying. I promise you that I'll then be praying to see the last river blindness.

Q: Thank you for today...

Pres. Carter: Thank you.

Q: ... and for your efforts.

Pres. Carter: Thank you very much.

Q: Mr. President, I'm delighted to hear — Matt Ridley, House of Lords. I'm delighted to hear you put the emphasis on eradication in some contrast to the WHO, as you say.

Pres. Carter: Yes.

Q: And unlike smallpox, we can't keep Guinea worm alive in the lab so when it's gone, it's gone.

Pres. Carter: That's right.

Q: For those who have — some people have qualms about this and say we should worry about the fact that we are for the first time deliberately extinguishing a species of animal. What do you say to such people?

Pres. Carter: I don't really response to people like that.

[Applause]

Pres. Carter: Unless they — if they've had Guinea worm I might sympathize with them. But I don't think anybody that's ever had Guinea worm or seen Guinea worm would make a statement of that kind. And I think mosquitoes will be a target in the future because lymphatic filariasis and malaria both are two diseases that can be eradicated from the world. They both depend on mosquitoes. As I mentioned earlier, I think in Africa it's one kind of mosquito. There are two different mosquitoes in our hemisphere. And of course the new virus that's causing the

deformed babies is also caused by mosquitoes. So I think in the long term there might be an international effort to get rid of mosquitoes as well. That has not been done yet.

Maybe one of the biggest advances made in medical technology in the last 20 years was the development of the insecticide-treated bed nets. Instead of just keeping the mosquito away from a sleeping person, it actually killed the mosquito when it landed on the net. And we've now put two bed nets for instance in every home in Ethiopia that has mosquitoes at that altitude. We're now doing the same thing in Nigeria, and so that helps us with malaria and also with lymphatic filariasis. That's a kind of generic approach that we don't yet know how to do but in the future it might happen. But I won't be particularly grieved when the last mosquito is gone. I'm trying to put Guinea worm in other company and also put it in perspective.

D'Souza: Huw Edwards?

Pres. Carter: Yes.

Q: Mr. President, thank you very much. We had a very illuminating conversation this morning. We discussed your emergence onto the political scene 40 years ago now in January 1976. Your candidacy then was characterized by energy but above all by optimism. You were unrelentingly optimistic about what was possible. And I'm just wondering now four decades later when we look around at the state of the world today and all the challenges that we face, are you still overwhelmingly an optimist and, if you are, why would that be?

Pres. Carter: Well, I think you have to be an optimist in order to persevere in the face of setbacks or disappointments or failures. And as I said a little bit earlier, I don't know if you noticed or not, but a failure to try is the only loss. If we don't try to achieve an apparently insurmountable obstacle then we've failed to start with.

So I am basically an optimist. I think the Millennium Goals that have been set — and now we're in the process of revising those — I think we've made fairly good substantial progress in many of them. The incidence of some diseases has gone down fairly dramatically, and the level of poverty on an average has gone down although the disparity between rich and poor is still present and is concerning. But I think we're making progress.

I can't say that individual countries have persisted in making progress toward democracy and freedom, but there are some changes that have been made. I've been disappointed with, for instance, the so-called Arab Spring, which started out so gloriously in Tunisia. The Carter Center monitored the elections in Tunisia,

and that's been a success. But in Egypt and other places it's been a setback. That's been a disappointment to me.

But one of the biggest personal disappointments in my international life has been the failure of us to bring peace to Israel and its neighbors. And one of the most grievous disappointments I've had in the last few years has been the withdrawal, even publicly stated by the president, of the idea that the United States might help bring progress toward peace between Israel and the Palestinians. And my hope is that the European Union and all of its members, including Great Britain, will step in and take the leadership in being aggressive in trying to bring about the general solution on which almost all of the governments in the world agree — except for Israel of course — that is, a two-state solution.

So there have been successes made and setbacks made. When I completed the Camp David accords, part of that was to have peace for 10 years, but in Egypt that's been a permanent agreement. But the other half of it, the part on which we worked mostly, was to give full autonomy or freedom or independence or justice to the Palestinians. That part has not been done, so that's been a setback for me. But I think in general the world is moving toward more accommodation, primarily because of the communication capability now with immediate knowledge of every community about what goes on in the rest of the world. I think that is a basis on which we are inevitably going to make progress on political matters. Thank you.

D'Souza: I think it's good to end on the question about optimism. I think we are coming to the end of our session. We are going to have a drink — a reception, perhaps we should say — in the Royal Gallery in a minute.

Pres. Carter: That is right.

D'Souza: But can I — I've got many, many people that I really want to thank if I may. Thank you all for coming. It's really great to see this room full and indeed used for such beneficial purposes, if I might say. Can I thank Lord Chidgey, for you had initially this idea, and most of all for Kate Chidgey, who has been organizing this, can I thank the Home Office for the work that they've done and in particular also my private office, who have been absolutely wonderful as they always are.

Pres. Carter: Thank you for your good questions.

D'Souza: Thank you for your good questions. But above all, I should mention that such has been the popularity of this that we have actually got an overflow room up in the upper floor, and they're about to troop down and come and join us, are they not? So they've been watching on a live feed. But above all, I would like to thank, on behalf of all these here in the Robing Room, you, President Carter, for coming

and for giving us such an illuminating lecture and for allowing us to learn more about you.

[Applause]

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