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**Welcoming Address to MSF Symposium**  
**“No Time to Wait: Overcoming Gaps in TB Research and Development”**

**The Cornell Club, New York City**

**January 11, 2006**

It's a privilege to welcome you and to serve as a convener of this important event. The hallmark of this gathering is the power of multiple voices joining together to act as one team: individually, as scientists, physicians, philanthropists, drug company executives, officials of national governments and international agencies, students, journalists and together a unified force.

Individually, we're from different professions with different skills and perspectives. But when we entered this room, we signed on to something much bigger and more significant. We all share a mission and commitment to make immediate and measurable gains against tuberculosis. Besides more effective vaccines, we need new cures, cures that work faster, and ways to treat latent TB before people get sick.

We recognize that TB is just one disease among many that today – right now – threatens tens of millions of people in all corners of the globe. But we share the hope that what we discuss and resolve over the next two days will be fresh enough, compelling enough, daring enough and realistic enough to offer a new paradigm and action plan for the other diseases that afflict the less developed countries. We also hope to illustrate the need for cooperation and coordination, not just among groups working on one disease, not just among groups working on all diseases, but among groups working on the very roots of poverty itself.

At the same time, we know that *Mycobacterium tuberculosis* presents special opportunities and tremendous challenges that are different from those of malaria, HIV, and other parasites. It is one of a small group of infectious agents that has nowhere to live but in man. There is no reservoir in animals, as for malaria or influenza, and no reservoir in soil. As for tetanus, imagine a disease that is man-made. That means it should be within our grasp to wipe tuberculosis out. If we succeed, we will eliminate the leading cause of death from a single bacterial pathogen; the leading cause of death of women in their middle years; the leading cause of death in people infected with HIV; and a majorcrippler of families, communities and economies throughout Asia, Eastern Europe, Africa and South America.

We're here because treating TB presents an ongoing, debilitating challenge to every sector represented here. How do you find antibiotics that can cross a bacterial wall that is thick with wax? That can quickly kill a bacterium when it isn't replicating? How can you get people to take pills daily for 6 months? How do you do this when they cannot pay? What do you offer when there are no drugs left? So many unanswered questions ... and so many unnecessary deaths.

All this was on my mind last year when my wife Abby and I established a program in chemical biology of infectious disease at Weill Cornell Medical College. I am happy that the Milstein program could partner with MSF and reach beyond Cornell to help you come together. Our mission is your mission, and as you begin this morning, let me express not just our appreciation for your efforts but our commitment – and our faith – in your eventual success.

I wish you godspeed in your deliberations.