

AIDS lecture 10/20/87
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Remarks
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Presented Before U.N. General Assembly
New York, NY
October 20, 1987

It had been but one day since I last spoke publicly about AIDS.

To speak to the General Assembly of the United Nations is an honor indeed on any occasion. It was never clear to me whether I was chosen for this honor because of my having served as the chief delegate to the World Health Assembly since 1982 or because I was the director of International Health for the U. S. Public Health Service, or because I was the Surgeon General of the United States, or because as one can tell from the number of these lectures and the frequency of which they were given, because I was essentially the national spokesperson on AIDS for the United States.

Whatever the reason, I did feel honored and started off by reminding the audience that the United States was created with hope and promise following a period of despair and devastation and in a way that is what I wanted to talk about – hope amid despair, promise amid devastation.

AIDS was then discussed as a disease faced by the entire planet, a disease that cuts down those in the prime of life, a disease that kills the poor and the affluent, a disease that knows no geographic boundaries, and a disease that attacks populations of all countries. I therefore, complimented the General Assembly on its decision to discuss the frightening disease of AIDS and welcomed their resolution commending the World Health Organization for its impressive efforts to coordinate the attack on this awesome threat. My delegation sincerely hoped this resolution would be adopted by consensus.

As a physician, not a diplomat, I pled for a greater compassion and for intensified international cooperation under WHO. In order to do this each of our countries must start with an understanding of the disease, that it is a risk for the entire society, that each country must provide for the collection and publication of its own data on the epidemic. I decried under-reporting of the disease and hoped for growing openness to continue.

AIDS although a global problem is most destructive in developing countries. It is especially tragic that AIDS strikes the healthy and usually the young productive adult in the prime of life and therefore is a hindrance to development. The deaths include talented people that no country, especially not a developing country can afford to lose. Indeed

AIDS threatened to hold back global child survival efforts made by both UNICEF and WHO and undermine all the hard won victories in reducing infant mortality.

Tourism will suffer, local markets will be reduced, as will skilled labor. Health care costs will rise and inevitably take funds and personnel from other programs in vital sectors of each individual county.

Then I turned to industrialized countries and especially I spoke about the United States and the statistics associated with our experience with AIDS, including our remarkable strides in research, the resolve we must have to make the world's blood supply safe for transfusion, and be prepared for the aftershocks that will last longer than the disease itself.

In closing I endorsed WHO's global AIDS program emphasizing prevention through education and confessed that I had never seen such a threat as AIDS in my fifty years as a surgeon.

Acceptance of the risk of AIDS to an entire society
Aftershocks/social, economic, ethical
AIDS and the blood supply for transfusion
AIDS costs per patient
AIDS as a global problem
AIDS and the research effort
AIDS statistics
AIDS in tourism, business, and foreign investment
AIDS vaccine
Competition for financial support - AIDS vs. other programs
Creation of the United Nations
Developing world at a greater risk
Endorsement of WHO's leadership and the battle against AIDS
Good sense and good science
Guidelines by WHO
Hope amidst despair
Innocent victims of AIDS
Non-governmental organizations
Plea for greater compassion re: AIDS
Plea for intensified international cooperation
Plea for openness and honesty in reference to AIDS
Promise amidst devastation
Refusal of professional to care for AIDS
Specifics of AIDS in the developing world
World Health Organization