Welcome. Thank you for joining us. Today, Dr Tedros Adhanom Ghebreyesus, the Director-General of WHO, has welcomed the family of Henrietta Lacks to WHO to honour her life, her legacy and its significance for health equity. To get us started, I have the pleasure to introduce Mr Alfred Lacks Carter Jr, who will share with us a short biography and his mother’s story.

Good afternoon, my name is Alfred Carter. Henrietta Lacks was my grandmother. My grandmother was a Black American woman who was born on August 1st, 1920 in Roanoke, Virginia to Eliza and Johnny Pleasant.
Some time after her birth her name was changed from Loretta to Henrietta. When she was still a young child Henrietta’s mother passed away. She was then moved to a farm in Clover, Virginia, to be raised by her grandfather.

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In 1941, Henrietta married David “Day” Lacks. As a young mother, Henrietta moved north with Day to find opportunities in Baltimore. They eventually made a home in the area. There, the Lacks built a life for themselves and their five children, Lawrence, Elsie, David, Deborah and Joseph.

My grandmother went to Johns Hopkins to seek medical treatment after experiencing extensive bleeding. She was soon diagnosed with cervical cancer. The disease quickly consumed her body despite treatment. Eight months later, at age 31 years of age, Henrietta’s life was cut short on October 4th, 1951.

She left behind her children, her husband and her immortal cells that would change the world. That is because, unbeknownst to Henrietta, without her knowledge and without her consent, medical researchers had taken samples of her tumour during her treatment.

Those cells were remarkably resilient, proving to be a breakthrough in cell research, the first immortal cell line doubling every 24 hours, dividing and replenishing indefinitely in a laboratory. These miracle cells would be called HeLa cells, derived from the first two letters of her first and last name.

Soon, Henrietta Lacks’ cells were grown by the millions, commercialised, distributed worldwide for researchers and enabling countless advances in medicine. While HeLa cells were making a global impact, Henrietta’s family was not informed.

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It was not until 20 years after her death that we would learn how science retrieved her cells and our grandmother’s enormous contribution to medicine and humanity. Thank you for joining us as we honour Henrietta Lacks and her legacy, which has touched the whole, entire world.

RF Thank you, Mr Carter, for sharing her personal story and your family’s experience. To address the significance to the scientific and medical community, it’s now my distinct privilege to give the floor to Dr Soumya Swaminathan, the Chief Scientist of WHO.

SS Thank you very much and it’s a great pleasure and a privilege to be with the Lacks family in the same room and thank you all so much for being here with us today as we remember the contributions of your grandmother or great-grandmother to the scientific community worldwide.

I remember in medical school hearing the word HeLa cell very often in class and yet there’s such a story, such a long story behind and I’m glad that we’re getting to tell the story today.

Of course, the world is not going to be the same again after the HeLa phenomenon began in 1951 and since then there’s been mass production of these cells which, as you heard, are immortal cells, easy to multiply in the laboratory and have been used for all kinds of research.
They’ve travelled across the world. In fact, they’ve even travelled into space and the HeLa cells are continuously used for research and to test theories about the cause and treatment of diseases. It’s estimated that something like 50 million metric tonnes of HeLa cells have been used worldwide by researchers and scientists and this has result in something like 75,000 scientific publications in the literature.

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So, this is just enormous when you think about it and is probably very unique. I cannot think of any other single cell line or lab reagent that’s been used to this extent and has resulted in so many advances.

For more than six decades we’ve had Henrietta Lacks’ prolific cells continue to grow and contribute. In fact, the genome of that cell line has been sequenced and has also been a lot of topic of debate and discussion as to how cancer affects human cells.

It’s been used for the development of many products including the polio vaccine and drugs for treating cancer, HIV/AIDS, haemophilia, leukaemia, Parkinson’s disease. It has been used to understand the impact of radiation and zero gravity on human cells. It has been used to understand what happens in cancer as far as the genes in the body are concerned, the chromosomes.

Therefore, it has given rise to advances that are useful for, not only cancer treatment but also for precision medicine, for targeting treatments to individuals based on their genome and even been used in the current coronavirus pandemic because it really forms the basis of tissue culture and therefore many vaccines and drugs that are developed use HeLa cells in the laboratory to be tested.

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Of course, it also allows for the development of HPV vaccine, which is a vaccine against the human papillomavirus that causes cervical cancer, which is the disease that killed Henrietta Lacks. So, while she died of cervical cancer, her legacy has helped and will continue to help many women and girls around the world not get cervical cancer.

Of course, one of the urgent priorities today is really scaling up HPV vaccine for young girls around the world so we can actually prevent. This is one cancer that’s preventable. So, once again, thank you. It’s an honour for me to be a part of this function today.

RF Thank you, Dr Swaminathan, for highlighting her enduring legacy to medical science. Now, I'd like to turn the floor over to the Director-General, Dr Tedros.

TAG Thank you. Thank you, Richard. Mr Lawrence Lacks, Alfred, Victoria, Veronica, Alan, Pamela, Jewel and also Professor Parham, dear colleagues and friends. First, it’s my great honour to welcome you to WHO to honour your mother, grandmother and great-grandmother, Henrietta Lacks.
The story of Henrietta Lacks and her family has been told in different ways by different people. Many thought to hide or alter things about her, her race, her name, her identity.

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That’s why today I have invited you, her family, to WHO, so you can share your family’s story in your own words. What happened to Henrietta was wrong for at least three reasons. First, she lived in a time when racial discrimination was legal in her society. Racial discrimination may no longer be legal in most countries but it’s still widespread in many countries.

Second, Henrietta Lacks was exploited. She’s one of many women of colour whose bodies have been misused by science. She placed her trust in the health system so she could receive treatment but the system took something from her without her knowledge or consent.

Third, the medical technologies that were developed from this injustice have been used to perpetuate further injustice because they have not been shared equitably around the world.

Henrietta’s cells were foundational in the development of HPV vaccines that can eliminate the same cancer that took her life but, in countries with the highest burden of cervical cancer, those vaccines are not available in sufficient doses.

Likewise, although her cells have been used in COVID-19 research the tools to stop the disease are not being shared enough with low and middle-income countries nor are many other lifesaving innovations developed with Henrietta’s miraculous HeLa cells.

Many people have benefitted from those cells. Fortunes have been made, science has advanced, Nobel Prizes have been won and, most importantly, many lives have been saved.

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No doubt, Henrietta would have been pleased that her suffering has saved others but the end doesn’t justify the means. All it would have taken was for someone to do her the honour of asking.

In honouring Henrietta Lacks today, WHO acknowledges the importance of reckoning with past injustices and advancing racial equity in health and science. Acknowledging the wrongs of the past is essential for building trust for the future.

We also recognise the extraordinary potential that her legacy continues to offer. There are many more lives we can save by working for racial justice and equity. We stand in solidarity with marginalised patients and communities all over the world who are not consulted, engaged or empowered in their own care.

We affirm that in medicine and in science, Black Lives Matter. Henrietta Lacks’ life mattered and still matters. Today is also an opportunity to recognise those women of colour who have made incredible but often unseen contributions to medical science.
It’s therefore my great honour to present the Director-General’s award posthumously to Henrietta Lacks. I invite her son, Mr Lawrence Lacks, and her great-granddaughter, Victoria Baptiste, to receive it on her behalf.

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LL Hi. I’m Lawrence Lacks, senior of Henrietta Lacks’ sons. I want to thank everybody and everything for the award that you gave her. It’s very beautiful and I want to thank you and thank you again. There’s no words to say how much this means to me. Thank everybody.

RF We’ll now hear from Ms Victoria Baptiste, the great-granddaughter of Henrietta Lacks.

VB Being here today we are humbled to receive this historic recognition of my great-grandmother, Henrietta Lacks, honouring who she was as a remarkable woman and the lasting impact of her HeLa cells.

Henrietta’s contribution, once hidden, are now being rightfully honoured for their global impact. On behalf of my family, I would like to thank Dr Tedros, Dr Nono, Dr Parham and Dr Soumya Swaminathan and the World Health Organization for recognising all the good my grandfather’s mother has done for the world, acknowledging the invaluable contributions a Black woman from the tobacco fields of clover Virginia has contributed to science, medicine, the arts and beyond.

She was a pioneer in life, giving back to her community, helping family and friends live a better life and caring for others. In death, she continues to help the world. Through HELA100, the Henrietta Lacks initiative, we educate future generations on the impact of my great-grandmother’s HeLa cells, while just like our friends we are here with today at the WHO, we also seek to advance health equity and social justice.

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My family stands in solidarity with WHO and our sisters around the world to ensure that no other wife, mother or sister dies needlessly from cervical cancer. As a registered nurse, I am proud to also be here today to honour my great-grandmother’s legacy by advocating to ensure equitable access to the breakthroughs that her HeLa cells have advanced, such as HPV and COVID-19 vaccines.

It is only fitting that as we commemorate the 70th anniversary of Henrietta Lacks’ HeLa cells and her untimely passing, we build upon her legacy by ensuring equitable access to advances in cancer prevention and treatment for all people. We’re reclaiming her name and our story. Her legacy lives on in us and we thank you for saying her name, Henrietta Lacks.

RF We now will turn to Dr Nono Simelela, the Special Advisor to the Director-General and Assistant Director-General for Strategic Priorities.

NS Throughout the last year, up to now, the Lacks family has celebrated the 100th anniversary of Henrietta Lacks’ birthday. The World Health Organization launched a global strategy to accelerate the elimination of cervical cancer, which is a groundbreaking and historic milestone because, for the very first time, the global health community has agreed collectively to
eliminate a cancer. This consists of 194 countries, all member states of the World Health Organization, who have committed to take this challenge and tackle it head-on.

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Although Henrietta Lacks did not receive quality care, neither did she receive respectful care in her time, the fact that the cells were taken from her body without her consent and without her knowledge means that she has left behind a legacy that could potentially save millions of lives.

The HPV vaccine, which prevents cervical cancer, was developed using Henrietta Lacks’ cells. Despite being prequalified by WHO and made available for commercial use over 12 years ago, we still have start inequities in access.

In this regard, when we look at the data, we see that more than 85% of higher income countries have access to this vaccine at a very high cost and this is compared to less than 25% of low-income countries and 30% of lower-middle-income countries that have not been able to access the HPV vaccine.

There has been work done through Gavi that has been extremely crucial to assist and to promote access for low-income countries/lower-middle-income countries to do their purchasing arrangements with these manufacturers, so a number of countries have been able to access the HPV vaccine.

But, the supply constraints have meant that countries have not received enough supplies, nor have they been able to vaccinate all their cohorts of young girls that are eligible for vaccination. So, in this way, the inequities persist.

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We believe that this kind of situation is unacceptable and it must make us very angry that here we have a lifesaving vaccine contributed to by the life and the passing of an African American woman but that access, even in the 21st century, is shaped by race, ethnicity, geographic differences and where people are born.

We need to be able to say HPV vaccine is available to women and young girls all over the world, wherever they are born, wherever they are brought up, wherever they choose to live and work, and there must be no discrimination on the basis of such minor and irrelevant differences.

We owe it to Henrietta Lacks and her family to achieve equitable access. A world free from cervical cancer 20-30 years from now will be an incredible legacy which will be something built on the legacy left to us by Henrietta Lacks. So, let us go out there and tackle this disease.

The global strategy emphasises, though, that dealing with cervical cancer is not only about prevention. We need to screen and treat women with pre-cancerous lesions. We need to treat women who have invasive cancer in good time and for those with advanced cancer to receive humane, high quality care through palliation and support of their communities and families.

So, this is a continuum and the vaccine, yes, is the best tool but let us not forget that screening and treatment holds big promise because then women
will not die from advanced cervical cancer and that those where we are too late in the system also pass on in a dignified way.

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I want to thank you, the Lacks family, for their visit as well as for honouring us by accepting the award that has been given by the Director-General of the World Health Organization, the man responsible for the call to eliminate cervical cancer.

I’d like to say keep moving, champion the fight to implement this global strategy and to make elimination a possibility. Thank you, very, very much. I wish you a safe trip home and a lovely, lovely, enjoyable visit in Geneva. Thank you.

RF Thank you, Dr Simelela. I’d now like to turn the floor to Dr Groesbeck Parham, the Co-Chair of the Director-General’s expert group on cervical cancer elimination and the clinical expert for our cervical cancer elimination initiative. To close, Dr Parham.

GP Thank you, Rich. Dr Tedros, other distinguished guests and to the family of Mrs Henrietta Lacks, it is the highest of honours to be with you here today and to participate in this glorious ceremony to celebrate and call attention to, not only the countless lifesaving contributions of the cells of this great African American matriarch, Mrs Henrietta Lacks, but also to bear witness to her indominable spirit which persists in these cells and that is now calling out to all of us around the world to eliminate cervical cancer.

45 years ago, in the 1970s, when I was a pre-medical student, a much younger man than I am now, I worked in the laboratory of a very famous gynaecologic cancer surgeon by the name of Dr Hugh M Shingleton, at the University of Alabama, in Birmingham, in the US.

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Like many other scientists around the world, Dr Shingleton was actively engaged in the hunt to try and discover the cause of cervical cancer. His primary tool of investigation was something called a transmission electron microscope. That’s a huge microscope, back at that time, that uses electron particles to look inside of a cell and magnify objects inside the cell up to two million times what the naked eye could see.

One of my jobs in the lab was to go to his gynaecologic cancer clinic as a pre-medical work study student and take the cells that he collected from women with cervical cancer back to his laboratory and prepare them for inspection underneath the electron microscope.

I remember him always checking to make sure that the women from whom the cells were collected had signed a written consent before we could take them back to the lab.

One day, in 1976, on my way to work to his lab, I bought a magazine called Ebony, one of the very popular Black magazines during that time, like Jet and Sepia and Tan. As I fanned through the pages, I saw a story about a Black woman named Henrietta Lacks and it caught my eye because it was about cervical cancer, which is what we were working on.
The title of the article was The Miracle of HeLa. 1976. Last night, I found the magazine online and the first paragraph reads as follows. An obscure Black woman without training in medicine has ironically become one of the pivotal figures in the fight against cancer.

Mrs Henrietta Lacks, the mother of five, died 25 years ago but her cancerous cells are being studiously preserved as an important instrument of science, and it went on to talk about the HeLa cells and their unique capacity and ability to divide. The next year I entered medical school and later went on to become a gynaecologic cancer surgeon myself with a special interest in cancer of the cervix.

I have been living in the African continent, in the African country of Zambia, for the past 16 years, working with the government of that country to establish clinics and programmes to prevent and treat cervical cancer. During that time, we have developed the largest cervical cancer screening programme on the continent of Africa, having screened over one million women.

There are presently five weapons in our arsenal to fight cervical cancer today, the HPV vaccine, which you’ve heard many people talk about today, to prevent young girls from ever getting infected with the virus that causes cervical cancer, cervical screening test to identify women who have pre-cancer which can be cured almost 100% of the time and the equipment to treat it, cancer surgery to treat women who have cervical cancer when it’s found very early, chemotherapy and radiation to treat cervical cancer when it is detected in its later stages, and pathology laboratories which are needed to make the initial diagnosis.

If I had a map of the world and on that map I showed you places where cervical cancer causes the most misery, suffering, pain and death and I also showed you on the same map the places in the world where women had the least access to HPV vaccines, cervical cancer screening tests, cancer surgeons and pathologists, and the least amount of chemotherapy and radiation therapy machines, they would be the same.

In other words, the places in the world that have the highest burden of cervical cancer, as the Director-General has said, are the same places where the tools, technology and human resources to prevent and treat the disease are least available.

These places are in Sub-Saharan Africa, Asia, South and Central America and India, where the vast majority of the 600,000 women who are diagnosed with cervical cancer every year and the 300,000 women who die from it reside. I don’t care how you cut it, I don’t care how you say it, that’s inequity. That is racial injustice. That is a human injustice. That is an international tragedy.

When we talk about the impact of cervical cancer in these parts of the world where women have very little access to prevention and treatment, understand that we are talking about young women, women in their 20s, 30s and 40s, women with children, young women who are dying premature deaths from a
preventable disease and leaving young children behind to fend for themselves in some of the poorest and harshest environments on the planet.

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It’s one thing to lose a mother, as you know, but it’s another to lose a mother in a place where the hellhounds of deep poverty, starvation and communicable diseases like cholera, malaria, tuberculosis, measles and polio are biting at their heels on a daily basis as young children.

We now know that premature deaths of mothers in these harsh global settings impact the children’s education. Those who are less than ten rarely graduate from high school. It impacts their nutrition. Their growth rates are stunted and their intellectual development is truncated and they die early deaths.

In a recent study led by a group of scientists at an organisation called IARC, which is the International Agency for Research on Cancer, which is the research arm of the WHO, it was predicted that across the continent of Africa, for every 100 young mothers who die from cervical cancer or breast cancer, but we’re talking about cervix today, for every 100 young mothers who die from cervical cancer up to 30 children under age ten will also die.

This demonstrates the power, the influence and the importance of women and mothers. When they die young, their young children are also at risk of dying because of the absence of the care for which the mother was responsible, whether directly or indirectly. That’s the power of a mother’s love which has been destroyed by cervical cancer.

The diseases and circumstances from which the children die are the usual causes of death in these settings, diarrhoea, measles, malaria, malnutrition and acute respiratory diseases.

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In essence, cervical cancer is a weapon that destabilises families in Africa, Asia, Latin America and represses the development of these societies by prematurely killing its young women, killing its young mothers and killing their children.

So, in summary, the fight to eliminate cervical cancer, which has been alluded to, is part of a larger fight for human rights. Through her immortal cells, which are called the HeLa cells that have saved hundreds of millions of lives, the spirit of Mrs Henrietta Lacks speaks to us, calling our attention to the millions of young women and mothers in low-income countries who continue to die from this disease simply because they cannot access and afford to purchase the lifesaving medicines, technologies and medical procedures that are readily available in high-income countries.

The questions being raised by the spirit and legacy, to me, of Mrs Henrietta Lacks are the following. This is what I think her spirit is asking. Why does this situation exist in the first place? Why does it continue to exist? What are the solutions? And, when are you going to implement them?

When will the pharmaceutical companies finally make the HPV vaccines available to young girls in these countries at an affordable price? When? When will local governments and their international partners create the
training programmes that can produce more doctors, nurses and other healthcare personnel to screen and treat women with affordable tests and in clinics that are accessible?

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When will the virtual reality simulation technology be used to rapidly train surgeons in large numbers who are able to provide safe, affordable and timely cancer surgery? And, when will the digital and artificial intelligence technology that is exploding across high-income countries, when will it be applied on a large scale to cancer care to close the gaps in human resources in low and middle-income countries?

And, when will corporations finally lower the prices of the much needed chemotherapy and radiation therapy machines so they become affordable and when will begin to transfer this technology from high-income countries to low-income countries?

And, better yet, when do we begin to develop schools and institutes of science and technology in Africa, Asia and Latin America to develop and harvest the intelligence of young people who live in these environments so they can invent the technology that is contextually appropriate.

The solutions exist but they are concentrated in high-income countries. It’s time to implement them on a broad scale in all global settings. It is in this way that we truly honour Mrs Henrietta Lacks and immortalise her miracle, otherwise we are no better than a photographer looking through a camera lens at a vulture as he devours a child weakened from starvation in an open field. Thank you.

RF Thank you, Professor Parham. Thank you to the Lacks family. Thank you to everybody who has been watching this online for a special historic moment for the organisation. This now concludes today’s programme. Thank you.

00:40:10