AIDS lecture September 21, 1987 12/13

AIDS and American Values By C. Everett Koop, MD, ScD Surgeon General Of the U.S. Public Health Service Deputy Assistant Secretary of Health U.S. Department of Health and Human Services

Presented to the World Affairs Council Los Angeles, California September 21, 1987

It was 3 days since I last spoke publicly about AIDS.

I found while I was Surgeon General and later after I had left that office and was on the Distinguished Lecture Circuit that speaking to a World Affairs Council in almost any city was a great opportunity. The audience was usually intelligent, up on international health affairs, concerned about prevention of disease and promotion of health here at home and their question and answer sessions were always spirited and I learned as much as the audience did. I had been asked to speak about AIDS and American values, which was a little tangential from what my usual message on AIDS would have been.

I started by thanking them for their continued support for American's leadership role in international health, and suggested that this was a good time not to lose sight of the many major health problems of the world, because of the pandemic of AIDS. The others were still important and it was my intent to review them before getting into the subject of AIDS. I did this by talking about the six major communicable diseases of childhood, the five million children that die someplace in the world each year because of these diseases. I did not forget to mention the children that survived the diseases, but carried the scars of the disease with them for the rest of their lives. In laying the ground work for my later discussion of AIDS. I made it clear that there was a vaccine for each of these diseases and that most of them were fortunately virtually disappearing from our society as witness, polio, tetanus, diphtheria, whooping cough. But even with this good news these same vaccines have yet to penetrate all the villages and crossroads of the developing world. I reported that the United States had been contributing substantially to the expanded program on immunization, which was sponsored by the World Health Organization. And that we had joined with WHO in identifying as well the major parasitic diseases as one of the big targets of international science and health.

Examples were malaria, schistosomiasis (snail fever). Snail Fever is a global disease that affects an estimated 180 million people...a staggering burden for the human race.

Then there is trypanosomiasis (sleeping sickness), one of the diseases always mentioned in the steamy jungle novels of the last century, but present day measures, although improving the situation are inadequate and statistics indicate that sleeping sickness is on the rise. Unlike malaria and snail fever, sleeping sickness is usually fatal unless the patient is in the earliest signs of the disease; in the places where this occurs that early treatment usually does not happen.

I also mentioned rehydration therapy, which although not new has done a tremendous amount to save youngsters who would ordinarily have died of diarrhea in the days when we thought that only intravenous fluids could be used.

I reminded the audience that I was not only the their Surgeon General, but also the Director of the Public Health Service Office of International Health, and that I was pleased to report to them that as I traveled the world about, I was constantly reminded to the extend to which the United States is regarded as a beacon of good sense and good science by the rest of the world. These nations sorely needed us as, indeed, we needed them and that was especially true in the pandemic of AIDS.

I then launched into AIDS and said that nothing that I hadn't said in the past three lectures, although I might have tilted my remarks just a little for this audience, constantly reminding them that AIDS knows no borders, that it might have come from Africa by way of the Caribbean, and that it would never be fully contained in this country as long as it was not also contained elsewhere in the world.

That gave me the opportunity to say as I had said before that the United States must pay its full assessment to the United Nations in order to enable the World Health Organization to be an effective world leader in the fight against AIDS.

I also thought it was a good audience to tell that in the 6 years since the AIDS epidemic began, more than 24,000 Americans had died of AIDS, but just that last month – and every month – 29,000 people in American died because they smoked cigarettes. Again for this audience especially I made it clear that we permit, condone, and actively promote the increased consumption of American brand-name cigarettes throughout the third world.

I used some of the format I had used in the recent lecture I gave to the movie industry and left a lot of questions unanswered because I thought the audience with its international health background was wise enough to provide most of the answers and understand how serious a problem was the global disease of AIDS.

AIDS in newborn babies
AIDS and health workers
America's leadership role in international health
Assault of AIDS on the ethical foundation of health
care
Birthright of freedom in the United States
Case-load of AIDS reported by World Health
Organization other than US
Centers for Disease Control guidelines

Comparison of mortality of AIDS in 6 years vs. mortality from smoking per month Confidentiality of records Cost of clinical care to AIDS patients Cost per patient per year Criteria for eligibility to receive public services Dangers of immuno suppression in HIV carriers Diphtheria Disproportionate occurrence of AIDS & racial Minorities Drug addiction, liver failure, & lung cancer Drug test for AIDS "Expanded program of immunization" Failure of professional people to provide care to AIDS patients Government's total commitment to provide for "The General welfare of the United States" High-risk behavior & AIDS Homosexual & bisexual men Major parasitic diseases Malaria Need of U.S. to pay its full contribution to the United Nations Need to report HIV positive patients to protect them Origin of AIDS in Africa? Polio Predictions of caseload in the future Prejudice against AIDS patients Privacy vs. the need to protect the community from danger Public demand second-class care for AIDS Public health policy in reference to AIDS records Schistosomiasis Six major communicable diseases of childhood Slowness of vaccines to penetrate the developing world Social sequellae to discrimination against AIDS Patients Taxpayers support of alcoholics, drug addicts & syphilitics Taxpayers support of child health programs Taxpayers support of diabetes Taxpayers support of hypertension screening programs Tetanus Treatment of AIDS as labor intensive

Trypanosomiasis

United States as a beacon of good sense & good science Vaccines Virtual disappearance of the vaccine preventable diseases Whooping cough

Office of International Health of Public Health Service World Health Organization (WHO)